



“Pain in Medical Oncology” Study (DOME)

Spanish medical oncologists’ perceptions of gaps between routine and desirable practice in the management of cancer pain

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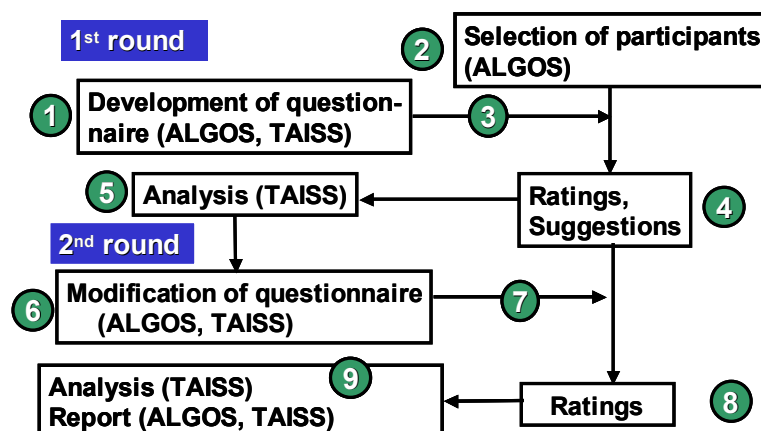
Objective

To identify the perceptions, attitudes and experiences of medical oncology specialists with regard to pain in their patients and to achieve important and scientifically valid knowledge about pain and management of pain in Medical Oncology in Spain. This has been done by establishing the degree to which routine clinical practice coincides with desirable practice in cancer pain management, in the opinion of Spanish medical oncologists.

Methodology

Design: A 2-round Delphi survey of an expert panel of 24 medical oncologists in the ALGOS group, with anonymous responses and feedback between rounds (figure 1).

Figure 1. Two-round Delphi survey



Questionnaire: A questionnaire including 150 statements was developed using qualitative techniques and discussions with experts. The items were divided into 6 thematic areas related with cancer pain: information, evaluation, management, and the attitudes of patients, medical oncologists and non-oncologists physicians. 52 of the 150 items allowed comparison between routine and desirable clinical practice. Items were rated on a 5-point Likert scale (1=strongly disagree, 5=strongly agree).

Analysis: The panel's level of agreement with each item was calculated in 3 categories: agreement (>50% of panellists rated 4 or 5), disagreement (>50% of panellists rated 1 or 2), and neutral (all others). Routine and desirable practices were considered to coincide when the statements to be compared had the same level of agreement.

Results

All 24 panellists answered the first round and 22 answered the second (response rate: 92%). The analysis suggests that routine practice is similar to desirable practice in 42 of 52 items explored.

Some examples of agreement are (figure 2):

INFORMATION ABOUT PAIN: Almost all panellists agreed that information about pain should be and is provided directly to the patient, and that the oncologist is responsible for this task.

PAIN EVALUATION: The Visual Analog Scale (VAS) should be and is used in pain evaluation.

PAIN MANAGEMENT: Panellists mostly agreed that cancer pain should be and is treated in accordance with the guidelines of the WHO ladder.

Figure 2. Desirable and routine practice in Medical Oncology: Examples of agreement

Item		Rating of clinical practice		
Subject area	Statement	Desirable	Routinely done	Difference
Information	The medical oncologist provides information about pain to the patient.	4.5	4.4	0.1
Pain management	The WHO scale is used as a guide for pain management.	3.9	3.7	0.2
Information	Information about pain is provided directly to the patient.	4.9	4.1	0.8
Pain evaluation	The Visual Analog Scale (VAS) is used to evaluate pain.	4.9	3.7	1.2

* Mean panelist rating on a 5-point Likert scale

However, they differed with regard to systematic evaluation of pain, provision of written information to the patient, physician confirmation that the patient has understood the information, and use of non-pharmacological therapies. **Some examples of lack of agreement are** (figure 3):

USE OF NON-PHARMACOLOGICAL THERAPIES: Medical oncologists consider that it is important to use non-pharmacological treatments for cancer pain such as training in relaxation techniques, cognitive restructuring, rehabilitation..., but they do not routinely do this.

PROVISION OF WRITTEN INFORMATION: Medical oncologists consider that it is desirable to give written information to patients about their disease, cancer treatments, and the side effects of drugs, but this is not routinely done.

INFORMATION UNDERSTOOD BY THE PATIENT: Medical oncologists believe that it is desirable to confirm that the patient has understood the information provided about pain, but this is not a routine practice.

SYSTEMATIC EVALUATION OF PAIN: They consider that it is very important to systematically evaluate the patient's pain at each visit. However, less than half of them agreed that pain evaluation is actually a routine practice in medical oncologists' offices.

Figure 3. Desirable and routine practice in Medical Oncology: Examples of lack of agreement

Item		Rating of clinical practice		
Subject area	Statement	Desirable	Routinely done	Difference
Pain management	Non-pharmacological treatments are used for cancer pain (training in relaxation techniques, cognitive restructuring, rehabilitation,...)	4.7	1.8	2.9
Information	Patients are given written information about their disease, cancer treatments and the side effects of drugs.	4.5	1.7	2.9
Information	The oncologist confirms that the patient has understood the information provided about pain.	4.6	2.2	2.4
Pain evaluation	The patient's pain is systematically evaluated at each visit.	4.9	3.2	1.7

* Mean panelist rating on a 5-point Likert scale

Conclusions

These medical oncologists perceive that routine and desirable clinical practice is similar for most activities related with cancer pain management. However, pain management can still be improved in some areas, such as: communication with patients, systematic evaluation of pain at each visit using the VAS or other validated instruments, using non-pharmacological treatments, and incorporating patient preferences into the pain management plan.