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Non-pharmacological Techniques to Control Pain and Anxiety during Medical Procedures in Children under 15 Years: A Systematic Review

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Abstract

One way to control pain and anxiety in a variety of medical procedures in children is through the use of non-pharmacological distraction techniques. Therefore, the present research aimed to investigate the effectiveness of such techniques.

In this systematic review, PubMed, Scopus, Web of Science, and Google Scholar were searched for articles published between 2015 and 2022 using specific keywords such as distraction, non-pharmacological techniques, procedural therapy, and children. Following the search, a total of 42 original articles and 21 review articles were screened and evaluated for inclusion in the study.

The distribution of medical and therapeutic procedures in the articles reviewed was as follows: 21.4% were related to dentistry, 21.42% to IV procedures, 14.28% to vaccinations, 9.52% to painful interventions, 7.14% to blood sampling, 7.14% to surgeries, 4.76% to stitches, and 14.28% to other procedures. Non-pharmacological solutions mentioned in the articles included robotic technology (14.28%), watching cartoons (11.9%), training videos (7.14%), mother's presence, breastfeeding and mother's voice (7.14%), audio-visual tools (4.76%), music therapy and pressure technique (7.14%) and various other solutions.

Given the lower risk of complications associated with non-pharmacological techniques, the sensitivity of children to drug dosage and side effects, and the cost-effectiveness of these techniques, their use is preferred in pediatric medical procedures.

Keywords: Distraction, Children, Medical procedures, Non-pharmacological technique.

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Introduction

Pain is a mental feeling and reaction caused by the perception of nerves in different parts of the body. The body is exposed to internal or external stimuli, and one of the most common symptoms is physical and emotional discomfort such as fear and anxiety (1). Anxiety is in fact one of the most common reactions of children to painful treatment procedures. High levels of anxiety can be harmful to the child's physical and mental health prevent the correct performance of treatment procedures and increase maladaptive behaviors evoking negative emotions about the treatment staff (2,3). Pain and anxiety can lead to physiological changes, such as increased heart rate and breathing, sweating, decreased blood oxygen saturation, pupil dilation, restlessness and high blood pressure. It is also followed by other defense and protective mechanisms in the body that appear in abnormal conditions. Due to the importance of pain and its management, the American Academy of pain has ranked pain as the fifth vital sign to manage (1). Medical procedures are often accompanied by pain, which in turn increases children's anxiety and fear before, during and after the procedure (4). One duty of medical service providers in protecting patient rights is to control and reduce pain, especially in children, and try to relieve it (1). One way to control pain and anxiety during various medical procedures in children is nonpharmacological distraction techniques. There are different types of non-pharmacological distraction techniques, all trying to reduce the feeling of pain and anxiety using psychological techniques to influence physiology (5). Many studies have been conducted on the effect of non-pharmacological techniques on the level of anxiety and pain in children, including virtual reality (VR), companion health, clowns, storytelling, audiovisual tools, robotics, etc. The effectiveness of each has been investigated in different types of therapeutic procedures (6). The exact mechanism of distraction is still not well understood, yet distraction techniques are believed to affect the patient's attention capacity and can distract the patient's attention from the harmful stimulus (8, 7). Cognitive-affective attention models can correctly explain this phenomenon (9).

Considering the importance of controlling pain and anxiety in children during medical procedures, which can increase their cooperation in the healthcare process and advance care goals, the present study was conducted to test the effect of non-pharmacological distraction methods on the amount of pain and anxiety in children under 15 years during healthcare procedures.

Methods

The current study is a systematic review aimed at investigating non-pharmacological distraction techniques for controlling pain and anxiety in children during medical procedures. The international databases PubMed, Scopus, Web of Science, Science Direct and Google Scholar were searched using keywords such as distraction, pediatric medical procedures, and non-pharmacogical techniques from 2015 to 2024. The Persian equivalents were also searched in national databases Elmnet, Magiran, and SID. The search in these databases was conducted independently by three researchers, with a third person consulted in case of discrepancies. The inclusion criteria were articles that examined non-pharmacological distraction techniques for managing pain and anxiety during medical procedures in children. Short articles, letters to the editor, conference abstracts, and articles without full text were excluded. The studies were then screened based on title and abstract, resulting in 2,200 articles initially retrieved. After removing duplicates and irrelevant items through evaluation of title, abstract, and full text, 42 articles non-pharmacological original on distraction techniques during various medical procedures in children were selected. Figure 1 illustrates the process of searching and selecting the studies in detail.

