# Dimensions, correlates and perceptions regarding pain and its management among adult resident patients with cancer

- a Sri Lankan study

#### THE 13th ASIA PACIFIC HOSPICE CONFERENCE

AUGUST 1st - 4th, 2019, SURABAYA, INDONESIA

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The authors declare that they have **no conflicts of personal or financial interest** in terms of conducting and publicizing the research.

**Ethics approval** was obtained from the Ethics Review Committee, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka. **Ref: Other 6/17** 





# FLOW

- Background
- Objectives
- Materials & Methods
- Results
- Inferences





# BACKGROUND

- Pain is the most feared symptom in cancer.
- Prevalence of pain among cancer: 50% 75% (International Association for the Study of Pain – IASP)
- In 90%: pain can be successfully alleviated.
- Despite the emphasis placed on the assessment and management of pain in international guidelines, the prevalence of undertreated pain is significantly high (50%) around the globe;
  - more so in regions with poor Gross National Per-capita Income.
  - Therefore, more research is needed especially exploring the magnitude about the problem at regional levels.
- The discipline of palliative care is an emerging field in Sri Lanka.
- The lack of published evidence locally about cancer pain deems that a study conducted on the dimensions of 'pain' and its associations as per the patients' view, could not have come at a better time.





# **OBJECTIVES**

# **General Objective**

To evaluate the **dimensions of pain**, **its effect on physical and psychosocial wellbeing and perspectives regarding pain management** among resident cancer patients in an oncology institution.





#### Brief Pain Inventory (BPI): tested extensively across cultures and linguistic backgrounds and was approved to be a reliable and valid instrument to gauge pain (Kumar SP, 2011; Cleeland CS, 1994)) Brief Pain Inventory (Short Form)

Middle initia

Hospital# Do not write above this line

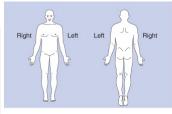
Date: Time Name

Study ID#\_

First 1) Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

> 2. no 1. yes

2) On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3) Please rate your pain by circling the one number that best describes your pain at its WORST in the past 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No								Pa	in as b	ad as
Pain								vou	can im	agine

4) Please rate your pain by circling the one number that best describes your pain at its LEAST in the past 24 hours.

0 9 10 No Pain as bad as Pain you can imagine

5) Please rate your pain by circling the one number that best describes your pain on the AVERAGE.

2 3 4 5 6 0 8 9 10 Pain as bad as Pain vou can imagine

6) Please rate your pain by circling the one number that tells how much pain you have RIGHT NOW.

0 2 3 4 5 8 9 10 No Pain as had as Pain you can imagine

7) What treatments or medications are you receiveing for your pain?

8) In the past 24 hours, how much RELIEF have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Complete

9) Circle the one number that describes how, during the past 24 hours PAIN HAS INTERFERED with your:

