



European Oncology Nursing Society breakthrough cancer pain guidelines



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A B S T R A C T

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Purpose: The overall aim of the project was to update and inform nurses of current best practice based on previously published literature to enable nurses to assess and manage breakthrough cancer pain (BTCP) and thereby to provide optimal management of BTCP.

Methods: The EONS started a project in 2010 by recruiting a working group and a multidisciplinary advisory board to develop guidelines with the purpose of helping oncology nurses understand and recognise BTCP.

Results: This paper presents an overview of the guideline. Key recommendations include; using an algorithm for assessment of BTCP, individualised treatment interventions, optimization of analgesia and reassessment of outcomes of interventions.

Conclusions: By implementing the EONS guidelines nurses will utilise the latest available knowledge in clinical practice and the understanding and management of BTCP will improve assessment and overall management of breakthrough pain in cancer patients.

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Introduction

The reported prevalence of breakthrough cancer pain (BTCP) in patients varies from 19% to 95% and research further suggests an unequal assessment of breakthrough cancer pain among oncology nurses. This results in suboptimal treatment (Portenoy, 2011; Rustøen, 2011). Breakthrough cancer pain has been recognised as a burden that is undertreated for many cancer patients. BTCP is often unresolved and has impact on quality of life (Breivik et al., 2001; Caraceni et al., 2004). There is no universally accepted definition to describe breakthrough cancer pain. Additionally, there is disagreement as to what constitutes breakthrough cancer pain (Zeppetella, 2009). Nevertheless, breakthrough cancer pain can be described as a transitory exacerbation of pain that occurs over relatively well controlled background pain (Portenoy et al., 2004). The pain is usually sudden, acute and can be very intense.

One way to strengthen the knowledge and skills regarding BTCP is to develop and implement relevant and effective guidelines.

Guidelines are systematically developed statements to assist decisions by practitioner and patients about appropriate health care for specific clinical settings. Guidelines can be developed at international, national or local levels. The purpose of the guidelines is to provide recommendations for treatment, assessment, and to improve the knowledge and skills of health care professionals working with BTCP. It is important to improve the quality of care and ensure that BTCP treatment and care is based on the best available evidence.

Nurses have an important role in pain management for cancer patients and the goal of the European Oncology Nursing Society (EONS) guidelines is to describe and explain BTCP as an independent clinical need. BTCP has its own clinical symptoms and, therefore, the aim is to provide specific guidance about its assessment and treatment.

Guideline development

The EONS started a project in 2010 by recruiting a working group and a multidisciplinary advisory board to develop guidelines with the purpose of helping oncology nurses understand and recognise BTCP. These guidelines will improve the overall management of BTCP and thus improve comfort for cancer patients. The

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working group consisted of six advanced practice oncology nurses from Germany, Greece, the Netherlands, Slovenia, Sweden, and the United Kingdom. They worked in close collaboration with the advisory board members, which included two senior researchers and a network of medical advisors.

Firstly, a survey about BTCP knowledge and practice was conducted in 12 European countries to understand the unmet needs of oncology nurses working with BTCP (Rostøen et al., 2013). The results of the survey provided the outline for the guidelines. Secondly, a comprehensive literature search was conducted. The search terms used were: Breakthrough [All Fields] AND (“neoplasms”[MeSH Terms] OR “neoplasms”[All Fields] OR “cancer”[All Fields]) AND (“pain”[MeSH Terms] OR “pain”[All Fields]) AND (“nursing”[Sub-heading] OR “nursing”[All Fields] OR “nursing”[MeSH Terms] OR “nursing”[All Fields] OR “breast feeding”[MeSH Terms] OR (“breast”[All Fields] AND “feeding”[All Fields]) OR “breast feeding”[All Fields]).

The overall aim of the project was to update and inform nurses of current best practice based on previously published literature to enable nurses to assess and manage BTCP and thereby to provide optimal management of BTCP.

Other aims were also to increase the oncology nurses' knowledge of specific elements of BTCP such as its causes, features and symptoms, differences between end of dose pain and transitory BTCP, and the consequences of BTCP.

Breakthrough cancer pain overview

There is a wide range of prevalence of reported BTCP (Zeppetella and Ribeiro, 2003) and this is reflected by a wide variety of factors in the literature, for example, differences in the definition used, methods used and the studied populations (Mercadante et al., 2002). The clinical profile varies greatly between patients but BTCP is more common in patients suffering from a high level of background pain (Portenoy et al., 1999) and is often more prevalent in the later stages of cancer (Portenoy and Hagen, 1990). For some patients, duration and intensity of their BTCP episodes differ considerably as do differences in the time between episodes. Variations between night and day occurrences of BTCP have also been described, where 86% of patients experienced BTCP episodes during the day while 45% did during the night (Fine and Busch, 1998).

