treatments are not always effective and often poorly tolerated; since 2001, botulinum toxin (BT) appears to be a potential treatment of sialorrhea for children with CP (Jongerius et al., Eur J Pediatr 2001). Literature on this topic becomes richer but utilisation is not reached by consensus.

**Objective.**— An exhaustive literature review has been realised in order to generate a situational awareness of conditions of use of BT in sialorrhea of children with CP.

**Method.**—Exploratory databases were Medline, Embase and Cochrane Library. Utilized key words were: “sialorrhea”, “drooling”, “children” and “botulinum toxin”. Only articles in English were selected. Age of children was to be more than 4. Type of BT had to be precisely. Data looked for were: evaluation criteria, evaluation of efficacy, side effects and injection protocol.

**Results.**—Thirty-two articles were selected in first reading out of which 9 were kept at last: three randomised controlled trials, four non controlled trials and two case reports. Several evaluation techniques of sialorrhea existed, both objective and subjective. BT was effective but conditions of use were not consensual.

**Discussion.**—BT is effective in treatment of sialorrhea and its side effects are infrequent. It certainly has its place in arsenal armamentarium against sialorrhea. Literature proposes reflexions about some predictive factors of efficacy, in order to precise indications of treatment, but none can be admitted today.

A work is currently carried out about french practices (enlarged former Botuloscope). After this and considering the literature, we would propose a utilisation and evaluation protocol of BT for sialorrhea of children with CP.

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**How parents perceive the pain of their multidisabled children?**

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**Keywords: Pain; Cognitive impairment; Parents**

**Introduction.**—The pain experience in the child with a significant cognitive impairment is complex and confusing. Therefore family members can assess the intensity of the pain only from the behavior exhibited by the children. Thus, to determine the agreement, children with neurological and cognitive impairment were observed and assessed for pain by parents using a self-questionnaire.

**Methods.**—Questionnaires, assessing with the help of “Échelle Douleur Enfant San Salvadour” (DESS) translated into Arabic and using the Face Pain Scale Revised, were administered to the parents of children with neurological and cognitive disability. The figure of man to help parents locate their children’s pain was also used.

**Results.**—The average age was 13.8 ± 8 years. The average value of the Faces Scale was 1.3 ± 0.6 and that of DESS was 5.25 ± 4.35. The parents observed the child’s pain with the Facial Pain Scale in the majority of cases (87.5%). Major parents’ perceptions of children’s pain were related to pain behavior at physiotherapy and dressing. All the children had a lot of hypertonic reactions that interfere with physical therapy, dressing and equipments. Parents assessed that their children feel a moderate pain with the DESS and that was not correlated with the Facial Pain Scale. The parents underestimated the child’s pain with the DESS. The analgesic treatment was no more provided.

**Discussion.**—Adequate information of pain in children with cognitive impairment should be provided to the parents to promote children’s pain management at home.

**Pour en savoir plus**


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**Multidisciplinary program for adolescent obesity. Short-term effects on anthropometric data, health related quality of life and fatigue**

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**Keywords:** Precautionary; Traumatic brain injury; Child; Assessment; Care and needs; Social work

**Introduction.**—The outcome after acquired brain injury (ABI) in children is strongly influenced by socio-economic status and family functioning. Precautionary may negatively influence outcome and must and must be considered in the rehabilitation process. The objective of this study was to assess families’ precautionary in children with ABI hospitalized in a rehabilitation department in order to study its impact on the length of stay and to optimize support.

**Materials and methods.**—We conducted a cross-sectional study in March 2012 in a rehabilitation department for children with ABI aged 0 to 15 years. The EPICES Score (Precautionary and health inequities assessment in health care centers) allows an individual assessment of precautionary. It was proposed to the families of all hospitalized children. It is comprised of 11 binary questions (0-1), ranging from 0 (no precautionary) to 100 (maximum precautionary). The cut-off score is 30.

**Results.**—Forty-nine out of 53 families responded. The majority lived in Seine-Saint-Denis (41%) and Val-de-Marne (23%). The average age of the children was 6 years 10 months with a majority of boys (55%). The main causes were traumatic brain injury (TBI, 36%), brain tumors (24%), stroke (18%), encephalitis (14%). The children suffered motor (61%), cognitive (83%) and behavioral trouble disorders (45%). According EPICES, 70% of families were precautionary, significantly more than the subjective assessment by doctors (44%) and the social worker (42%); P = 0.02. For seven children (14%), length of stay was prolonged for social reasons. Contrary to our predictions, families of children with TBI were less precautionary than others families (44% vs 80%).

**Conclusion.**—The validated EPICES questionnaire, easy to answer and which gives an overview of precautionary, allows to better identify families in situations of social vulnerability and thus to anticipate the support required after discharge. It completes the assessment by PMSI. It can also reflect the intensity of care and help required by families.

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and marked fatigue) and the risk that obesity will persist at adult age. Early and efficient treatment is necessary and aims at reducing weight and improving HRQOL. Our objective is to assess the effect on these parameters of a multidisciplinary in-patient program.

Methods.– Design: prospective before/after study; population: 69 adolescents (32 boys, mean age 14); intervention: Three months in-patient program including intake control, dietetic advice, physical activity and psychological support. Outcome measures: measure of HRQL and fatigue by the overall score and fatigue subscore of the Pediatric Quality of Life Inventory 4.0; body mass index (BMI), and waist/hip ratio (W/H).

Results.– Thirteen patients dropped out. In the remaining population we observed significant increase of the HRQL score (75.37 ± 16.08 versus 67.57 ± 14.57, P = 0.0135), of the fatigue sub score (75.37 ± 16.08 versus 72.01 ± 16.09, P = 0.0135) and significant decrease of the BMI Zscore (3.59 ± 0.85 versus 4.25 ± 0.73, P < 0.0001) and of the W/H ratio (0.94 ± 0.01 versus 0.99 ± 0.06, P < 0.0001).

Discussion.– Our study confirms the low HRQOL [2] and the importance of fatigue of obese adolescents and shows that a multidisciplinary intervention may improve both parameters as well as reduce BMI and W/H ratio.

Références

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