

Editorial

The Silent Epidemic—Chronic Pain and Palliative Care Needs in Children and Adolescents

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As the Section Editor-in-Chief, it is my pleasure to introduce the new section of *Children* dedicated to pediatric pain and palliative care.

Worldwide, the treatment of acute and chronic pain is an unmet need in children and adolescents [1,2]. Health disparities, especially racial and ethnic disparities, have been identified in all fields of pediatric pain management, exacerbating the challenges in addressing this issue [3]. This new section is intended for pain clinicians, educators, and researchers interested in pain from various medical and psychological specialties and related healthcare areas.

In the field of acute pain, the focus lies on neglected areas in research and pain treatment, such as vaccination pain [4], acute pain in other healthcare settings, and acute pain escalation in the trajectory of severe illnesses [5,6].

Another crucial field covered is chronic pain in children—encompassing symptoms like headache, abdominal pain, and musculoskeletal pain—which may arise primarily or secondarily during episodes of organ destruction or malfunction. Around 30% of all schoolchildren suffer from primary chronic pain, with 8% facing chronic pain conditions associated with serious emotional or functional impairment (contribution 1) [7,8]. Children with severe pain disorders may experience reduced developmental potential [9], and chronic pain in adolescents often leads to chronic pain in adulthood (contribution 2). For many children, multimodal treatment is effective [10,11] and can reduce overall healthcare costs (contribution 3). However, several research questions remain unanswered. How do we tailor treatment to the individual needs of children? Are there therapy components that can be delivered remotely? How can chronic pain be effectively prevented in schoolchildren?

Pediatric Palliative Care focuses on children, adolescents, and young adults with life-threatening or life-limiting conditions and their families throughout the entire disease trajectory from diagnosis to death. Approximately 21 million children worldwide are deemed in need of a pediatric palliative care approach [12]. Over the past 20 years, there has been a rise in the number of pediatric patients with severe chronic diseases and palliative care needs [13]. Patients' ages range between zero and 30 years. Often, they suffer from rare diseases with a focus on neurological, congenital, metabolic, oncological, or as of yet undiagnosed/unknown conditions [14,15]. Many patients are non-verbal (contribution 4) [14,15] and may present with a variety of heterogeneous and interrelated symptoms (contribution 5), including pain, irritability of unknown origin (contribution 6), sleep problems (contribution 7), or dyspnea (contribution 8).

Communication with patients and parents [16], shared decision making [17], advanced care planning [18], and multimodal and interprofessional treatment [19] are major topics of interest. This new section welcomes articles on the four dimensions of palliative care: biological, psychological, social, and spiritual.

The Pediatric Pain Therapy and Palliative Care Section invites submissions of articles and reviews related to pediatric pain and palliative care.



Citation: Zernikow, B. The Silent Epidemic—Chronic Pain and Palliative Care Needs in Children and Adolescents. *Children* **2024**, *11*, 283. <https://doi.org/10.3390/children11030283>

Received: 1 February 2024

Accepted: 22 February 2024

Published: 25 February 2024



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Conflicts of Interest: The author declares no conflicts of interest.

List of Contributions

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