BTCP is a heterogeneous pain symptom. The two widely identified and accepted categories of BTCP are spontaneous pain, also known as idiopathic pain, and incident or precipitated pain (Davies et al., 2009).

Idiopathic pain episodes do not have a known cause, and are therefore unpredictable. Incident pain episodes, on the other hand, are related to an identifiable cause, and can be fairly predictable. Incident pain is often classified into three different categories: volitional incident pain is brought on by a voluntary act, for example walking; non-volitional incident pain is brought on by an involuntary act, such as coughing; and, finally, procedural pain, or that is related to a therapeutic intervention, for example a wound dressing.

Clinical presentations of BTCP vary from an individual and within an individual, by episode and over time (Portenoy, 1997) and are commonly characterised according to their:

- Location – often the same as background pain
- Severity – more severe as background pain
- Temporal characteristics – episodes per day, onset and duration
- Precipitating factors – incident or spontaneous
- Predictability
- Pathophysiology – nociceptive, neuropathic or mixed
- Aetiology – cancer, treatment related or unrelated to cancer

- Palliative factors – such as impact on quality of life

Even if BTCP episodes are presented as temporally heterogeneous, a typical episode of BTCP is characterised by a rapid-onset of severe to intense pain. The BTCP episode reaches maximum severity within 5 min and has a short duration that subsides within 30–60 min. The BTCP episodes occurs 3–4 times a day (Portenoy, 1997; Zeppetella, 2009, 2011; Davies et al., 2011).

Assessment of breakthrough cancer pain

A thorough pain assessment must identify the presence of background pain and consider whether this is controlled adequately, as well as recognize if the patient experiences episodes of BTCP. The two types of pain are distinct and require individual assessment and therapy (Mercadante, 2011).

The guidelines propose an updated version of the Association of Palliative Medicine of Great Britain and Ireland (APM) diagnostic algorithm for BTCP developed by Portenoy et al. (1999), to be used for pain assessment. The updated algorithm utilises stricter criteria for controlled background pain than the original algorithm (Davies, 2011): see Fig. 1.

When using the algorithm, the first question is aimed at establishing if the patient has background pain. After establishing the presence of background pain, the assessor must determine whether this pain is adequately controlled or not. If the pain is controlled, the next step is to determine whether the patient has transient exacerbations of pain. An important concept to acknowledge is that cancer pain frequently changes. The following questions are helpful in the assessment of pain:

- Is further assessment of the patient indicated?
- Does the dose of the patient's long-acting opioid pain regimen need to be increased to reduce the frequency and possibly the intensity of BTCP?
- Is the patient taking the background around-the-clock opioid medication as prescribed?

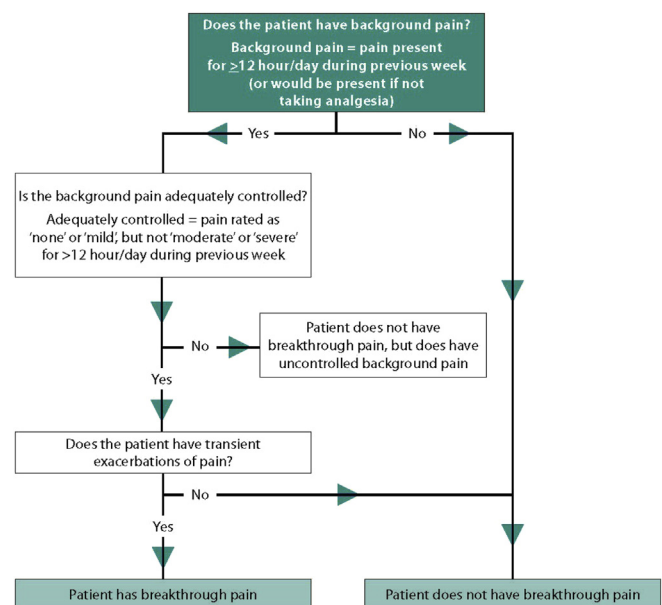


Fig. 1. Association of Palliative Medicine of Great Britain and Ireland (APM) algorithm for assessing breakthrough cancer pain (Davies, 2011).

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