A. General Activity:

0	1	2	3	4	5	6	7	8	9	10
Does									Comp	letely

B. Mood

0	1	2	3	4	5	6	7	8	9	10
Does									Comp	letely

C. Walking Ability

0	1	2	3	4	5	6	7	8	9	10
Does									Comp	letely
interf	ere								inte	rteres

D. Normal work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does									Comp	letely

E. Relation with other people

0	1	2	3	4	5	6	7	8	9	10
Does									Comp	letely

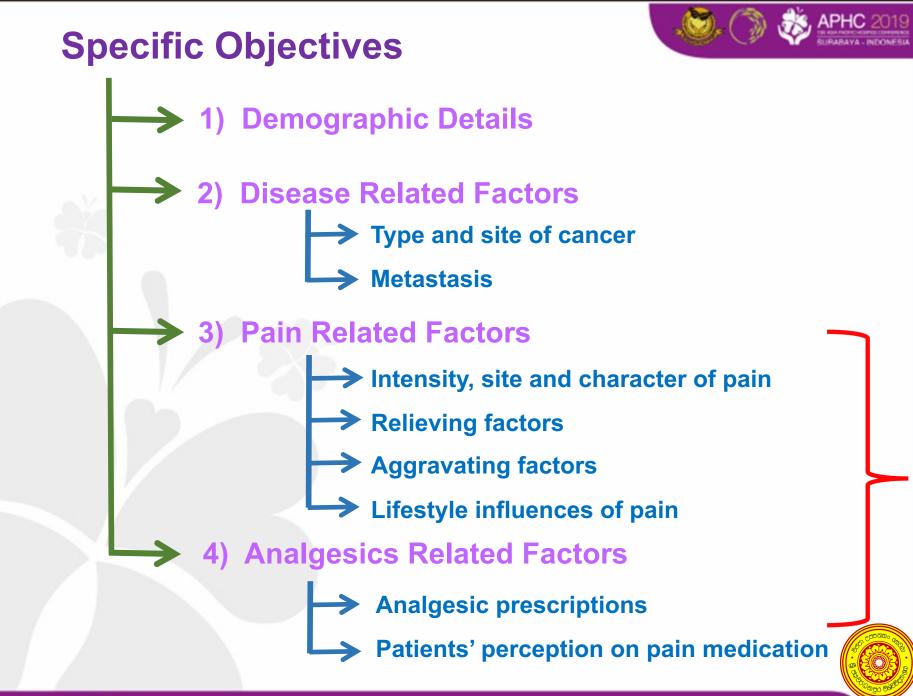
F. Sleep

0	1	2	3	4	5	6	7	8	9	10
Doe	s not fere								Comp	rferes

G. Enjoyment of life

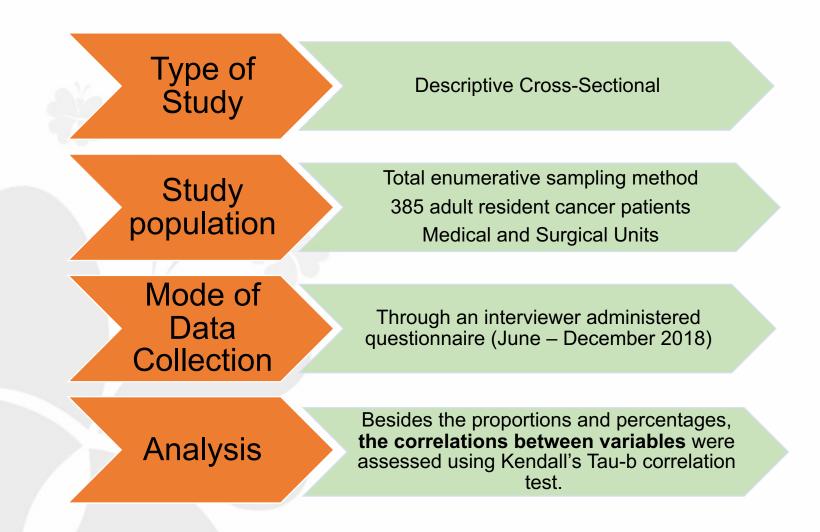
0	1	2	3	4	5	6	7	8	9	10
Does interf									Comp	letely





# **MATERIALS AND METHODS**







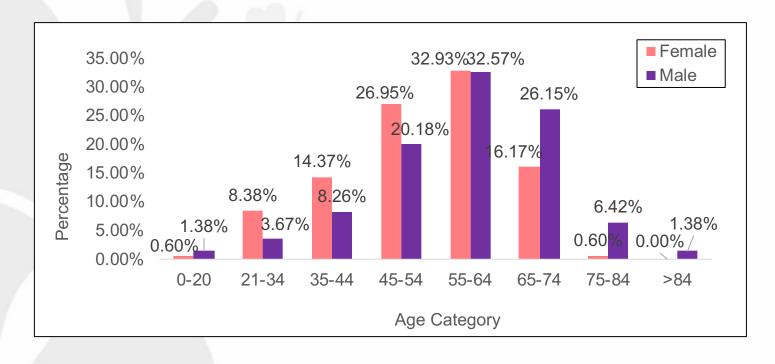


# RESULTS



# 1. Demographical analysis







APHC 2019



# **1. Demographical analysis**

VARIABLE	CATEGORY	NUMBER	PERCENTAGE		
Gender	Female	167	43.38%		
N.	Male	218	56.62%		
Age	0-20 Years	4	1.04%		
	21-34 Years	22	5.71%		
	35-44 Years	42	10.91%		
	45-54 Years	89	23.12%		
	55-64 Years	126	32.73%		
	65-74 Years	84	21.82%		
	75-84 Years	15	3.90%		
	> 84 Years	3	0.78%		
Ethnicity	Sinhala	344	89.35%		
	Tamil	24	6.23%		
	Muslim	17	4.42%		



