

Studies Explore Patient, Physician Perspectives on Treating Pain Effectively

By Houkje Ross

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Patients have the right to control pain associated with cancer and need to learn how to talk with their doctors about it, according to the Pain Research Group (PRG) at the University of Texas M.D. Anderson Cancer Center. Educating minority patients about their pain and how to manage it could help reduce the severity of pain many minority cancer patients face.

The PRG is conducting clinical studies called Pain Relief Education for Minority Outpatients (PREMO). These trials, which are targeting nearly 900 Hispanic and African American patients, are using easy-to-understand print and video materials to educate African Americans and Hispanics who have cancers of the breast and prostate, solid tumors, or hematological malignancies—lymphoma or leukemia. PREMO patients learn how to describe pain and talk with their doctors about it.

Patricia Washington, DSN, RN, coordinator for the PREMO trials, said persistent pain associated with cancer becomes more pronounced when the cancer has metastasized, or spread to other parts of the body. “This is when cancer becomes very painful,” Washington said. Cancer pain is continuous, and without medication, the pain usually gets worse rather than better. Research suggests that many cancer patients, minority and white, are reluctant to report their pain and that is when under medication may result.

Patients Often Face Fear

Washington said that patients sometimes feel “overwhelmed” by what a doctor is telling them and are afraid to ask questions or admit they are in pain.

“A patient may not understand the technical language a doctor is using and nod his or her head yes, when he or she really doesn’t know what the doctor is saying in the first place,” she said.

The Seattle, WA based International Association for the Study of Pain (IASP) said that the fear of becoming addicted to pain medication could play a large part in the reluctance to use medication. IASP, which is an international, multidisciplinary, nonprofit professional association dedicated to furthering research on pain and improving the care of patients with pain, also said that many minority patients who are older, less educated, or lower income, are more likely to have these fears.

“Many patients don’t like to take their pain medication because they fear being out of control,” Washington said. It is common for patients to have to take a pill every four hours to manage cancer pain, but many patients and family members don’t understand this and

think it is too much, she added. The PREMO studies will assess whether patient education on pain management will improve pain control, according to the Pain Research Group. The studies are intended to help

reduce the impact of pain on daily life, and improve the quality of life of patients.

Physicians Have Fears Too

Patients are not the only ones reluctant to use prescription analgesics to decrease cancer pain. Physicians and doctors often have a hard time with it as well. Analgesics, which are medications such as codeine for moderate pain and morphine, Demerol, or dilaudid for heavier pain, are the types of drugs most often prescribed to cancer patients. Recent studies by PRG show that minorities with cancer often suffer more from pain due to under-medication. Researchers found that nearly 62 percent of patients at institutions serving predominately African American patients were not prescribed adequate analgesics. At institutions serving primarily Hispanics, 82 percent met the criteria for under-medication. According to a University of Wisconsin Medical School survey, physicians tend to overestimate the side effects from medications used to treat cancer pain.

“Doctors may not take the time to assess pain accurately in their patients or they may not know the correct standards to follow in prescribing pain medications,” Washington said. “Sometimes they are even afraid of losing their license for prescribing too much pain medication,” she added.

A recent PRG survey asked 1,177 oncology physicians to rank 12 barriers to adequate cancer pain management. Lack of proper assessment and a need for better communication about pain between patient and health care providers were ranked as the greatest barriers.

Washington said that time is often a barrier, too. “Community hospitals see large numbers of patients, so time is limited for doctors. They are just so busy,” she said.

According to IASP, proper assessment of pain comes when health care workers take into account a patient’s mood, attitude, coping efforts, and resources, the responses of family members, and the impact of pain on their lives. A patient’s experience could be difficult to communicate because the patient and provider may have different languages, experiences, expectations, and frames of reference. Other factors that sometimes contribute to pain intensity are the psychological influences. Fear, anxiety, depression, or social isolation can magnify cancer pain, according to IASP.

Culture and Language are Important

In a 1998 study conducted by the City of Hope National Medical Center in Duarte, CA, researchers stressed consideration for a patient’s overall beliefs and values. Some His-

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panic patients may use folk healthcare practices, the study said. Researchers also recommend that physicians incorporate the patient's practices and beliefs into the plan of care when possible and involve family members and friends. Identifying one key family contact can also help. Researchers also emphasized the use of bilingual instructions for medications. Ensure that instructions for medications are available in Spanish and understood by the patient and the caregiver, the report said. The study went on to say that the lack of understanding instructions for taking pain medication was the most common reason cited for noncompliance with pharmacological treatment.

To help physicians assess pain in clinical and research settings, PRG developed a survey called the *Brief Pain Inventory*. The *Brief Pain Inventory* is designed to aid physicians in assessing the severity of pain, its impact on daily functions, location, and types of pain medications that a patient may already be taking. The *Brief Pain Inventory* is available in several languages including Chinese, Japanese, Spanish, and Vietnamese. *For more information on PREMO Studies, or the Brief Pain Inventory, contact the Pain Research Group at the University of Texas M.D. Anderson Cancer Center, (713) 745-3470. ❖*

