Review Article

Cancer-Related Pain and Symptoms Among Nursing Home Residents: A Systematic Review

Jorunn Drageset, RN, PhD, Anne Corbett, PhD, Geir Selbaek, MD, PhD, and Bettina S. Husebo, BS, MD, PhD

Faculty for Health and Social Science (J.D.), Bergen University College; Department of Global Public Health and Primary Care (J.D., B.S.H.), Centre for Elderly and Nursing Home Medicine, University of Bergen, Bergen, Norway; Wolfson Centre for Age-Related Diseases (A.C.), King's College London, London, United Kingdom; Centre for Old Age Psychiatric Research (G.S.), Innlandet Hospital Trust, Ottestad; Centre for Age-Related Medicine (B.S.H.), Stavanger University Hospital, Stavanger; and Akershus University Hospital (G.S.), Lørenskog, Norway

Abstract

Context. Many older nursing home (NH) residents with cancer experience pain and distressing symptoms. Although some develop cancer during their time in the institution, an increasing number are admitted during their final stages of their lives. Numerous studies have evaluated various treatment approaches, but how pain and symptoms are assessed and managed in people with cancer with and without dementia is unclear.

Objectives. The objective of this review was to summarize the evidence on cancer-related symptoms among NH residents with and without dementia.

Methods. We systematically searched the PubMed (1946–2012), EMBASE (1974–2012), CINAHL (1981–2012), AgeLine, and Cochrane Library (1998–2012) databases using the search terms neoplasms, cancer, tumor, and nursing home. The inclusion criteria were studies including NH residents with a diagnosis of cancer and outcome measures including pain and cancer-related symptoms.

Results. We identified 11 studies (cross-sectional, longitudinal, clinical trial, and qualitative studies). Ten studies investigated the prevalence and treatment of cancer-related symptoms such as vomiting, nausea, urinary tract infections, and depression. Studies clearly report a high prevalence of pain and reduced prescribing and treatment, regardless of the cognitive status. Only one small study included people with cancer and a diagnosis of dementia. Studies of new cancer diagnoses in NHs could not be identified.

Conclusion. This review clearly reports a high prevalence of pain and reduced drug prescribing and treatment among NH residents with cancer. This issue appears to be most critical among people with severe dementia, emphasizing the

Address correspondence to: Jorunn Drageset, RN, PhD, Faculty of Health and Social Sciences, Bergen University College, Møllendalsveien 6, N-5009 Bergen, Norway. E-mail: Jorunn.Drageset@hib.no

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need for better guidance and evidence on pain assessment for these individuals. J Pain Symptom Manage 2014;■:■−■.

Key Words

Cancer, dementia, pain, pain treatment, symptom management, nursing home, review

Introduction

Cancer diseases are common, with 12.7 million affected people worldwide and about three million cases in Europe.[1] These numbers are expected to increase during the coming decades, with the prevalence expected to double during the next 10 years in Norway.[2] This pattern is largely the result of the increasing aging population, with an increased risk of cancer playing a smaller role.[2] Prostate, lung, and colon cancer are the most common types among men, and breast, lung, and colon cancer are most typical among women. Cancer poses an enormous challenge for health-care provision and imposes a significant financial and emotional burden on the individuals affected and on society in general. Several effective cancer therapies are now available that prolong life expectancy and improve the quality of life. However, treatment and care for older people with cancer are often inadequate in long-term care institutions that provide continuous treatment and care, especially in relation to addressing certain symptoms such as pain, which is a common and distressing symptom of cancer.[3]

In addition to people affected by cancer in the community, the condition affects many people who reside in nursing home (NH) settings. Although some develop cancer while residing in the NH, an increasing number of older people with cancer are admitted to an NH during the final stages of their lives.[4] In Norway, 14%−26% of NH residents have a diagnosis of cancer.[5,6] These reports are comparable with figures from the U.S., varying from 4% to 14%.[3,7]

Despite the considerable variation in reported cancer prevalence within cross-sectional studies, it is established that most people with cancer will experience pain and burdensome symptoms over the course of their disease.[3,7] Between 37% and 80% of the younger people admitted to palliative care units experience pain.[3] In addition, most experience symptoms such as depression,[8] dyspnea, emesis, or fatigue.[3] These symptoms cause great distress for the people with cancer and their relatives, reduce health-related quality of life,[9] and increase stress and anxiety.[10] Importantly, cancer-related pain and symptoms occur independent of age and are therefore a significant factor for older people living in NHs[11] as well. These are critical settings to consider because of the elevated prevalence of cancer among older people.[12] In Norway, 45% of the population (about 18,000 people annually) die in NHs, 36% in hospitals, and 15% at home.[13] Cancer causes about 30% of all deaths, and about 24% of the people with cancer die in an NH[13] vs. about 6% in palliative care units in Norway. These individuals represent a growing NH group with complex needs for competence in cancer-related assessment and treatment of pain and symptoms.[3,7]

Dementia, of which the most common cause is Alzheimer's disease, occurs frequently among older people residing in NHs. Current estimates indicate that 82% of NH residents in Norway have dementia,[14] and this will probably increase.[15] Assessing pain and other symptoms is particularly challenging in these individuals because of their impaired ability to communicate and inability to self-report. Diagnosing pain relies on memory, expectation, and emotion, which are often lacking or disrupted. As a result, people with dementia who experience pain often do not receive the treatment they require.[12,16,17] This complex clinical challenge means that people with cancer and cognitive impairment receiving end-of-life care are more at risk of untreated pain and other symptoms than their younger counterparts[8] because they cannot communicate pain and symptoms and the effect of the treatment.[3,12]

This article reviews the evidence for cancer-related challenges among NH residents aged ≥65 years with and without dementia to