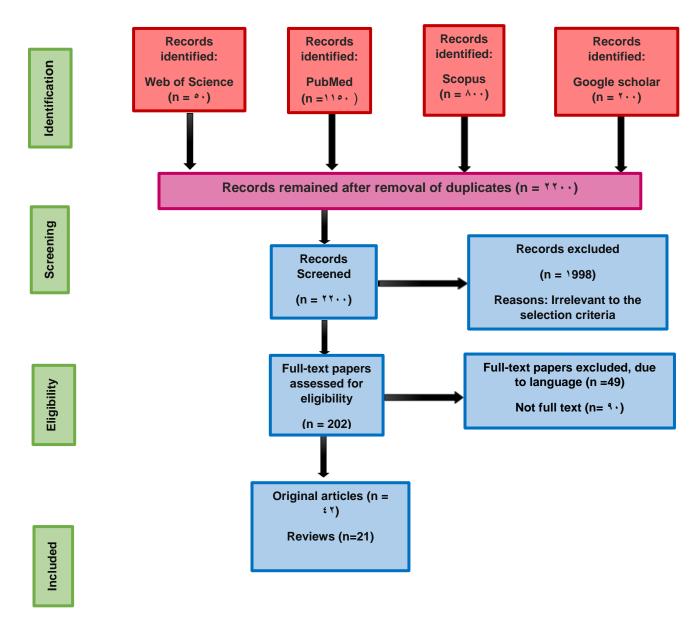


Figure 1. Flowchart of the article selection process for inclusion in the study

Results

The data collected in this research included: first author's name and year of publication, type

of medical procedure, type of distraction technique, target population and effect of distraction technique. More details of the articles are presented in Table 1.

Table 1. Details of the reviewed articles in the current research

Row and	First author and	Type of	Type of distraction	Effect of distraction
reference	publication year	medical	technique	technique
		procedure		
١	P. V. A. Aditya	dentistry	Using features, spammers,	Effective in reducing
(10)	7.71		Kaldiscope and virtual	children's anxiety
			reality	
۲	U. B. Dixit and	dentistry	Interactive distraction	Cost-effective and effective
(11)	7.71			in managing children's fear
				and anxiety
٣	A. Garrocho-Rangel	dentistry	Using Vess audiovisual	Lack of favorable effect in
(12)	7.11		equipment	controlling pain and anxiety
				compared to other
				traditional medicinal
				methods
٤	F. Ghaderi	dentistry	Using lavender	Effective in reducing pain
(13)	7.7.		aromatherapy	and anxiety in children
٥	S. Ghadimi	dentistry	Watching a cartoon	Lack of favorable effect on
(14)	7.11			controlling and reducing
				anxiety during treatment
				procedure
٦	H. Güand	dentistry	Using local heat	Effective in reducing
(15)	7.7.			children's pain during the
				procedure compared to
				other medicinal methods
٧	Y. Kasimoglu	dentistry	Robotic technology	Effective in reducing pain
(16)	7.7.			and anxiety in children
٨	J. Kharouba	dentistry	Watching a cartoon	Effective in reducing
(17)	7.7.			children's anxiety and
				improving social relations
				and children's behavior
				during the procedure
٩	S. Shekhar	dentistry	Stress ball and audio visual	Effective in controlling
(18)	7.77		glasses	anxiety during the
				procedure and not having a
				favorable effect on pain
				control

