Barriers to Effective Cancer Pain Treatment

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The Mystery

- · Most pain is poorly treated
- Most pain can be adequately managed
- Why do so many patients suffer needless pain?

Barriers to Effective Pain Treatment

- Poor Assessment
- Patient Issues
- · Caregiver Bias-Knowledge deficit
- · System problems
- · Cultural issues
- · Disease itself
- · Overcoming Barriers

Assessment of Cancer Pain Assessment Of Cancer Pain Pain: "A new pain in cancer patient is always because of cancer unless otherwise proved"--Reddy

Components of Pain

- Sensory
- Intensity
- Quality
- Reactive
- Affective
- Motivational
- Interference with activities

Assessment

Visual numeric scale(0-10 scale) — Most commonly used-easy to interpret, universally accepted.

Visual Analogue Scale(0-10 cm)-Used mostly in research settings

Questionnaires:

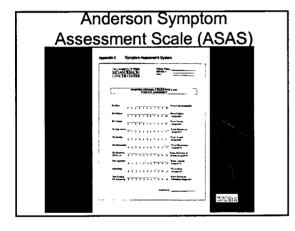
Brief Pain Inventory:

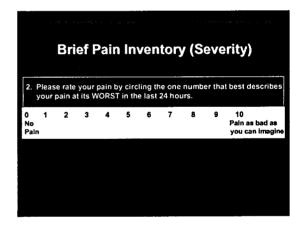
Captures pain at different times Functional interference is assessed Other symptoms are assessed Well tested, easy to administer

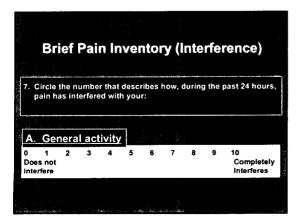
Assessment Of Pain

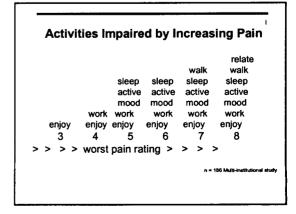
Anderson Symptom Assessment Scale (ASAS):

- Easy to administer, captures other symptoms on a 0-10 scale format.
- Easy follow through and can act as a flow chart.









Assessment

- · A thorough history & physical examination is essential
- · Including Cancer Hx
- · Psychosocial factors
- · Relevant Imaging

Assessment Of Cancer Pain

· A thorough neurological examination is mandatory.

Gonzales, et al (1991), have reviewed a large series of patients in a cancer referral center,

- neurological consultation resulted in identification of a previously undiagnosed etiology for pain in 64% of patients.
- resulted in additional anti-tumor therapies (radiotherapy, surgery, or chemotherapy) for 18% of patients evaluated

Radiological Assessment

- · Bone scan -detects mets as small as 2mm(non-specific)
- · Plain films-useful to visualize fractures of long bones, small lesions cannot be visualized
- · CT Scan
- MRI

Barriers: Patient factors

- · Age/Sex/Minority- Demographic Issues
- · Patient beliefs:
 - I'll get addicted to opioids
 - They won't work when I really need them
 - I don't want to bother the doctor
 - I don't want to bother my family
 - I want to be morally strong (stiff upper lip)
 - I don't want to complain
 - I won't get my chemo if I complain too much

PREDICTORS OF NEGATIVE PMI (UNDER TREATED)

TERM

ODDS RATIO

MINORITY VS. NON

DISCREPANCY (PT-MD)

2.3

· CAUSE OF PAIN (CA VS NON) 2.0

PERFORMANCE STATUS

GOOD VS POOR

1.8

• AGE (70+ VS 18-52)

1.5

· GENDER (F VS M)

1.5

Barriers: Patient factors II

- Denial ↑ pain means my cancer is back/progressing
- · Costs Can't afford expensive medications
- · Can't get to health care provider for treatment (rural)

Barriers: Oncologists Pain Control in Your Setting?

•	VERY POOR	7%
•	POOR	11%
•	FAIR	32%
•	GOOD	43%
•	VERY GOOD	7%

Common Practice Errors Pain Management

- · Poor or Incomplete Assessment
- Inadequate Titration Under Dosing
- · No Preemptive Side Effect Management
- · Inadequate Follow-up
- · No Co-analgesic (Adjuvants)

Oncologist Issues

- Health Professionals not formally educated in pain management
- · Pain management a low priority
- Dependent on subjective reporting
- Adequate assessment adds time, often not reimbursed or allotted
- Treatment often multi-disciplinary and complex, requires attention to side effects
- May require the use of controlled substances

System Barriers

- · Availability of:
 - Medications
 - Pain Specialists
- Pain treatment follow up, not by "crisis management/ER visits"
- · Pain Team in major hospitals

Cultural Factors

- Tools available: BPI validated in Germany, Japan, Taiwan, Hindi, Chinese
- Other factors very complex-beyond scope of talk

Runaway Disease... is all cancer pain treatable?

- Diffuse bony mets/leptomeningeal disease/lumbosacral plexopathies/pancreatic
- Severe pain syndromes may require consideration of advanced techniques:
 - Intrathecal/Epidural infusions
 - Neurolytic blocks
- In some cases, only humaniarian solution is sedation (many options, opioids, haloperidol, benzodiazepines)
- · Don't forget high dose steroids

Overcoming Barriers

- · Make pain control a top priority issue
- · Research/Funding
- Clinical Support
- · Initiatives (MDACC Pain Care Improvement Task Force)

Pain Care Improvement Task Force: 4 Goals

- · Assess Pain in 100% of in/outpts
- ↓ by 25% the number of patients reporting "mod-severe" pain
- † by 50% the number of patients receiving pain related educational materials
- · Pain addressed in the care plan (discharge plan) of 100% of patients

Pain Care Improvement Task Force: 4 Goals

- July 24th Team Meetings (IHI Format): 6 month timeline
- · We provide goals, timeline, supportive materials
- · Teams provide "local" initiative, "local" solutions
- · Extranet site/datasharing/solution sharing

Pain Care Improvement Task Force: 4 Goals

- · Standard Numerical Pain Rating Scale (11 pt scale incorporated onto all forms)
- · Local mechanisms to ensure compliance
- · Ask about pain-- not someone elses job!!!

Pain Care Improvement Task Force: 4 Goals

- · Acknowledge the good work going on here already: many here treating pain: chemotx, radiotx, surgery
- the challenge is to optimize pain and symptom control for all of our patients
- ·New pain "clinical pathway" nearly complete
- · Based on NCCN guidelines
- · Pain to be incorporated into existing pathways
- · Team ideas locally

Pain Care Improvement Task Force: 4 Goals

- ↑ by 50% the number of pts receiving pain related educational materials
 - · New educational materials underway
 - · Mailed to all new patients
 - Tiered materials
 - · Website in development;
 - www.mdanderson.org/paincontrol
 - ...details (intra/extranet, all pain linked here)

Pain Care Improvement Task Force: 4 Goals

- Pain addressed in the care plan (discharge plan) of 100% of pts
 - Local solutions
 - · Stop ER bounce back pain crises!
 - Critical piece for JCAHO compliance

Pain Care Improvement Task Force

- · Task Force: On going next 6 months
- · Collaborative Kick Off July 24th
- · Pain Care "Events" Upcoming
- · Print Media
 - Bill of Rights
- MDACC Commitment to Better Pain Treatment!

Far and away the best prize that life offers is the chance to work hard at work worth doing.

-Theodore Roosevelt