EXPLORING THE RELATION BETWEEN PAIN AND ACTIVITY AND PARTICIPATION BASED ON ICF IN CHILDREN AND ADOLESCENTS WITH JUVENIL IDIOPATHIC ARTHRITIS: A PILOT STUDY

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Background: Functional limitation and inactivation are the most important problems in children with Juvenile Idiopathic Arthritis (JIA). The aim of this study was to link and allocate items of Child-hood Health Assessment Questionnaire (CHAQ) with activity and participation based on International Classification of Functioning, Disability and Health (ICF). The other aim was to examine the relationship between the pain and activity and participation determined on the basis of CHAQ with Juvenil Idiopathik Artrit (JIA).

Methods: Thirty-seven children and adolescents (26 girls, 11 boys, mean age=11.75±4.04 years) were included. The mean BMI of the participants was 19.6±4.52 kg / cm². Inclusion criteria: To be diagnosed with JIA according to ILAR classification. Being in the 6-18 age range. To be stable in drug use for at least 3 months or longer. Exclusion criteria:The presence of another disease. Intrarticularsteroid injection or surgery in any joint in last 3 months. Evaluations were made by the same pediatric rheumatologist and physiotherapist (PT) by face to face interview method. Pain was evaluated by use of Numeric Rating Scale (NRS) (0=no, 10=worst) and disability by CHAQ. As CHAQ score increases, disability increases. CHAQ has 8 categories. The highest score for any question determines the score for that category. The items of CHAQ were linked with ICF codes and allocated with the ICF components by three PT. Original scoring of CHAQ allocated to ICF components was used in order to calculate Total CHAQ score and mean activity and participation in accordance with clinical data for 37 JIA. The 20th item in the “Reach” category is not included in the calculation as it contains the body function component of ICF. The data was analyzed using Pearson's correlation coefficient.

Results: Mean score of NRS was 3.52±2.34. Mean activity and participation score of CHAQ was 0.51±0.58, 0.70±1.10, respectively. Based on expert decision, activity and participation categories of ICF were covered 24 and 5 items of CHAQ, respectively. Pain had moderate correlation with activity (r=0.595; p=0.002) and participation (r=0.604; p=0.001) for CHAQ. Activity had high correlation with participation (r=0.702; p=0.000).

Conclusion: Pain in children and adolescents with JIA is an important parameter affecting activity and participation. Pain should be evaluated in all aspects due to the limitation of both activity and participation. CHAQ largely contains the activity component of ICF. The development of new questionnaire is needed to assess the participation of JIA children and adolescents in more detail.

References:

SEXUAL QUALITY OF LIFE IN 39 FEMALE PATIENTS WITH IDIOPATHIC INFLAMMATORY MYOPATHIES

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Background: Symptoms related to idiopathic inflammatory myopathies (IIM) such as weakness of skeletal muscles, pulmonary and articular involvement may have a negative impact on all aspects of life including sexual health. The aim of this study was to link and allocate items of CHAQ to activity and participation determined on the basis of ICF. The other aim was to examine the relationship between the pain and activity and participation determined on the basis of CHAQ with Juvenil Idiopathik Artrit (JIA).

Methods: Thirty-seven children and adolescents (26 girls, 11 boys, mean age=11.75±4.04 years) were included. The mean BMI of the participants was 19.6±4.52 kg / cm². Inclusion criteria: To be diagnosed with JIA according to ILAR classification. Being in the 6-18 age range. To be stable in drug use for at least 3 months or longer. Exclusion criteria:The presence of another disease. Intrarticularsteroid injection or surgery in any joint in last 3 months. Evaluations were made by the same pediatric rheumatologist and physiotherapist (PT) by face to face interview method. Pain was evaluated by use of Numeric Rating Scale (NRS) (0=no, 10=worst) and disability by CHAQ. As CHAQ score increases, disability increases. CHAQ has 8 categories. The highest score for any question determines the score for that category. The items of CHAQ were linked with ICF codes and allocated with the ICF components by three PT. Original scoring of CHAQ allocated to ICF components was used in order to calculate Total CHAQ score and mean activity and participation in accordance with clinical data for 37 JIA. The 20th item in the “Reach” category is not included in the calculation as it contains the body function component of ICF. The data was analyzed using Pearson's correlation coefficient.

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