



AUTISTIC REPRESENTATION IN COCHRANE REVIEWS OF PEDIATRIC CHRONIC PAIN INTERVENTIONS

Katelynn E. Boerner, PhD*; Aishwarya Heran*; Colleen Pawliuk, MLIS*; Bethany Donaghy, MSc†; David Moore, PhD‡; Kai Leong*; Hemakumar Devan, PhD‡; Tim Oberlander, MD FRCPC*

*University of British Columbia, Canada, †Liverpool John Moores University, United Kingdom,

‡University of Otago, New Zealand

Corresponding author: katelynn.boerner@bcchr.ca

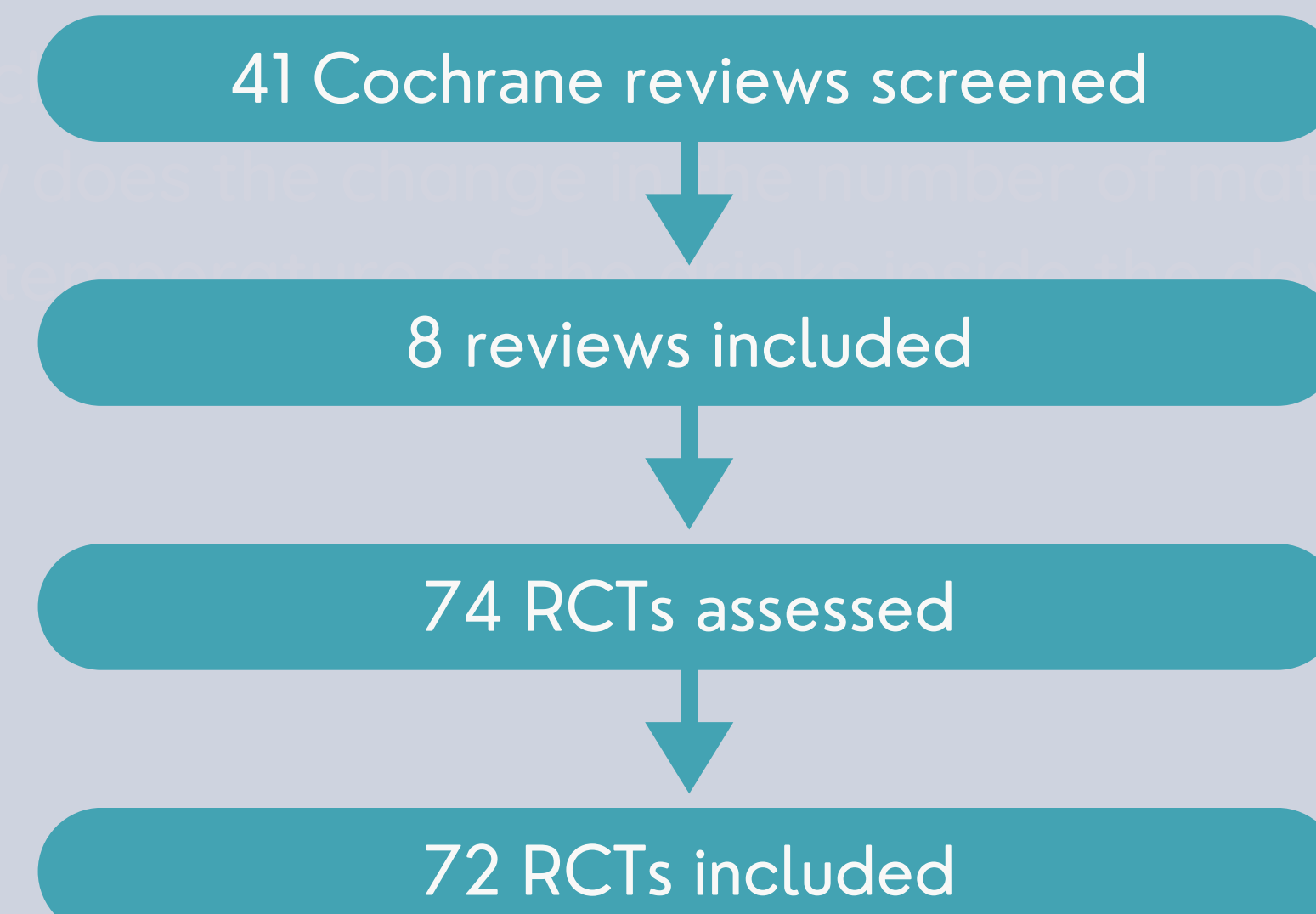


OBJECTIVE

- Chronic pain disproportionately affects autistic children and young people (CYP).
- Autistic CYP may require adaptations to pain treatments to make them more accessible.
- It is unclear whether autistic CYP are represented in the treatment literature used to develop clinical guidelines.

METHODS

- The Cochrane Library was searched on October 28, 2023 for all reviews on the treatment of pediatric chronic pain. 8 reviews were identified:
 - Cooper et al. 2017: Antiepileptic drugs
 - Cooper et al. 2017: Paracetamol (acetaminophen)
 - Cooper et al. 2017: Opioids
 - Cooper et al. 2017: Antidepressants
 - Eccleston et al. 2017: Non-steroidal anti-inflammatory drugs
 - Fisher et al. 2018: Psychological therapy in-person
 - Fisher et al. 2019: Psychological therapy remotely delivered
 - Nascimento Leite et al. 2023: Physical activity
- All randomized controlled trials (RCTs) from these reviews were included, except non-English publications.



- Two independent reviewers extracted implicit and explicit exclusion criteria, and autistic sample sizes for each RCT using Covidence.

RESULTS

Explicit Exclusion

n=72 studies

- Did not explicitly exclude (83.3%)
- Excluded autistic youth (1.4%)
- Excluded youth with developmental delay or disability (15.3%)



All RCTs with explicit exclusion criteria were from trials of psychological therapies. This is potentially related to increased requirements for verbal engagement and/or lack of flexibility in delivering a manualized intervention.

Implicit Exclusion

n= 60 studies with no explicit exclusion

- No implicit exclusion (31.9%)
- Implicit exclusion (68.1%)
 - No co-occurring conditions
 - Requires verbal communication
 - No cognitive impairment
 - Compliance with protocol



Excluded co-occurring conditions were psychiatric disorders, gastrointestinal concerns, migraine, and seizure disorders, which are more prevalent in autistic communities. Many are associated with increased risk of chronic pain.

None of the RCTs reviewed described the prevalence/inclusion of, or adaptations for, autistic participants.

CONCLUSIONS

- Exclusion occurs on many levels. The rigour necessary for RCTs may contribute to the high rates of exclusion criteria against autistic CYP, as they are less likely to offer accessible adaptations to protocol.
- Autistic CYP are at a higher risk of experiencing chronic pain; however, “gold-standard” research often excludes these populations. This review adds to the growing literature on disparities in representation in clinical trials, associated impacts on clinical practice, and generalizability of findings.
- There is a need for interventions developed and evaluated collaboratively with autistic CYP and their families.

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