# **1. Demographical analysis**

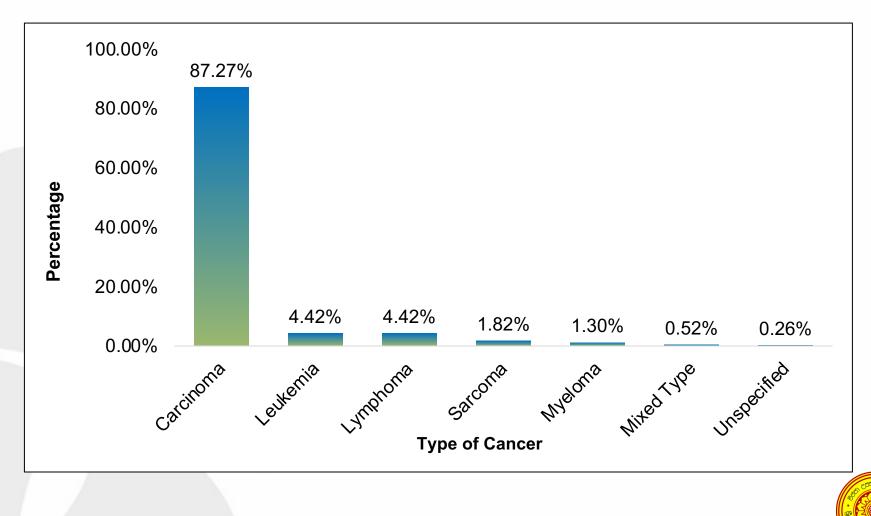
VARIABLE	CATEGORY	NUMBER	PERCENTAGE
Religion	Buddhist	302	78.44%
	Christian	30	7.80%
	Catholic	16	4.16%
	Hindu	20	5.18%
	Islam	17	4.42%
Civil Status	Married	297	77.14%
	Single	42	10.91%
	Divorced	12	3.11%
	Separated	1	0.26%
	Widowed	32	8.32%
	Missing	1	0.26%
Current	Employed outside the home, Full time	37	9.61%
Employment Status	Employed outside the home, Part time	65	16.88%
Oldius	Retired	29	7.53%
	Homemaker	8	2.08%
	Unemployed (4.4% Sri Lanka overall - 2018)	245	63.64%
	Missing	1	0.26%