١.	B. Aykanat Girgin	blood sampling	Using the method of	The methods of inflating a
(19)	7.7.		inflating the balloon and	balloon and pressing the
			pressing the ball and	ball are effective in
			coughing	controlling pain and
				reducing fear and anxiety
				during the procedure, and
				the cough solution is less
				effective than other methods
				in controlling pain and fear
				during the procedure.
11	Nejla Canbulat	Blood sampling	Using a vacuum cleaner	Effective in reducing pain
(20)	Şahiner		with a cartoon design	and anxiety during the
	7.77			procedure
17	Sevil Inal	Blood sampling	Using Buzzy	Effective in controlling pain
(21)	7.7.		the rmomechanical)	and not having a favorable
			(technique	effect on controlling anxiety
				during the procedure
١٣	Tuba Koç Özkan	Getting an IV	Acupressure	Effective in pain control
(22)	7.7.			during the procedure
١٤	Alereza	Getting an IV	Using music therapy and	Effective in controlling
(23)	Momenabadi		acupressure at the Hugo	children's pain in both
	2021		point	methods
10	Samina Ali	Getting an IV	Using an iPad	Lack of favorable effect in
(24)	7.71			reducing pain and anxiety
				during the procedure
١٦	Gabriela S Ortiz	Getting an IV	music therapy	Effective in pain control
(25)	7.19			during the procedure
١٧	Swati Chavan	Getting an IV	Watching a cartoon	Effective in pain control
(26)	7.71			during the procedure
١٨	Sherzad Khudeida	Getting an IV	Art-based intervention	Effective in controlling pain
(27)	Suleman		called Children's Office	and anxiety during the
	7.77		Coloring	procedure
19	Sacide Yildizeli	Getting an IV	chewing gum	Effective in pain control
(28)	Topcu			during the procedure
	7.7.			
	1	1	I .	I

۲.	Rachelle C W Lee-	Getting an IV	Robotic technology to	Lack of favorable effect in
(29)	Krueger		teach deep breathing as a	reducing pain and anxiety
	7.71		coping strategy	
71	Christine T	vaccination	Pain management training	Effective for parents to
(30)	Chambers		video	manage children's pain
	7.14			during the procedure by
				parents
77	Manal Kassab	vaccination	Using sucrose	Effective in reducing pain
(31)	7.7.			during the procedure
77"	Zohreh Karimi	vaccination	Using breastfeeding	Effective in reducing pain
(32)	7.77		intervention	during the procedure
۲ ٤	Esra Karaca Ciftci	vaccination	Using skin irritation	Effective in reducing pain
(33)	7.17			during the procedure.
				Babies in the intervention
				group had fewer cats than
				the control group
70	Tuğba Güngör	vaccination	Using local heat and cold	More effectiveness of local
(34)	7.71			cold compared to local heat
				in reducing pain before the
				procedure
۲٦	Pedro Gorrotxategi	vaccination	Breastfeeding in babies	Effective in pain control
(35)	Gorrotxategi		aged 2 to 11 months and	during the procedure
	7.77		sounding a party horn by a	
			4-year-old child	
7 7	Samina Ali	Getting an IV	Robotic technology	No additional pain and
(36)	7.11			anxiety on children and an
				effective tool in non-
				pharmacological distraction
				during the mentioned
				procedure
۲۸	F. Alhani	surgery	Using mother's voice as	Effective in reducing
(37)	7.19		hearing therapy	children's anxiety after
				surgery
79	Doa'a Abdullah	surgery	Using video games	Effective in reducing
(38)	Dwairej			children's anxiety before
			1	

