



No. 4 – Needlephobia

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Title: **Needlephobia**

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What is needlephobia?

Needlephobia is an irrational fear of needles, of injections. It is normal for people not to like needles, perhaps even to be afraid of them, however there is a distinction between merely not liking needles and 'Needlephobia'. Some people have such an immense fear that they avoid medical treatment where needles are used. This is a sign of Needlephobia and can be classified as a fear that is out of proportion to the actual danger of the injection – the fear is even greater than the pain. Needlephobia is classed as a medical condition.

What causes needlephobia?

Every person/child has their own reason for the fear. It may stem from a bad experience with a previous injection, perhaps a fear of blood or even fear of a nurse or doctor.

What can be done to help?

Address the issue: Most children with Needlephobia do not 'grow out of it' and the sooner the situation is faced the sooner it can be overcome. So speak to the health professional(s) treating the child and alert them to the problem. Most will take the issue seriously.

Distraction can be used to take the child's mind away from the needle. If a child is distracted it is possible that the perceived pain can be reduced and some children may not even realise that they have had the injection.

Distraction techniques will vary according to the age of the child: young children can be distracted with bubbles, toys, noisy books, music singing and watching children's TV programmes (generally, the noisier the better!). This is more difficult with older children who are more aware of what is going on around them and techniques could include some of the following:

Guided imagery: This involves helping the child to imagine that they are somewhere else, guided by another person, parent or friend. One example could be helping a young boy to imagine that he is in a Formula 1 car driving at very high speed round a racing track. Details should be included, like watching out for other rivers, taking corners and skidding safely.

Relaxation: A physiological reaction occurs in those with Needlephobia. This is called the Vasovagal Reflex and can produce symptoms of fainting, light-headedness, sweating and nausea. Relaxation may help to reduce these symptoms: deep breathing, counting, guided imagery (as above), hypnotherapy, even lying on one's back to help reduce the Vasovagal Reflex.

Support the child

Needlephobia can put a strain on the parent/child relationship. For the child the needle is their greatest fear, yet the parent, or carer, insists on treatment that uses the needle and the child may feel resentment, or anger, which can lead to negative emotions on both sides.

Good communication is therefore essential between everyone involved – health professionals, parent and child – and remember that a trusted environment can make it easier for a child to voice their feelings and fears.

Try to make the child aware that you understand their Needlephobia and that you really are on their side: together you will find a way to conquer it! Prior to needle treatment, the child may become more agitated, anxious and even violent (such as throwing tantrums, kicking, screaming). The parent's response is very important; a negative response (such as scolding the child, or holding them down) will be associated with unpleasant needles and treatment, so comforting the child is very important – perhaps to sit them on your knee and give them a hug.

Allow the professionals to treat the needlephobia and give them your support, so that it becomes clear to the child you are on their side.

Use of EMLA®/ anaesthetic creams

Many health professionals recommend the use of EMLA® cream (or other anaesthetic creams, such as Amitop®) for children undergoing needle treatment. Even if a child does not have a phobia of needles, the use of a 'magic cream' is usually encouraged to make the experience as pleasant as possible.

The cream, or gel, should be used until the child says otherwise. It is recommended that the cream/gel should be applied one hour before treatment – the optimum time for the cream to take effect. People with needlephobia may have increased sensitivity to pain so it is important they feel the minimum amount of discomfort.

A freeze spray is also available from some hæmophilia centres. This is also applied to the skin and the freezing sensation numbs the skin immediately, allowing treatment to take place without the need to wait an hour between application and treatment.

Try to determine which factors contribute to the child's Needlephobia: perhaps the anxiety (anticipation of needle treatment) or the actual pain of the injection? It is likely that both factors are involved, but if anxiety is the major aspect it may be better for the child not to use the anaesthetic cream due to the waiting time involved, where anxiety can increase. In such cases the freeze spray may be more appropriate. If a child is treated at home it should be prepared in another room and waiting times kept to a minimum.

Be honest

Nobody knows your child better than you do: some like to be fully informed, and may experience anxiety and worry if they are not; other children prefer not to know the details and their anxiety may increase if given information they don't want to hear. For children who wish to know, do answer their questions and explain what is going to happen, and why the treatment is necessary.

Needle insertion causes pressure to the skin, sometimes feeling like a scratch, so even if the child does not feel outright pain do not tell them that they 'won't feel a thing'. This is unlikely to be true, but the anaesthetic cream/gel/spray should reduce any pain felt.

Play therapy

A child with Needlephobia may be referred to a play specialist. Play therapy uses forms of play in an environment that is non-threatening to the child, where everything is done at their level and pace. The therapist will build a relationship with the child, helping the child to feel relaxed and secure, so the child does not feel threatened when questioned and treated.

Therapy may use a variety of activities – arts and crafts, toys, singing, drama, children's TV programmes and playing games consoles. A common strategy would be to 'bleed a teddy' or to draw a picture of the 'good' and 'bad' things about hospitals – this would show what the child thinks about hospitals, even if they don't want to talk about it.

