

Assessment of pain control in cancer patients during the last week of life: Comparison of health centre wards and a hospice.

Hinkka H, Kosunen E, Kellokumpu-Lehtinen P, Lammi Ulla-Kaija. Support Care Cancer 2001; 9: 428-434.

Prepared by: Dr. Robin Fainsinger

Received during: Journal Rounds on the Tertiary Palliative Care Unit, Grey Nuns Hospital

Abstract:

The aim of this prospective study was to assess the quality of cancer pain control during the last week of life in two different types of units for terminal cancer patients in Finland: on health centre wards (N = 20) and in a hospice (N = 30). Pain scores (VAS), defined daily doses (DDD), routes of administration and costs of pain medication were analysed for each patient. On the 7th-last day before death and during the very last day of life (24 h), respectively, the following results were seen: proportions of patients using strong opioids 64% and 84%, mean equivalent parenteral morphine doses of strong opioids 42 mg and 57 mg, mean pain scores (VAS 0-10) 3.11 and 3.05, mean daily cost of pain medication 2.22 and 2.90 euros. Pain control was thus found to be good with low costs. On the 7th day before death strong opioids were used for a greater proportion of patients on the health centre wards. Differences were also seen in the routes of administration used for strong opioids. Weak opioids were used more in the hospice and NSAIDs, more on the health centre wards. However, no differences were found either in the mean doses of strong opioids or in the quality or the costs of pain control between the health centre wards and the hospice.

Comments:

Strengths/uniqueness: This study demonstrates the importance of systematic pain and symptom measurement. As a result the report could describe pain control information rather than relying on opioid use and vague chart descriptions.

Weaknesses: This report describes the Visual Analogue Scale as being patient or staff assisted reporting. However it is predictable that many of these patients would have been unable to report pain level in any meaningful way, particularly in the last 24 hours before death. This point does not appear to be recognized by the study's authors. A further major weakness is the categorization of diagnosis as cancer pain, without any recognition of poor prognostic factors that can influence pain intensity and outcome measures.

Relevance to Palliative Care: The study is reassuring in demonstrating an excellent prevalence of reasonable analgesic management in both specialist and general practitioner settings. However it also inadvertently highlights the need for reports to be able to use an internationally recognized classification system for cancer pain. This would allow a more meaningful comparison of research results.