Original Article

Clinical Response to an Outpatient Palliative Care Consultation in Patients With Advanced Cancer and Cancer Pain

Sriram Yennurajalingam, MD, Jung Hun Kang, MD, David Hui, MD,
Duck-Hee Kang, PhD, RN, FAAN, Sun Hyun Kim, MD, and Eduardo Bruera, MD
Department of Palliative Care and Rehabilitation Medicine (S.Y., J.H.K., D.H., S.H.K., E.B.), The University of Texas M. D. Anderson Cancer Center, Houston, Texas, USA; Department of Internal Medicine (J.H.K.), Institute of Health Science, College of Medicine, Gyeongsang National University, Jinju, Republic of Korea; Biosciences Laboratory Center for Nursing Research (D.-H.K.), University of Texas Health Science Center at Houston School of Nursing, Houston, Texas, USA; and Department of Family Medicine (S.H.K.), College of Medicine, Kwandong University, Myongji Hospital, Goyang, Republic of Korea

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Abstract

Context. There is limited published data regarding the outcomes of palliative care consult on cancer pain treatment at the first follow-up visit.

Objectives. The primary aim of this study was to determine pain treatment response to an outpatient palliative care consultation at the first follow-up visit for patients with cancer pain.

Methods. Data from consecutive patients ($n = 1612$) who were referred to the outpatient Supportive Care Center at The University of Texas M. D. Anderson Cancer Center and completed the Edmonton Symptom Assessment System at their initial and subsequent visits from January 2003 to December 2010 were reviewed. All patients received interdisciplinary care led by palliative care specialists following an institutional protocol. Pain treatment response was defined as a ≥2 point or ≥30% reduction from baseline. Using logistic regression models, predictive factors associated with pain treatment response were assessed.

Results. The mean (SD) baseline pain was 5.36 (2.9). Of the 1612 patients, 462 (29%) rated their pain as mild (numeric rating scale [NRS] score 0–3), 511 (32%) as moderate (NRS score 4–6), and 639 (39%) as severe (NRS score 7–10). Almost half (728 of 1612 [45%]) of the patients achieved pain treatment response. However, 228 of 728 (31%) responding patients still had pain ≥4 at the first follow-up visit in 15 days on average. Of the 462 patients with mild pain at baseline, 147 (32%) had worse pain at the first follow-up visit. Factors associated with clinical response were baseline pain intensity (odds ratio [OR] per point 1.4;

Sriram Yennurajalingam, MD, and Jung Hun Kang, MD, contributed equally to this work.

Address correspondence to: Eduardo Bruera, MD, Department of Palliative Care and Rehabilitation Medicine, Unit 1414, The University of Texas M. D. Anderson Cancer Center, 1515 Holcombe Boulevard, Houston, TX 77030, USA. E-mail: ebruera@mdanderson.org

Accepted for publication: September 15, 2011.

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0885-3924/$ - see front matter
doi:10.1016/j.jpainsymman.2011.09.014

$P < 0.01$), fatigue (OR per point 1.01; $P = 0.014$), and Edmonton Symptom Assessment System symptom burden (OR per point 1.01; $P = 0.039$).

Conclusion. More than half of the patients with moderate/severe pain were nonresponders, and about one-third of the patients with mild pain had an increase in pain severity to moderate/severe levels at the first follow-up. More frequent follow-up visits, phone calls, and interdisciplinary clinics may improve pain control. J Pain Symptom Manage 2012;44:340–350. *© 2012 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.*

Key Words

Palliative care, cancer pain, response rate, interdisciplinary care, pain management

Introduction

Cancer pain is one of the most distressing symptoms for cancer patients. It also is among the most common symptoms, with the frequency of significant pain reported to be 70%–90% among patients with advanced cancer.[1] Persistent pain interferes with patients' working, mood, and enjoyment of life.[2] Although one study reported that up to 78% of cases of cancer pain could be controlled with proper treatment, this rate of response to pain management is inconsistent with that in other reports.[2–5] Despite significant progress in pain assessment and management over the last three decades, recent studies indicate unsatisfactory outcomes as a result of poor assessment and suboptimal treatment.[6] Deandrea et al.[7] reported in their meta-analysis that, in 43% of patients with cancer pain, the pain was not controlled to a satisfactory level.

Pain is a complex and multidimensional experience, consisting not only of sensory but also affective dimensions. Cancer pain can be regarded as "total pain," comprising physical, psychological, spiritual, and social dimensions. Because of the complexity of cancer pain, optimization of cancer pain treatment, a comprehensive assessment at the patient's initial visit, and thorough reassessment after treatment are essential.[8] Interdisciplinary outpatient palliative care consultation comprehensively integrates the expertise of a team of providers from different disciplines to address the complex needs of patients with cancer pain. Recent evidence suggests that patients are more likely to respond to cancer pain management if an interdisciplinary palliative care team is involved in the cancer pain treatment.[9–11]

Recent studies indicate that most referrals to palliative care and hospice were made late in the trajectory of the disease.[12,13] Thus, patients had only one or two follow-up visits as a result of late referral and the logistics of receiving cancer care in a comprehensive center away from home. Hence, it is vitally important to obtain prompt control of cancer pain in a short period of time using palliative care. There are, however, limited published data regarding the outcomes of palliative care consult on cancer pain treatment at the first follow-up visit.[12,13]

The main objective of this study was to determine pain treatment response to outpatient palliative care consultation at the first follow-up in patients with cancer pain. The primary hypothesis was that palliative care consultation would reduce cancer pain in patients with advanced cancer. The secondary hypotheses were that physical and emotional symptoms such as fatigue, shortness of breath, nausea, depression, and anxiety would predict pain treatment response and also that poor pain treatment response would be associated with poor overall survival.

Methods

Patient Eligibility and Assessments

Consecutive patients who were referred to the outpatient Supportive Care Center at The University of Texas M. D. Anderson Cancer Center and who completed the Edmonton Symptom Assessment System (ESAS) including the ESAS pain score at their initial and subsequent visits from January 2003 to December 2010 were reviewed. These patients had at least one follow-up visit after the initial consultation

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