				the operating room and after
				surgery
٣.	Francesco Molinaro	surgery	Robotic technology during	Lack of favorable effect on
(39)	7.7.		surgery	reducing postoperative pain
				during robotic surgery
٣١	Marzieh Beigom	suture	face to face training	Effective in reducing
(40)	Bigdeli Shamloo			anxiety and pain during the
	7.14			procedure
٣٢	Hyo Jeong Choi	suture	Watching a cartoon	Effective in controlling the
(41)	7.71			pain and anxiety of children
				aged 3 to 6 years during the
				procedure
٣٣	Nejla Canbulat	Intramuscular	Using distraction cards	Effective in controlling pain
(42)	Şahiner	injection		and anxiety during the
	7.19			procedure
٣٤	Hülya Durak	Therapeutic	Watching a cartoon	Effective in controlling
(43)	7.71	inhalation in		children's anxiety and fear
		children with		during the procedure
		acute bronchitis		
٣٥	Çiğdem.Erdoğan	Painful	Using mother's voice	Effective in controlling
(44)	7.7.	interventions for		children's pain during and
		children in the		after painful interventions
		intensive care		
		unit		
٣٦	Christian E Farrier	Painful medical	Robotic technology using	Effective in controlling
(45)	7.19	interventions for	distraction strategies and	anxiety and pain during and
		children	deep breathing in	before painful interventions
		hospitalized in	outpatient and inpatient	
		the ward	departments	
٣٧	Wendy M Gaultney	Painful medical	Using cognitive load	Lack of favorable effect in
(46)	7.71	interventions	theory	controlling pain and anxiety
				during the procedure
٣٨	Emma Rheel	Painful medical	Using Pain Neuroscience	Effective in controlling pain
(47)	7.71	interventions	Education (PNE)	during the procedure and
			technique	increasing the pain tolerance
				threshold

٣٩	Claudio Longobardi	While waiting	Soap bubbles	effective in controlling pain
(48)	7.19	for an		while waiting for a doctor's
		emergency		examination and not having
		doctor's		a favorable effect on
		examination		controlling pain after a
				doctor's examination and
				controlling anxiety while
				waiting and after a doctor's
				examination
٤٠	Sarah Kisling	People with	Educational video about	Effective in teaching
(49)	7.71	chronic pain	pain awareness	children how to manage
				pain and not having a
				favorable effect on pain
				control
٤١	Fatemeh Cheraghi	Changing the	Watching a cartoon	Effective in pain control
(50)	7.7.	burn dressing		during the procedure
٤٢	Lindsay A Jibb	Subcutaneous	Robotic technology aiming	Effective in controlling
(51)	7.11	injection of	to use psychological	anxiety during the
		children with	strategies	procedure and not having a
		cancer		favorable effect on pain
				during the procedure

Discussion

The review of 42 original articles and the information summarized in Table 1 revealed that of the medical and therapeutic procedures were related to dentistry, 21.42% were related to IV injections, 14.28% to vaccinations, 9.52% to painful interventions, 7.14% to blood sampling, 7.14% to surgeries, 4.76% to suturing, and the remaining 14.28% were related to inhalation therapy, intramuscular injection (IM), chronic pain, burn dressing change, and subcutaneous (SC) injection. Among these distraction techniques, 14.28% involved with robotic technology. Half of these techniques were effective in controlling pain and anxiety, while the other half were not effective. 11.9% of the techniques involved watching cartoons, with

80% of them being effective in controlling pain and anxiety, and the remaining 20% not being effective. 7.14% of the techniques included pain management training videos, which can be considered an effective solution for teaching pain management, but in 33.3% of cases, there was no favorable effect on control. Additionally, 7.14% of the reviewed articles mentioned the presence of the mother, breastfeeding by the mother, and the use of the mother's voice as effective ways to control pain and anxiety. 4.76% of the techniques were related to audio-visual tools, with the Vess audio-visual device not affecting pain and anxiety control during the procedure, and audio-visual glasses only affecting anxiety Furthermore, in 7.14% of studies mentioned music therapy and pressure techniques as solutions to control pain and anxiety. Other effective methods included face-to-face training, video games, soccer balls, chewing gum, inflating balloons, pressing balls, coughing, and using an iPad as an ineffective distraction solution to control pain and anxiety during medical procedures. Overall, in 75.47% of procedures, non-pharmacological distraction strategies, significantly helped control pain and anxiety during the procedure, while in the remaining 24.53% of procedures no favorable effect was observed.

To explore other non-pharmacological distraction techniques during various types of medical procedures, additional articles were reviewed, each offering a solution to reduce the feeling of pain and anxiety in children.

