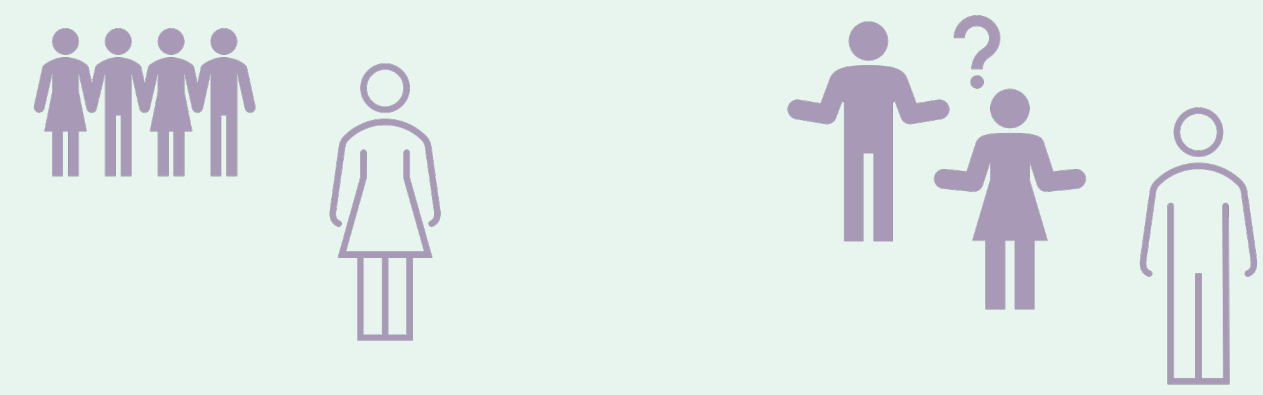


Background

Adolescents with chronic pain (ACP) often feel:



lonely, isolated, and misunderstood by their peers without chronic pain.^{1,2}



Group peer support (GPS) is when those with similar conditions come together & provide various types of support (e.g., emotional).³

ACP have voiced a need for GPS from other ACP!²

Study Aim

This patient-oriented study sought to explore the preferences of ACP regarding a GPS intervention.

Methods

Handshake icon: Patient partnership throughout the whole study

Group of people icon: 14 ACP (M_{age}: 15.21; 9 girls, 3 boys, 1 non-binary, 1 questioning)

Headset icon: Virtual interviews → Qualitative content analysis⁴

Questionnaire icon: Questionnaire (demographics & intervention preferences) → Descriptive statistics

Results

Talking AND Doing

ACP want to do **fun activities** (e.g., play board games) **AND talk** about everyday life (e.g., school, relationships).

"Something like going bowling where you [can] still have a go but then you come back and sit, and you can still get to know people." (P7, 17-year-old, girl)

Activities are facilitative by helping ACP feel normal, making it less awkward & easier to talk, & help ACP build rapport.

"If you can get people talking while doing something else, that would be better, so it doesn't feel necessarily as awkward". (P4, 14-year-old, boy)

Format

An **in-person** intervention was preferred because:

- ⊙ More personable
- ⊙ Easier to build friendships
- ⊙ Some things you can only do in person

"Sometimes it's hard to open up and talk online...I think especially when it's a group of people, it's hard to make sure you're not talking when someone else is talking or if someone's accidentally muted." (P12, 14-year-old girl)

Need For a Facilitator

All ACP wanted **at least one facilitator**, one of which being a person with **lived experience of chronic pain**.

"There should be a designated person, but I think they should be there more to be like "oh yeah, here's the activities" and I think they should be someone with chronic pain just in case you have to talk to them." (P1, 13-year-old, girl)

Group Composition

About **10-15 ACP** at different places in their pain journey would be best & having mixed ages or separate groups of ACP of similar ages.

"I would like to have different people-[at] different places in their journey... it's a lot easier when you hear people who are in the beginning, middle, or end of their journey, it's good to hear different perspectives." (P13, 12-year-old, girl)

Setting

If the intervention is in-person, a **community setting** would be best.

"Hospitals can be a lot of stress for different people for different reasons, especially if you have chronic pain or other underlying disorders. It can bring up bad memories, bad experiences, it's stressful." (P2, 17-year-old, questioning)

Atmosphere

ACP want a **casual and fun** place to hang out with other ACP & want to have a **choice** in intervention programming.

"You can sit and just be there if you want to, you can share if you want to. You can go off and have your own conversation with just one or two people if you want. You can [have] a club-like setting, I guess?" (P9, 16-year-old, non-binary)

"Giving the people in [the intervention] the decision on when they want to do the serious talk, what they want to do for the fun activities. Not everyone will get their way, but if the majority says: "let's do this!" then you'll do that." (P10, 15-year-old, boy)

Frequency, Timing, and Length of Intervention & Meetings

1-2.5-hour meetings on **weekdays** in the **late afternoon and/or evening**. Responses re: meeting frequency & intervention length varied.

"Late afternoon would probably be ideal for youth, not only because that would be easier on a lot of people's parents for work but also, by that point you're done school for the day." (P9 (16-year-old, non-binary)

Structure

A **semi-structured** intervention was perceived as being most beneficial.

"Do one or two things like organized but then kind of just leave it up to the people to continue the friendships after with people you want to know more." (P6, 13-year-old, boy)

Potential Barriers

Health: Pain and/or other health conditions.

"If you were sick that day- it depends what condition you have but... if you're just really not well." (P5, 17-year-old, girl)

Social: Potentially awkward at the start, or some people may not "click".

"People have to kinda figure it out themselves- some people just aren't gonna relate and that's inevitable." (P8, 17-year-old, girl)

Logistics: Scheduling conflicts, lack of transportation, or resources to attend.

"I think family life, home life, homework, school, there's so many different things that can get in the way." (P3, 16-year-old, boy)

Conclusion

Key take-aways:

- ⊙ ACPs' preferences will help to develop a patient-centered intervention
- ⊙ ACP want a socially-targeted, non-traditional intervention where they can spend time with other ACP

Next steps:

- ⊙ Focus groups with ACP, caregivers of ACP, & HCPs to refine the GPS intervention
- ⊙ Pilot a GPS intervention for ACP



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