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Question: Should breathing without a toy distraction during vaccine injections vs control/no treatment be used for reducing vaccine injection pain in children >3 - 12 years?^{1,2}

Settings: clinics

Bibliography: Cohen 2002 a, French 1994

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Breathing without a toy distraction during vaccine injections	Control/no treatment	Relative (95% CI)	Absolute	Quality	Importance
Pain ^{3,4} (m	neasured with	ı: validate	ed tool (Faces So	cale 1-5); Bette	r indicated b	y lower values)						
				no serious indirectness	serious ⁶	none	70	66	-	MD 0.27 lower (0.61 lower to 0.07 higher) ^{3,4}	⊕OOO VERY LOW	CRITICAL
Fear ^{1,3} (m	neasured with	n: validate	ed tool (Faces So	cale 1-5); Bette	r indicated b	y lower values)			J			
	randomised trials		no serious inconsistency	no serious indirectness	serious ⁶	none	31	30	-	MD 0.36 lower (0.86 lower to 0.15 higher) ^{1,3}	⊕OOO VERY LOW	CRITICAL
			with: validated to lower values)	l cool (Observati	onal Scale o	l f Behavioural Dis	stress, Child-Adult Me	dical Proced	ure Intera	acion Scale-Sho	rt Form)	by
			no serious inconsistency	no serious indirectness	serious ⁶	none	70	66	-	MD 0.27 lower (0.61 lower to 0.07 higher) ^{3,4,8}	⊕OOO VERY LOW	IMPORTAN'
Procedur outcome		Use of Ir	ntervention, Pare	nt Fear, Vaccii	ne Complian	ce, Memory, Pref	erence, Satisfaction (assessed wit	h: no dat	a were identified	d for thes	se important
	No evidence available					none	-	-	-	-		IMPORTAN [*]
								0%		-		

In included study by Cohen (2002 a), children in the intervention (breathing) group were instructed in deep breathing and positive self-statements using a 7 minute video and then practiced with a research assistant. The control group received a placebo video without specific advice.

² In included study by French (1994), children in the intervention (breathing) group were verbally instructed in deep breathing, practiced with a research assistant and then were coached during the procedure; children in the control (no intervention) group did not receive any specific instruction and/or guidance. Children were immunized in groups of 4 at a time; alternate day allocation was employed to prevent contamination.

³ Additional information and data provided by author (Cohen 2002 a)

⁴ Additional information and data provided by author (French 1994)

⁵ Not truly randomized; not consistently blinded; some selective outcome reporting

⁶ Confidence interval crosses the line of nonsignificance and sample size was below the recommended optimum information size (OIS) of 400 for an effect size of 0.2

⁷ Not truly randomized; child not blinded; immunizer and parent blinded; selective outcome reporting

⁸ Scores were not standardized prior to meta-analysis