

Evaluation of Pharmacological Pain Control Management in Cancer Patients; *a patient centered approach to prevent exposure to ineffective medication*

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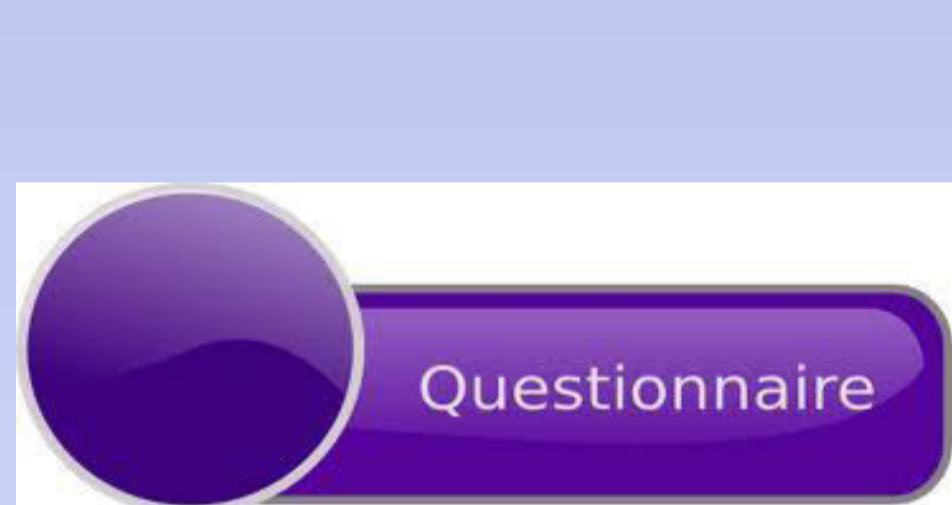
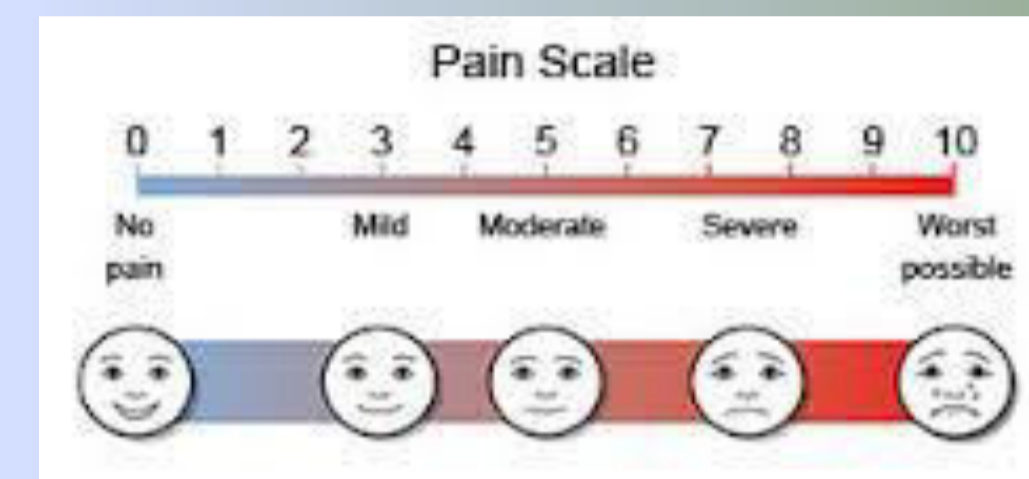
Background:

- ✓ Despite treatment advances, cancer remains the second leading cause of death
- ✓ Pain continues to be a major problem in patients with cancer, affecting 25%-30% of recently diagnosed patients while the incidence of pain in advanced stages of cancer approaches 70-80%
- ✓ Pain experienced by patients with end-stage disease, represents a continued source of frustration for them, their families and the healthcare team
- ✓ While some patients over report pain, the reverse is often true, thus these patients could be over/under treated for pain

Purpose: To evaluate the pharmacological management of pain in cancer patients, being nursed in a clinic of internal medicine *without previous experience in palliative care*

Materials and Methods:

