EXPERIENCE AND KNOWLEDGE OF PAIN MANAGEMENT IN CANCER OUTPATIENTS: IMPLICATIONS FOR PRACTICE

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Background

Cancer pain influences psychological and social functioning and vice versa. The direct association between pain and patients' quality of life highlight the importance of effective pain management. However, management of cancer pain is considered to be complex. In spite of the existing practice guidelines and knowledge for effective pain management, a big proportion of cancer patients are still treated inadequately for pain. Under-treatment of pain is particular important for ambulatory oncology patients with advanced diseases.

Objectives

The aim of this study is to explore cancer outpatients' knowledge and experiences for pain management at home.

Methods

This is a prospective, cross-sectional study of cancer patients who were seen at outpatient clinics in a cancer center in Taipei, Taiwan. Brief Pain Inventory (BPI), Pain Management Index (PMI), and Morisky Medication Adherence Scale (MMAS) were administered to measure pain intensity, pain management quality, adherence for pain medication, and knowledge and experience of patients in managing cancer pain.

Table 1. Patient Characteristics (N=81)

Age (in years)	Mean±SD 53.11±10.95	Median (range) 52 (26-80)
	n	%
Sex		
Male	54	66.67
female	27	33.33
Education Level		
Elemental school	10	12.35
Junior high school	13	16.05
Senior high school	37	45.68
College and above	21	25.92
Primary Cancer Site		
Oral or Nasopharyngeal	29	35.80
Lung	11	13.58
Esophagus	10	12.35
Pancreas, bile duct or liver	10	12.35
Colon- rectum	9	11.11
Breast	3	3.70
Stomach	3	3.70
Hematologic	2	2.47
Others	4	4.94
Metastasis		
Yes	40	49.40
No	41	50.60
Current Treatments		
CCRT	37	45.68
Chemotherapy	37	45.68
Symptom management	7	8.64
Types of Prescribed Analgesics		
Strong opioids	54	66.67
Weak opioids	27	33.33
Pain with neurogenic characteristics		
Yes (S-LANSS > 12)	37	45.68
No (S-LANSS <= 12)	44	54.32

Table 2. The distribution of PMI and pain score (N=81)

	PMI						
Pain Score	-3	-2	-1	0	1	2	3
0	0	0	0	0	0	1(1%)	2(2%)
1-3 Mild pain	0	0	0	0	5(6%)	7(9%)	0
4-7 Moderate pain	0	0	0	15(19%)	24(30%)	0	0
8-10 Severe pain	0	0	6(7%)	21(26%)	0	0	0

Results

Eighty-one patients with advanced cancer diseases have participated in this study (Table 1). 83% of patients' report of the worst pain in 24 hours was moderate and severe (Fig 1). More than 60% of the patient's report of interference with daily function was from moderate to severe (Fig 2). Of 36 patients whose PMI scores = 0, 36 (100 %) patients' report of worst pain in the past 24 hours was moderate to severe. (Table 2). Bivariate analysis found that patients' PMI and worst pain severity was directly related to pain interference scores. The mean pain interference score measured by BPI was 5.11 with SD of 2.91 (range from 0 to 10); in which subscale scores the mean affective interference score is higher than activity interference score (5.23+3.19 vs. 4.69+2.91). About 85% of these patients were in the category of low and moderate pain-medication adherence which was measured by the MMAS.

Implications for Practice

Cancer outpatients have to manage their pain at home on a daily basis. Our results identify the need to incorporate patient-reported outcomes in the assessment and treatment of cancer pain in the outpatient settings. The results may also highlight the importance of self-management support to enable patients in managing their pain at home.

Fig 1. Patients' report of pain severity in the last 24 hours

Fig 2. Patients' report of pain interference score in the last 24 hours