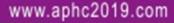


APHC 2019



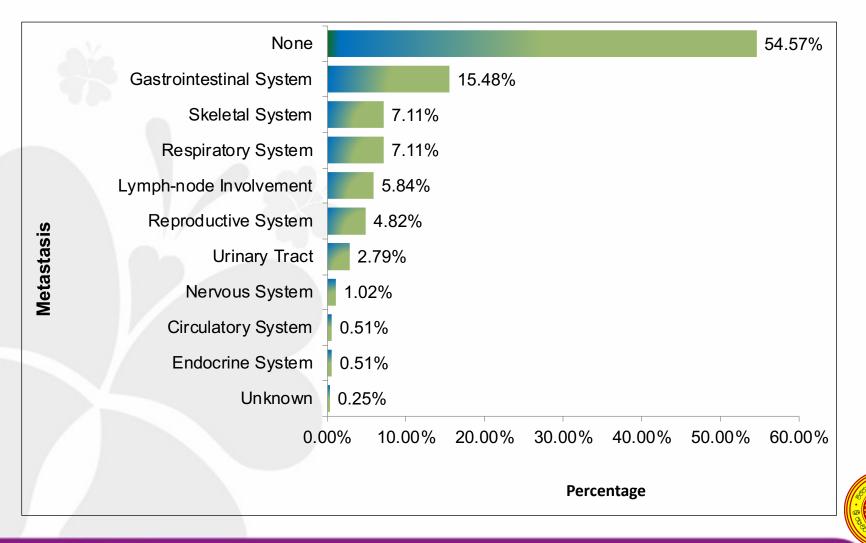
### **Type of cancer**

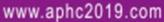






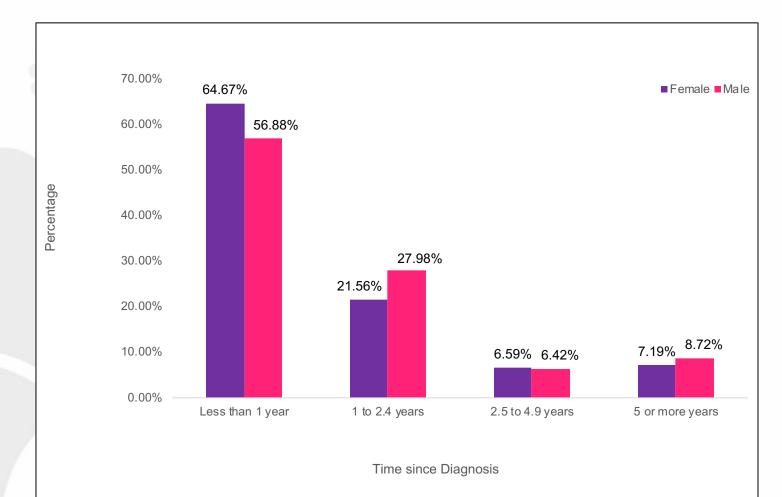
### **Metastasis**







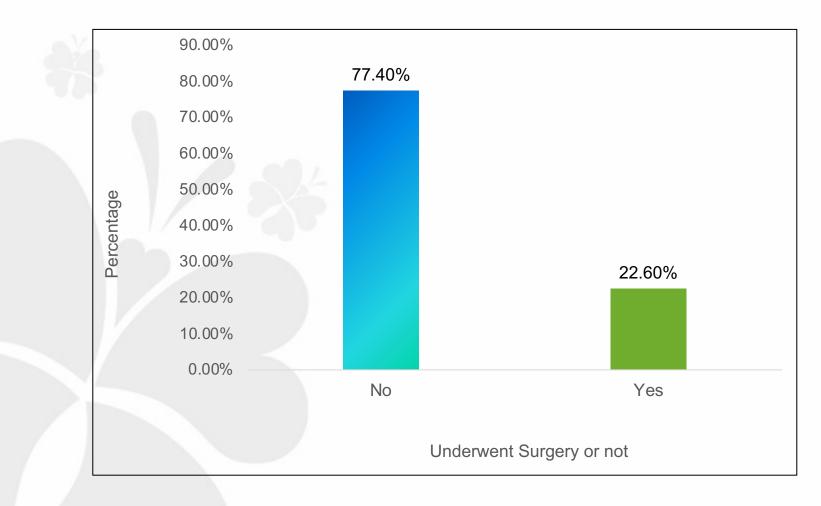
### **Time since Diagnosis**







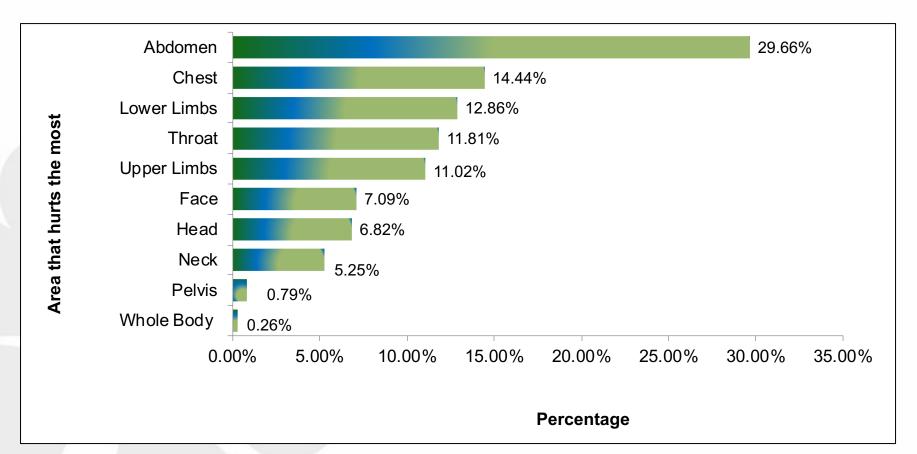
#### **Surgeries and invasive procedures**







