Original Article

Breakthrough Cancer Pain: An Observational Study of 1000 European Oncology Patients

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Abstract

Context. Breakthrough pain is common in patients with cancer and is a significant cause of morbidity in this group of patients.

Objectives. The aim of this study was to characterize breakthrough pain in a diverse population of cancer patients.

Methods. The study involved 1000 cancer patients from 13 European countries. Patients were screened for breakthrough pain using a recommended diagnostic algorithm and then questioned about the characteristics and management of their pain.

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Results. Of the 1000 patients, 44% reported incident pain, 41.5% spontaneous pain, and 14.5% a combination. The median number of episodes was three a day. The median time to peak intensity was 10 minutes, with the median for patients with incident pain being five minutes ($P < 0.001$). The median duration of untreated episodes was 60 minutes, with the median for patients with incident pain being 45 minutes ($P = 0.001$). Eight hundred six patients stated that pain stopped them doing something, 66 that it sometimes stopped them doing something, and only 107 that it did not interfere with their activities. Patients with incident pain reported more interference with walking ability and normal work, whereas patients with spontaneous pain reported more interference with mood and sleep. As well, 65.5% of patients could identify an intervention that improved their pain (29.5%, pharmacological; 23%, nonpharmacological; 12%, combination). Regarding medications, 980 patients were receiving an opioid to treat their pain, although only 191 patients were receiving a transmucosal fentanyl product licensed for the treatment of breakthrough pain.

Conclusion. Breakthrough cancer pain is an extremely heterogeneous condition. J Pain Symptom Manage 2013;46:619–628. *© 2013 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.*

Key Words
Pain, breakthrough pain, cancer, palliative care

Introduction

Pain is a common symptom in patients with cancer, with an overall prevalence of 53% in studies involving unselected cancer patients.[1] Cancer pain can be classified according to a number of features (e.g., etiology, pathophysiology) and is often classified according to temporal characteristics. Thus, some patients experience an intermittent type of pain (transient pain), although most patients experience a more constant type of pain (background pain). Background pain has been defined as "constant or continuous pain of long duration," with the phrase "long duration" referring to a period of 12 or more hours per day.[2]

Breakthrough pain has been defined as "a transient exacerbation of pain that occurs either spontaneously, or in relation to a specific predictable or unpredictable trigger, despite relatively stable and adequately controlled background pain."[3] However, there is a lack of consistency in the use of the term "breakthrough pain" within clinical practice and also within the medical literature. Indeed, the term is widely used to describe any exacerbation of pain in patients with background pain or even intermittent episodes of pain in patients without background pain.

Breakthrough pain is common in patients with cancer pain (40–80%)[4] and is a significant cause of morbidity in this group of patients.[5,6] Breakthrough pain is invariably classified according to its relationship to specific events: 1) spontaneous pain (also known as idiopathic pain)—this type of pain occurs unexpectedly and 2) incident pain (also known as precipitated pain, or, when appropriate, movement-related pain)—this type of pain is related to specific events and can be subclassified into three categories: volitional, nonvolitional, and procedural.[3]

The aim of this study was to characterize breakthrough pain in a diverse population of cancer patients (13 European countries), using a recommended diagnostic algorithm to screen patients for the presence of breakthrough pain.[3] It should be noted that most previously published studies are small in number and involve a single research center.[7,8] Furthermore, most previously published studies do not report the diagnostic criteria used to screen patients for the presence of breakthrough pain, and it appears that at least some of the previously published studies included patients with inadequately controlled background pain (and, therefore, not breakthrough pain).

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