Music therapy

Music plays a significant role in our daily lives, evoking various feelings and emotions. The human brain has remarkable ability to receive and process music, with the auditory system, brain lobes, and Wernicke's area responsible for analyzing it. The primary areas receive signals from the inner ear while the perception of music, including pitch frequency, melodic contours and volume, is processed through the thalamus and primary areas. Secondary areas handle complex patterns of harmony, melody, and rhythm, with tertiary areas allowing for a deeper understanding of music (17). Furthermore, music processing not only activates other brain regions, but also impacts mesolimbic dopaminergic pathways, leading to enhanced anxiolytic effects (43).

Audio-visual tools

Audio-visual tools, such as screens and headphones that cover the eyes and ears, are considered modern distraction tools. They provide both sound and image simultaneously, creating a three-dimensional environment for the viewer and listener (19). This application may be more appealing to children than other traditional methods discussed in this review. It causes disconnection from the real world during the medical procedure (16). A study suggested that

the use of audio-visual tools is an effective yet costly way to reduce feelings of pain and anxiety during dental procedures, making them suitable for adults as well (19).

The clown

Humor has long been recognized as one of the most effective factors for coping with stressful life, situations and has always been a focus of researchers. Among all the areas and aspects of human life influenced by humor, pain control has consistently captured the interest of researchers. Humor is seen as a factor that is linked to behavioral resistance to pain (9). In a study, humor was presented as a viable solution, similar to other distraction techniques, for reducing anxiety and pain in children (17).

Mobile health

Mobile health is a new field of health-care that can increase people's ability to self-care (11). Today, people in around the world use mobile phones more than ever before. For example, in America, 82% of the population used smartphones in 2018 (23). In Finland, 94% of people under the age of 55 had a smartphone (17). Smartphone devices, programs and games can be used as a distraction approach for children to reduce their pain and anxiety (32).

Play Therapy

Play therapy is a simple, affordable, and readily available intervention that has been used for years to reduce stress and anxiety in children during medical procedures (6). WHO introduced the right to play as one of children's rights in medical centers and hospitals, encouraging doctors and nurses to incorporate games into treatment procedures (14). In a limited review study, Gjaerde et al. investigated the effect of games on the levels of anxiety and pain in children during hospital procedures. The evidence in the study showed that interventions and play therapy had a positive impact on the four clinical areas of education, diagnostic processes, and recovery, and adaptation, treatment

ultimately reducing feelings of pain and anxiety (52).

Cold and shivering

The Buzzy device is designed to provide cold simultaneously, effectively and vibration reducing pain at the injection site. It is an easy-touse, reusable and quick method of nondistraction. pharmacological This device resembles a bee, with two components: the bee's body (vibration) and the bee's fins (cold). The combined application of vibration and cold affects pain receptors and the body's nervous path ways, reducing the sensation of pain (33). However, various studies have yeild different results. In a study by Faghihian et al., which examined the impact of vibration on pain level through a systematic review, the vibration intervention was not found to be an effective method of non-pharmacological pain distraction with no significant difference between the intervention and control groups. No review studies were identified either (53).

Virtual reality

Virtual Reality (VR) has been increasingly used in recent years as a new, non-pharmacological method for medical procedures (14). VR devices create a sense of distraction that can help reduce pain and anxiety in various medical procedures such as dentistry (18), burns, wound care, and venous access (24). The side effects of using VR in medical procedures are minimal compared to other distraction methods. Only with long-term use can symptoms like dizziness, headache, nausea and eye pressure increase (32).

Conclusion

The current research review was conducted to explore different techniques or distraction and pain reduction during therapeutic procedures in children. Through a thorough investigation, it was found that various non-pharmacological distraction techniques can be highly effective in managing pain and anxiety during medical procedures. These techniques have fewer side effects compared to pharmacological methods, are cost-effective, and are highly effective. Due to children's high sensitivity to dosage and side effects, it is recommended to use non-pharmacological distraction techniques in therapeutic and medical procedures.

Conflict of interest

The authors have confirmed that this study has no relevant financial or non-financial competing interests.

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