### Site of pain

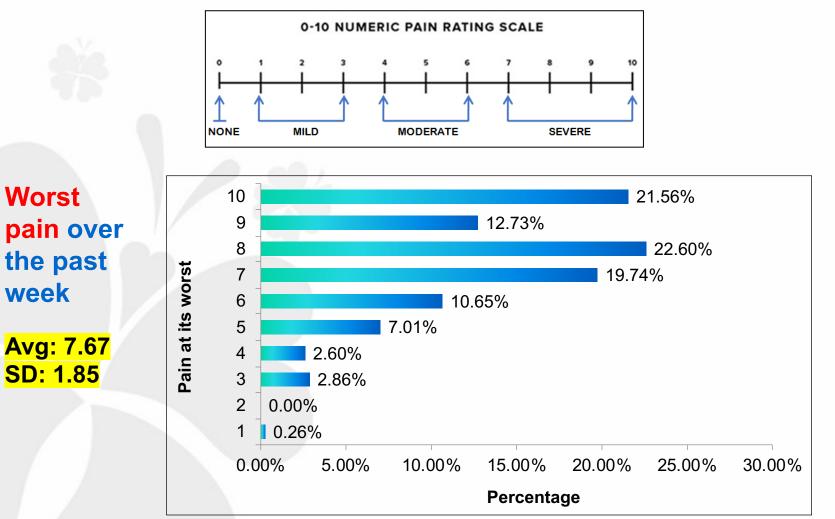








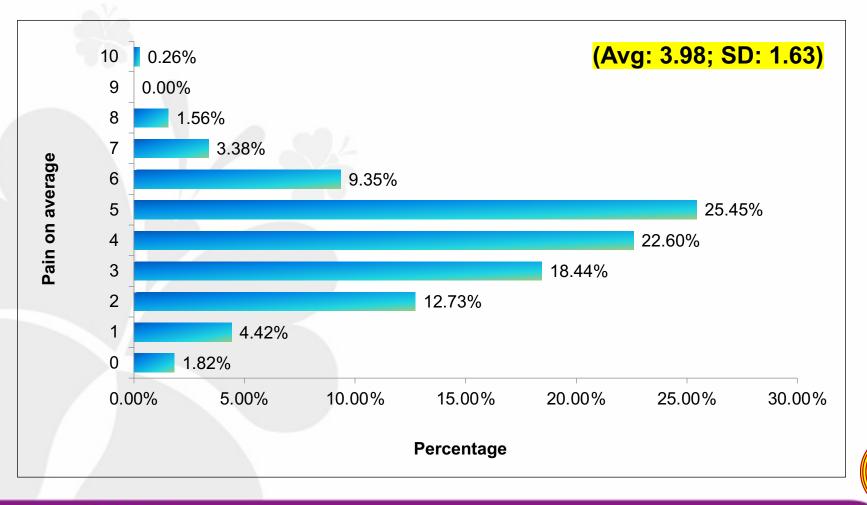
### **Intensity of Pain**







#### Intensity of pain Average pain over the past week





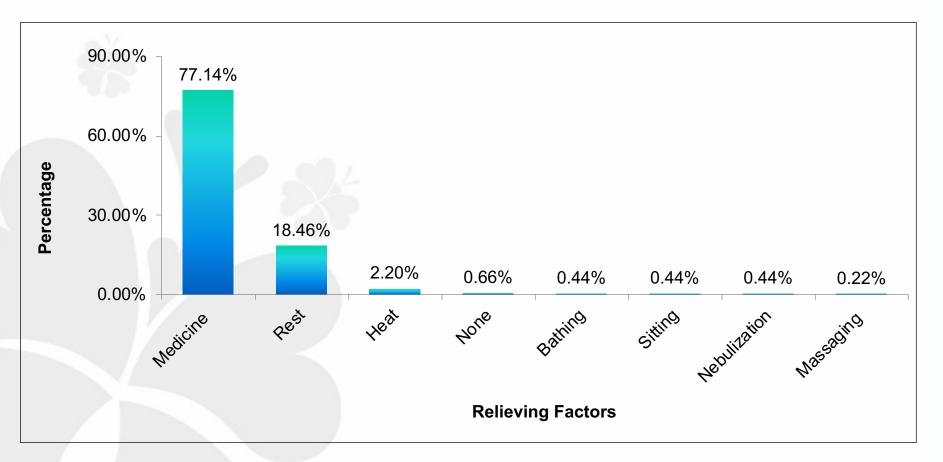
### **Character of pain**

Character of Pain		Frequency	Percentage
Aching	Yes	141	36.6%
	No	244	63.4%
Throbbing	Yes	124	32.2%
	No	261	67.8%
Shooting	Yes	97	25.2%
	No	288	74.8%
Stabbing	Yes	0	0%
	No	385	100%
Gnawing	Yes	0	0%
	No	385	100%
Sharp	Yes	103	26.8%
	No	282	73.2%
Tender	Yes	66	17.1%
	No	319	82.9%
Burning	Yes	32	8.3%
	No	353	91.7%
Exhausting	Yes	12	3.1%
	No	373	96.9%
Tiring	Yes	20	5.2%
	No	365	94.8%
Penetrating	Yes	6	1.6%
	No	379	98.4%
Nagging	Yes	36	9.4%
	No	349	90.6%
Numb	Yes	27	7%
	No	358	93%
Miserable	Yes	26	6.8%
	No	359	93.2%
Unbearable	Yes	52	13.5%
	No	333	86.5%