Play therapy also help the child to understand their own thoughts and feelings, even if the child has made yet made logical sense of them. Play therapy is an advisable first step to help Needlephobia in young children and it is hoped that most cases can be treated using play therapy, however if the trauma is deep rooted referral to a child psychologist may be advised.

Play specialists are available privately and on the NHS; a child can be referred by their hæmophilia doctor/nurse.

Child psychology

The longer the child has had a phobia about needles the stronger is the conditioning that makes them fear needles. Conditioning often occurs when a bad experience with a needle leads to association between the two (i.e. a needle means a bad experience). This is a learned association which needs to be unlearned, which a child psychologist can do.

A child psychologist also use positive reinforcement, so that if the child is distracted during treatment and does not cause a fuss, this will be reinforced with: 'see, that didn't hurt did it?'. The next time the child has treatment, they will be reminded: 'do you remember last time, it didn't really hurt, did it?' The use of rewards and incentives (such as certificates, stickers and other goodies) can also help strengthen positive reinforcement.

The negative association with needles would also be challenged and the child would be asked to remember a time when they were hurt, such as grazing their knee in the playground, and compare that pain with with the experience of a needle. Increasing a child's self-efficacy (personal sense of control) may also help, as the child may feel powerless about their treatment and what happens to them. Therefore, by giving them choices – such as whether they would like to use the anaesthetic cream – they are given some element of control.

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Desensitisation

Exposure to needles may actually help the child's phobia. This could include allowing your child to watch another child, receive treatment. A 'buddy system' could also be introduced, where children who are comfortable with treatment can help your child by letting them watch their treatment and staying there with them to offer encouragement when your child is receiving treatment. By watching another child have treatment without fear may change your child's attitudes towards needles.

The unwritten rule...

There is a general rule that should always be followed: a child should receive no more than three attempts from one person to administer treatment. If by the third time it has not been successful, do not continue; someone else should try.

It is important for a child receiving treatment that they feel confidence in the person administering the treatment. The child will then learn to trust that person, reducing the distress felt during treatment time.

Port-a-caths

Some veins are hard to find in young children, as veins are less developed and may have 'baby fat', which can be painful and distressing for the child. A Port-a-cath is a device used to provide access to veins (rarely necessary for ITP children – Ed.), in order for treatment to be given, or blood samples taken. A Port-a-cath consists of a catheter (a small tube) which is placed in a vein in the neck, and is threaded to the port, which is usually placed in the chest.

An operation is required to insert a Port-a-cath, which is done under general anaesthetic. As with all operations, there are risks involved, which is why it is important you talk to staff at your local Hæmophilia Centre. There is also risk of infection involved with Port-a-caths, so close observation must be kept post surgery.

Port-a-caths do have a positive affect on Needlephobia, even though a needle is still used for entry through the skin, into the Port-a-cath. It can reduce the anxiety, as the needle will always go in first time. Also, some of the nerves in the skin are removed during the operation, reducing feeling in that area. Anaesthetic cream can still be applied when using a Port-a-cath, so feeling is further reduced, causing minimal pain. Although using a Port-a-cath can help reduce pain and anxiety during treatment, there are risks involved and it is therefore important to take all factors into account when making your decision. For further information please see the Hæmophilia Society's Port-a-cath fact sheet.

Support for parents/carers

Having a child with Needlephobia is very distressing for the parent/carer and it can take its toll on the relationship. Although treatment is vital for the child, ensuring that he/she receives it can be disheartening and conflicting feelings may arise; you are looking after your child's interests, although the child can't see it.

In order to strengthen the relationship with your child again, you may consider family therapy. The strain may not only affect the relationship between you and your child, but may also affect others in the family. Family therapy can provide support for the whole family, as well as between the parent/carer and child.

Individual counselling could also be an option if you need to talk about your child's phobia, or any other issues. It is beneficial to have a support figure, and someone to talk to, and they don't need to be a professional – even talking to a friend or relative could help. Some Hæmophilia Centres do provide counsellors, so ask your doctor/nurse for more information.

Finally, perhaps find a way for you and your child to let off steam together – you could go for a walk or sing loudly to some favourite songs when you both need to de-stress, instead of taking it out on each other!

Summary

Acknowledging your child has a problem, and addressing it as soon as you can is the first step. Depending on the severity of the phobia, it may take time to overcome, but be prepared to invest the time and effort. Needlephobia causes heartache for all concerned, straining the relationship between parent/carer and child, as well as the child's relationship with their doctor or nurse.

The doctors and nurses will want to help your child, so express any concerns you may have. It is important to remember that each child is different. This fact sheet is to serve as a guide only; the method(s) that you and the doctor/nurse choose to implement will be based on your child's unique situation. A multi-disciplinary approach may be recommended, as more than one method at a time could have maximum effect on your child's phobia. If you have already tried some of the methods mentioned and were unsuccessful, don't be disheartened – trial and error is often the case, discuss other techniques that you can try with your doctor or nurse. Help is available - you are not on your own.