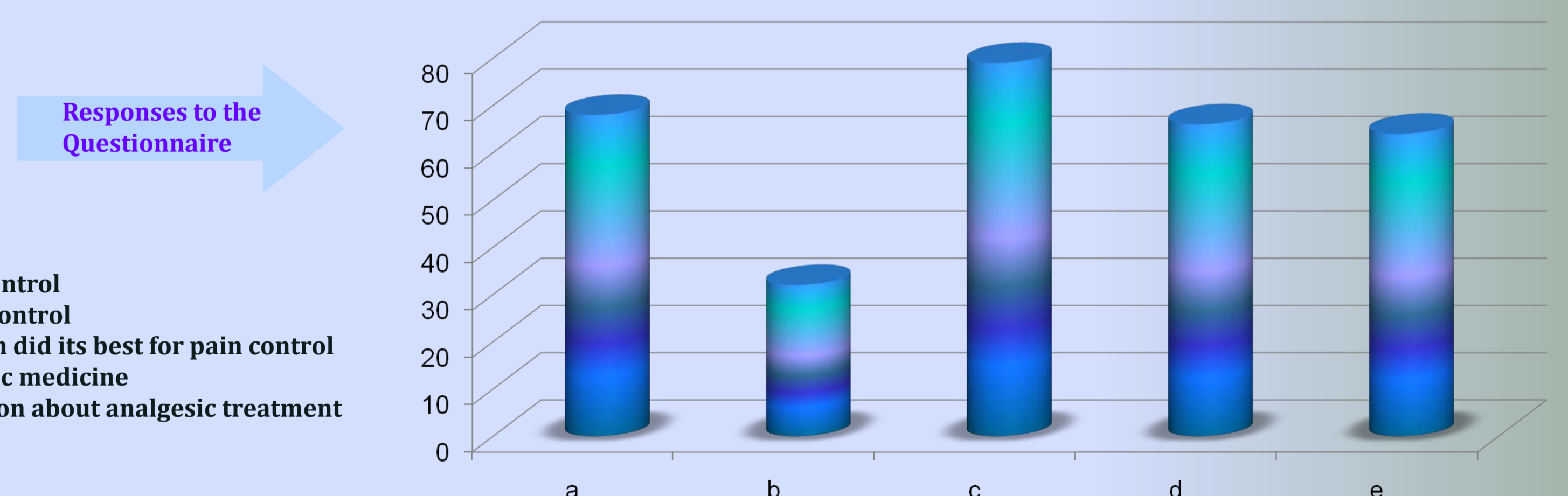
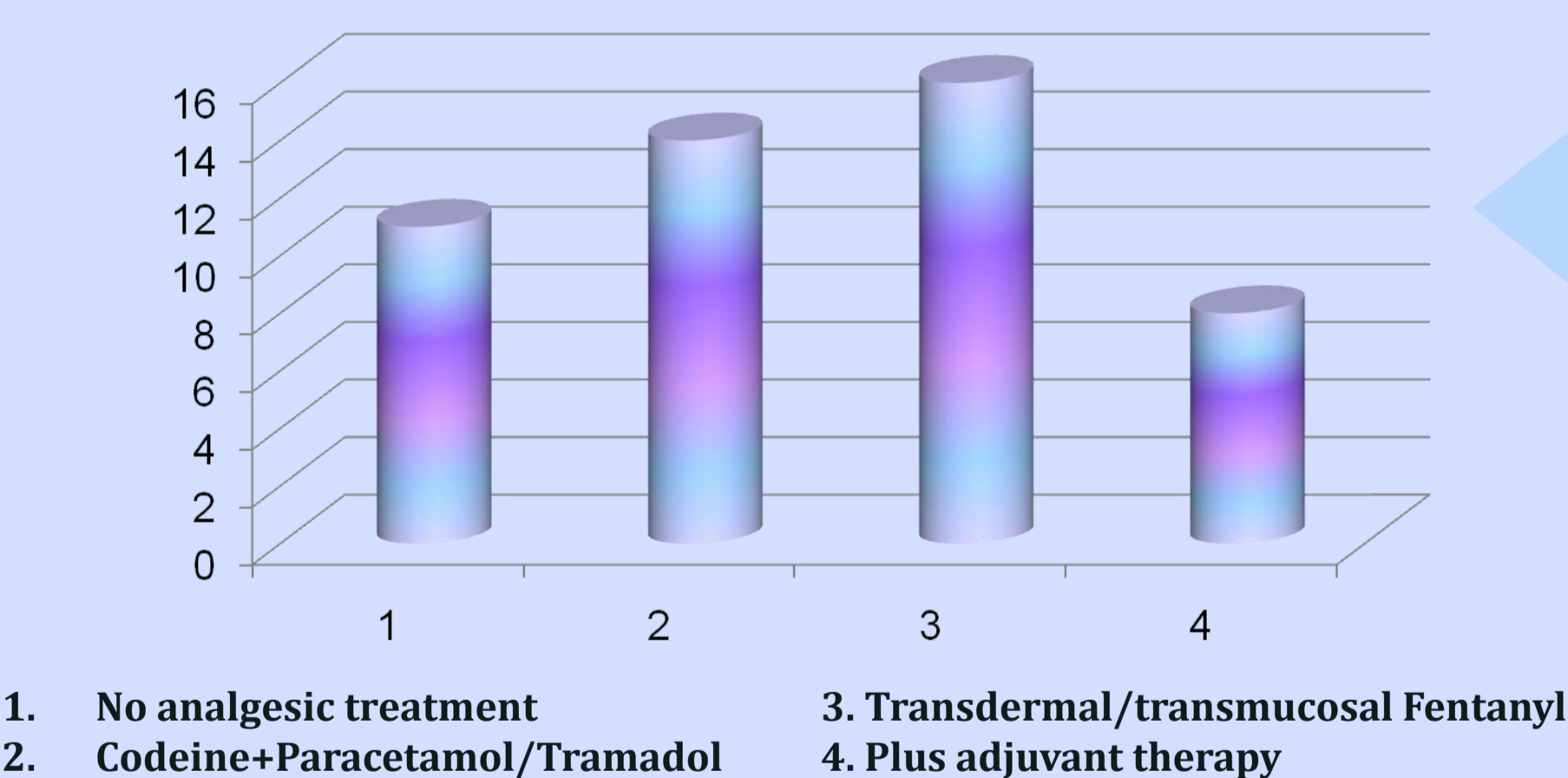
- Given the increased numbers of end-stage cancer patients being admitted to this clinic, it was decided in 2014 that *all pharmacological choices* for pain alleviation of inpatients who remained *more than one week* should be systematically reviewed
- A brief questionnaire was prepared to identify both *patients' satisfaction with analgesic treatment* and the *quality of relevant information* imparted to them by the healthcare team responsible (hospital pharmacist, nurse, medical resident)