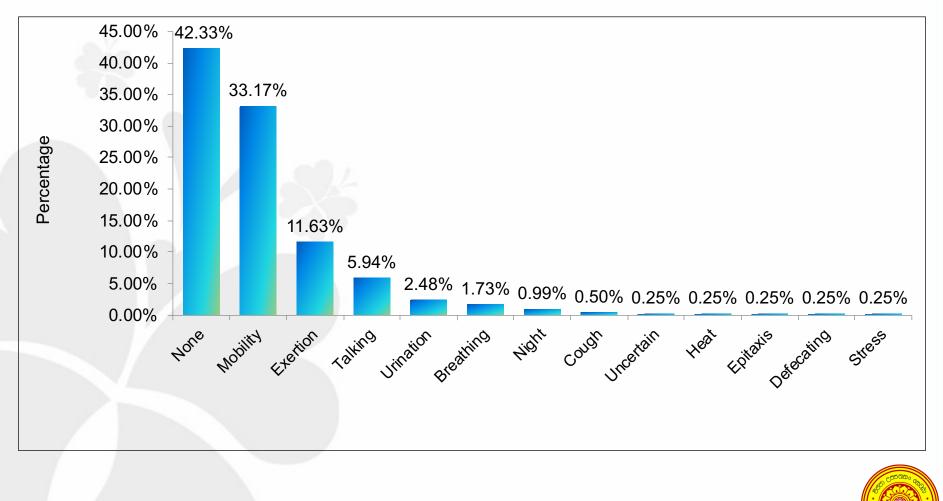
### **Relieving Factors**







#### **Aggravating Factors**



Aggravating factors



#### Interferences with activities and lifestyle

		٦	VAS (V	visual A	nalogu	e Scale	) Score				
	0	1	2	3	4	5	6	7	8	9	10
General Activity	34.29%	2.6%	9.61%	9.87%	7.79%	5.97%	4.94%	3.38%	7.53%	3.38%	10.65%
Mood	35.58%	3.9%	10.91%	9.87%	5.45%	8.05%	5.19%	3.64%	5.71%	6.23%	5.45%
Walking Ability	43.23%	3.91%	6.25%	8.33%	7.55%	4.95%	5.73%	3.39%	5.47%	5.99%	5.21%
Normal Work (house and outside)	22.92%	2.08%	5.73%	7.81%	10.94%	9.11%	7.55%	5.47%	7.29%	9.38%	11.72%
Relations with other people	42.19%	4.95%	7.03%	8.85%	6.77%	6.25%	6.77%	4.69%	3.39%	3.39%	5.73%
Sleep	12.99%	1.56%	4.42%	7.27%	11.69%	13.77%	8.31%`	9.35%	10.39%	8.31%	11.95%
Enjoyment of Life	27.08%	3.69%	7.81%	13.54%	10.16%	7.29%	3.65%	5.99%	6.77%	6.51%	7.55%

