A pain monitoring program for nurses: effect on the administration of analgesics
de Rond ME, de Wit R, van Dam FS, Muller MJ. Pain 2000 Dec 15; 89(1):25-38.

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Abstract:

Both physicians and nurses are responsible for adequate pain management. The aim of this study was to assess pain management behavior of physicians and nurses, and to evaluate the effects of a Pain Monitoring Program for nurses on the extent to which nurses administer analgesics. The Pain Monitoring Program consisted of two components: educating nurses about pain, pain assessment and pain management; and implementing daily pain assessment by means of a numeric rating scale. Several outcomes were distinguished to evaluate the administration of analgesics by nurses: the prescribed analgesics by physicians, the administered analgesics by nurses, and the discrepancy between the ordered and the administered analgesics. The effects of the Pain Monitoring Program on these outcomes were measured in a quasi-experimental design with a non-equivalent control group. In total, 703 patients participated: 358 patients in the control group and 345 in the intervention group. Patients were interviewed twice, i.e. at the beginning and at the end of hospitalization. Results of the control group showed that at the first interview 70% of the patients were prescribed analgesics by physicians and only 74% of those patients were actually administered analgesics by nurses. Consequently, 50% of the patients in pain received analgesics. The administered analgesics was in absolute agreement with the prescribed analgesics in 60% of the patients with routine analgesics and in 85% of the patients with PRN analgesics. The relative difference between ordered and administered routine analgesics was small, namely 15% for opioids and 20% for non-opioids. Similar results of the control group were found for the second interview. In addition, the results showed that the Pain Monitoring Program was effective in improving nurses' administration of analgesics. At the first interview more patients received analgesics that were prescribed on a PRN basis and the doses of administered routine non-opioids including PRN increased. At the time of the second interview, more patients received weak opioids. The Pain Monitoring Program was especially effective in patients with moderate to severe pain. However, the discrepancy between the analgesics ordered by physicians and actually administered by nurses did not change as a result of the Pain Monitoring Program. Based on this study it can be concluded that the use of a simple method such as a numeric rating scale together with pain education for nurses is effective in improving the administration of analgesics by nurses. These are important results because nurses play an essential role in helping patients to cope with their pain. Because the Pain Monitoring Program (PMP) was effective in a heterogeneous population in multiple care settings, the possibility of implementing the PMP in routine nursing practice should be considered.

Comments:

Strengths/uniqueness: This is a comprehensive, detailed study that presents some information to demonstrate the value of a pain education program as a way to improve pain management. The limitations of the study are acknowledged in detail.

Weakness: This was a significant educational initiative that yielded results of uncertain clinical benefit to most of the target population. It remains uncertain whether even the small benefit would be maintained over time.

Relevance to Palliative Care: The need to use a simple (albeit unidimensional) pain assessment together with education to improve pain management in acute care institutions, is certainly a goal to encourage and emulate. The model described for evaluation may provide a useful template to other researchers.

A pilot survey of aberrant drug-taking attitudes and behaviors in samples of cancer and AIDS patients.

Passik SD, Kirsh KL, McDonald MV, et al. J of Pain & Symptom Manage 2000; 19(4):274-286.

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Abstract:

The clinical assessment of drug-taking behaviors in medically ill patients with pain is complex and may be hindered by the lack of empirically derived information about such behaviors in particularly medically ill populations. To investigate issues surrounding the assessment of these behaviors, we piloted a questionnaire based on the observations of specialists in pain management and substance abuse. This preliminary questionnaire evaluated medication use, present and past drug abuse, patients' beliefs and the risk of addiction in the context of pain treatment, and aberrant drug-taking attitudes and behaviors. This instrument was piloted in a mixed group of cancer patients (N= 52) and a group of women with HIV/AIDS (N = 111). Reports of past drug use and abuse were more frequent than present reports in both groups. Current aberrant drug-related behaviors were seldom reported, but attitude items revealed that patients would consider engaging in aberrant behaviors, or would possibly excuse them in others, if pain or symptom management were inadequate. Aberrant behaviors and attitudes were endorsed more frequently by the women with HIV/AIDS than by the cancer patients. Patients greatly overestimated the risk of addiction in pain treatment. We discuss the significance of these findings and the need for cautious interpretation given the limitations of the methodology. This early experience suggests that both cancer and HIV/AIDS patients appear to respond in a forthcoming fashion to drug-taking behavior questions and describe attitudes and behaviors that may be highly relevant to the diagnosis and understanding management of substance use among patients with medical illness.

Comments:

Strengths/uniqueness: An initial effort to characterize drug related behaviors and attitudes in cancer and AIDS patients, by using a comprehensive pilot survey. Confirms a high frequency of abnormal drug behavior and attitudes in women with HIV/AIDS. The overestimation by all patients of the addiction risk reinforces the need for education.

Weakness: The questions on drug use do not capture the time elapse and duration of past behavior. The authors highlight the other limitations of small sample size, potential bias in questionnaire design and subjects' response, patients limited to an academic cancer centre or women with HIV/AIDS, and inability to do subgroup analysis.

Relevance to Palliative Care: This study highlights the wide potential variation in different palliative care populations in patterns of past and present aberrant drug-taking behaviors and the need for a clinically useful screening approach. The implications for psychosocial and pharmacological management of symptoms such as pain, as well as any underlying aberrant behavior, remains unclear.