- How often did you feel that you need any analgesic?
- How often did you feel that your pain has been adequately managed?
- What do you think about healthcare team's efforts to manage your pain?
- During your hospitalization, had any analgesic been prescribed to you for the first time?
- How do you evaluate the information you received by the healthcare team about your analgesic treatment?

Results:

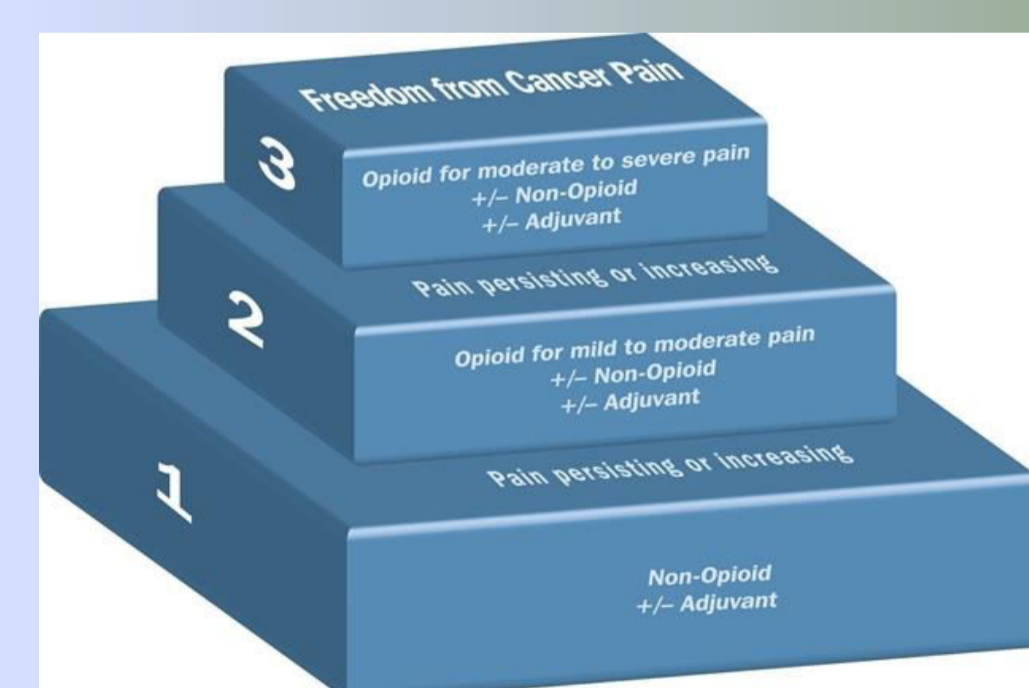
During the first six months of 2014, 42 end-stage cancer patients participated in the study (82% of patients admitted). 26% did not need any analgesics, while an indwelling system for intravenous infusion of morphine was inserted for one patient. 45% patients' pain management involved some mild opioid or tramadol, 38% transdermal/transmucosal fentanyl, 26% adjuvant therapy with an antidepressant/anticonvulsant agent. Full satisfaction was reported by 68% of patients, 32% declared themselves adequately satisfied, while 60% were very pleased with the quality of information they received about their analgesic treatment.



Discussion:

Since per os morphine formulations of normal or modified release are not widely available in our country, tramadol seems to be a rational choice, while nonsteroidal anti-inflammatory drugs are less preferred. Transdermal/transmucosal fentanyl formulations can contribute a lot to a satisfying level of pharmacological pain control due to their convenience for use and dose adjustments.

Although a medical specialist in pain management was not available at the clinic, healthcare team's adherence to general guidelines for pharmacological pain control in combination with feedback from patients' evaluations, assured the satisfactory results reported.



WHO's Pain Relief Ladder

Conclusions:

- 26% of end-stage cancer patients did not need any analgesic which is in accordance with literature.
- In case a multidisciplinary healthcare team is not available, pain management of cancer patients can be supported through simple screening tools.
- A patient centered approach for pharmacological pain control management in cancer patients should involve patient's education, apart from dose titration, individualized treatment and combination therapy.
- Even if the tools addressing clinical measurement of pain are limited, any strategy should assure that both the individual needs are being met and the ever-changing expression of pain is being captured.

