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Hypnotherapy for Acute Procedural Pain and State Anxiety in Children with Burns: A Feasibility Study Protocol

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Introduction: Burns and related procedures are painful and distressing for children, exposing them to acute and chronic biopsychosocial sequelae. Despite their popularity, medications used for itch and distress in children with burns are limited by potential inadequacy, high costs, side effects, and lack of consensus on the optimal doses and regimens. These children can benefit from non-pharmacological interventions such as hypnotherapy in combination with their medications for the treatment of their acute pain, itch and anxiety. Although hypnotherapy has been shown to be beneficial and superior to other non-pharmacological interventions for acute pain and state anxiety in children, research about its use for pain, itch and anxiety is limited in paediatric burns. Despite its essential role in hypnotherapy, no study has investigated hypnotic suggestibility (i.e., the degree of responding to hypnotic suggestions) in paediatric burns.

This study aims to assess the feasibility of screening for hypnotic suggestibility, followed by hypnotherapy during dressing changes in children with acute burns. Methods: Using a mixed-method design, this study will examine the feasibility of study procedures including their acceptability and implementation; as well as examine key factors that are important for the successful delivery of the intervention. The intervention's impact will be assessed using health-related outcomes including acute pain, state anxiety, itch, and physiologic measures of distress.

Eligible patients (n = 10) aged between four and sixteen presenting to Queensland Children's Hospital (QCH) with acute burns and requiring dressing changes will be included after being screened for eligibility criteria.

Following the assessment of their hypnotic suggestibility using an age-appropriate test; they will be included in the study only if they have moderate to high suggestibility. Participants will receive one or more sessions of hypnotherapy at each dressing change until their wounds have healed. The study will be conducted over four weeks.

Conclusion: If the intervention is found to be feasible, this study will guide the design of future trials on hypnosis in children with acute burns and inform the development of child-centred hypnotic interventions.

Ethics and dissemination: Ethical approval has been obtained from the QCH ethics committee. Results will be disseminated through journal publications and conference proceedings.