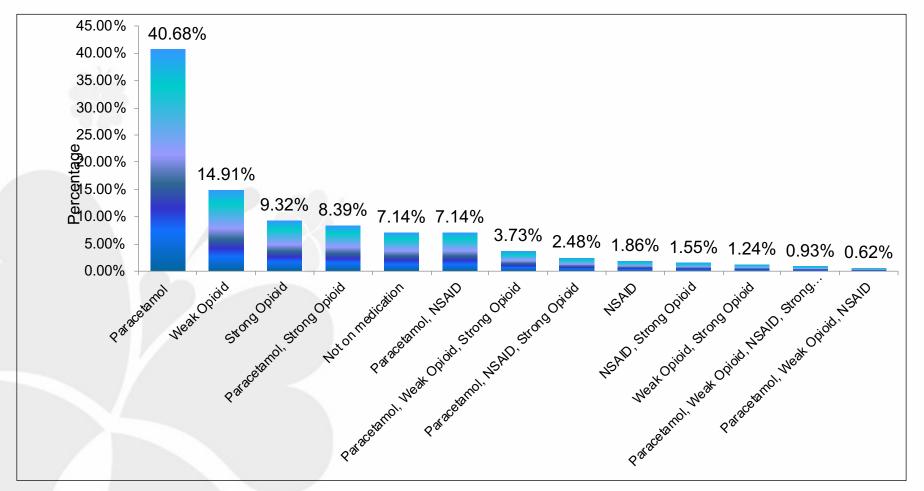


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Factors



### **Pain medications (analgesics)**

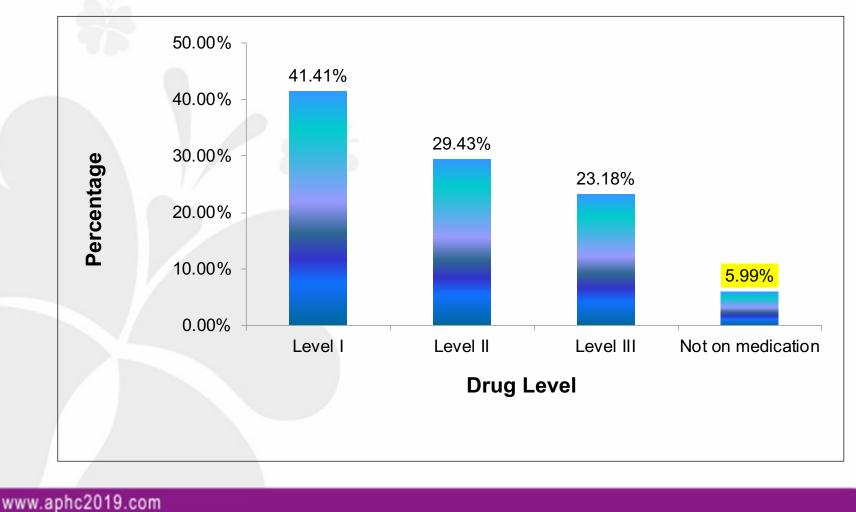






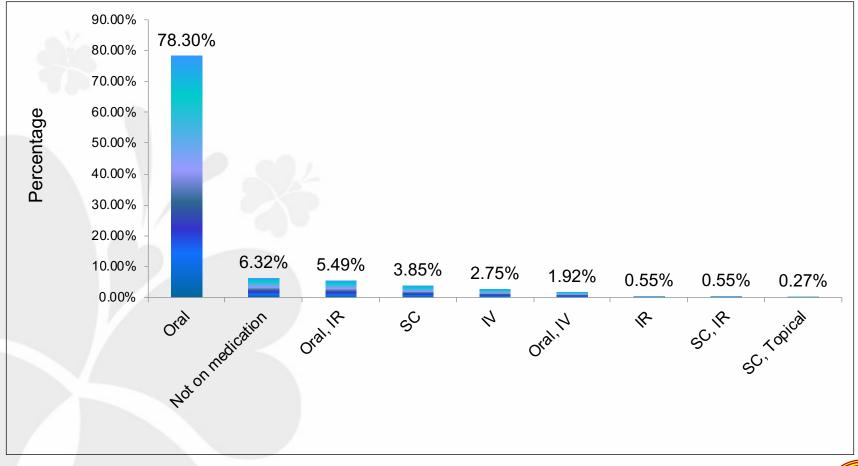
### Levels of analgesics used

#### WHO analgesic step ladder





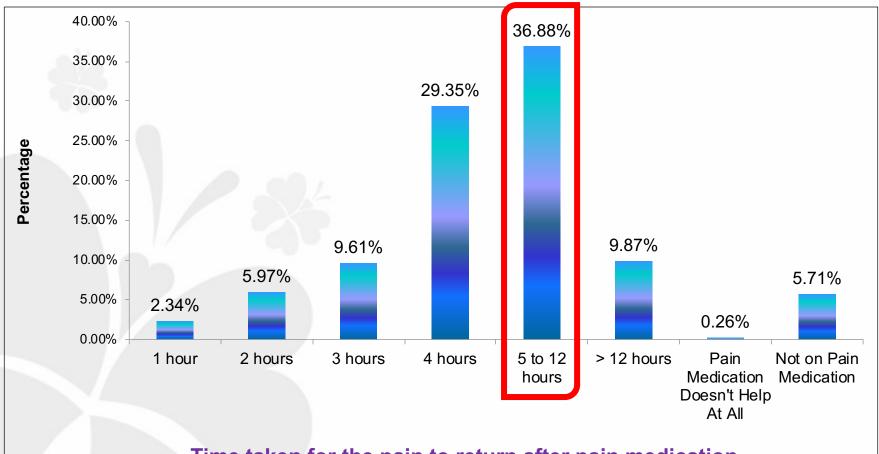
#### **Routes of analgesics**







#### **Duration of pain relief with medicine**

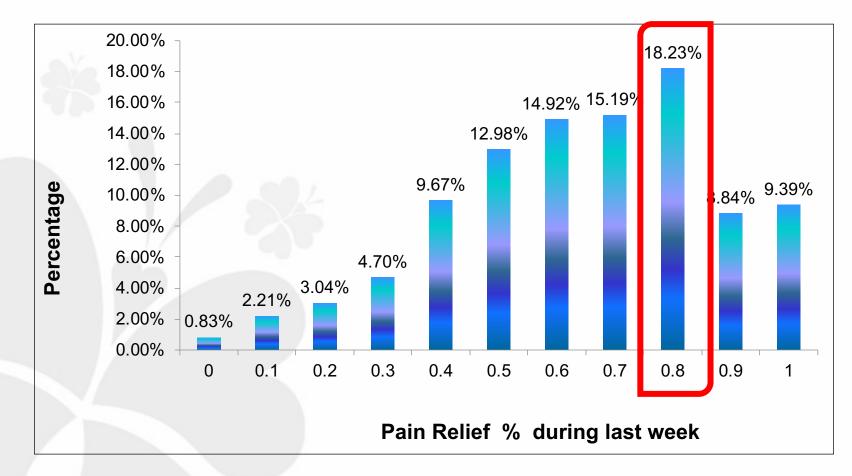


Time taken for the pain to return after pain medication





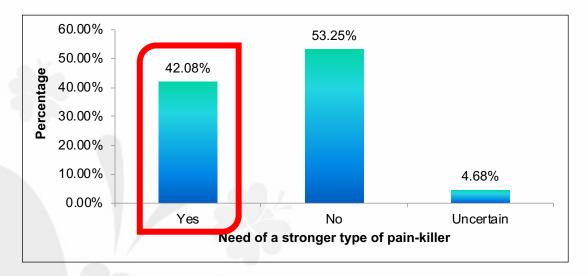
#### **Degree of pain relief with medicine**

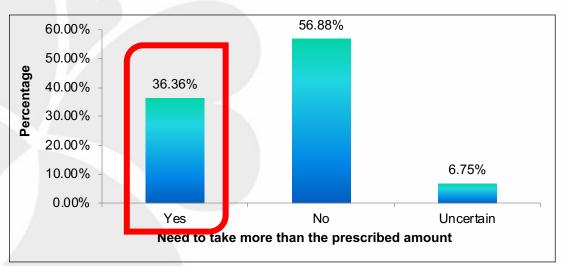






#### Need for more pain relief

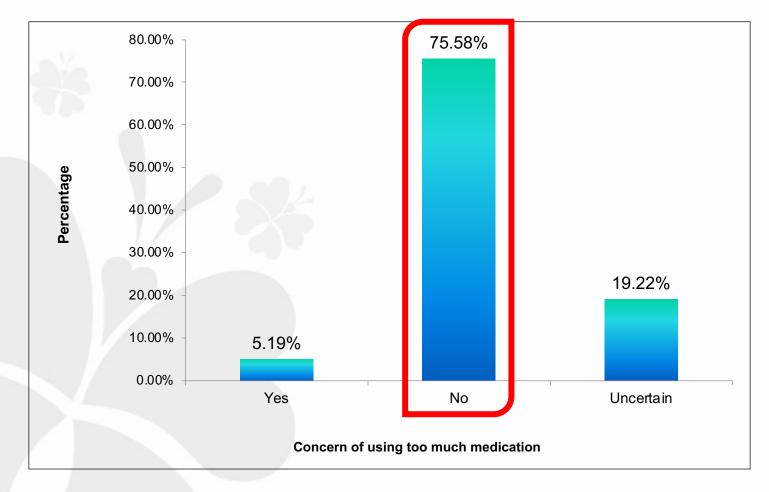








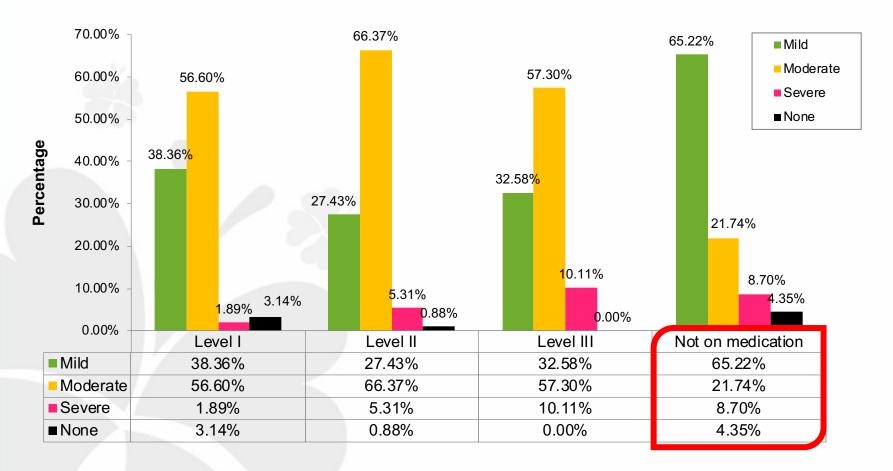
#### **Concerns of using too much pain medications**







### Ancillary analysis: Analgesic level Vs Average pain





**Drug Level** 



## **Associations & Correlations**

### With average pain

	Variables	Correlation Coefficient	Significance (2-tailed)
Average Pain	Site of pain	-0.167	0.000
Average Pain	Time since diagnosis	0.129	0.003
Average Pain	WHO Level of the drugs	0.085	0.042





### Impact of surgical procedures

Underwent surgery or not	Mean (Average Pain)	
Yes	3.96	
No	3.98	

p > 0.05





# **INFERENCES**

- The results draw evidence to the fact that pain is not optimally managed.
  - A third of patients suffering moderate to severe pain
- We could not account for adjuvants: indications not clear on records.
- 77%: identified medication to be the factor that alleviates pain the best
- 76%: believed that they were not on too much medicine.
- 40%: thought they need more medicine for pain relief
- $\rightarrow$  Make available the analgesics and adjuvants as necessary.
- Approximately 25% of the patients thought that they were on 'too much' medicine. Evidence based alternative and complementary therapies which are known to alleviate pain must be made available to them.





• Nearly 67% unemployed.

**Psychosocial and spiritual determinants of pain** must also be evaluated in relation to the Sri Lankan clinical setting and addressed accordingly.

- This calls on for an urgent need to assess the barriers for optimal pain relief among cancer patients in resident oncology institutions in Sri Lanka.
- One of our attempts: Clinical audit aimed to optimize pain assessment in the same institution → human-resource related barriers





On the bright side, the said institution is now geared with a pain consultant. The pain team headed by her perform hospital rounds as required to manage particularly challenging cases.





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# T.H.A.N.K...Y.O.U







