ONCOLOGIC PAIN: ATTITUDES, INTENSITY AND TREATMENT IN BRAZIL

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INTRODUCTION
- Pain is an important and highly prevalent symptom among oncology patients, affecting more than 50% of them.
- Patient reported outcomes (PRO) data are essential to decision-making process, especially with regard to medical symptoms.
- The biomedical community seldom investigates oncologic pain within the context of its perception by the patients and of its consequences to the patients’ lives.

OBJECTIVE
- The aim of this survey was to evaluate oncologic pain intensity and treatments according to Brazilian patients, as well as their perception and attitudes with regard to this subject.

METHODS
- From July 2016 to July 2017, Instituto Oncoguia, an independent nonprofit cancer advocacy institution, invited patients registered at their site (http://www.oncoguia.org.br), to answer an internet-based survey with 33 questions related to pain in oncology. The invitation was also made public through Instituto Oncoguia’s social media. Patients reported pain according to a numerical scale range from 0 to 10, from minimal to maximal intensity, respectively, in which 0-3 was considered mild, 4-6 moderate, and 7-10 severe. Descriptive analyses were performed according to answers frequency.

RESULTS
- Among 423 oncologic patients who answered the survey, 87.5% were women. Age profile and the distribution of cancer types among the survey respondents are shown in Figures 1 and 2, respectively. Regarding metastases, roughly 33% of the respondents answered they had them, 41% answered they did not have them, 24% did not know and 2% did not answer that question.

- Pain intensity among the respondents is shown in Figure 4. Mean pain intensity was 5.9 (±2.3; range 0-10). Most patients reported that they discussed their pain with the oncologist and/or with other healthcare professionals (82.7% and 69%, respectively); nurses and psychologists were the most common reported professionals (36.3% and 25.1%, respectively). Reasons for not discussing the oncologic pain with an oncologist/healthcare professional are shown in Figure 5.

- Self reported outcomes related to the treatment of the oncologic pain are presented in Figures 6 to 8. Among health issues that developed as a consequence of the oncologic pain, anxiety and depression were the most commonly mentioned by the respondents (by 62.4% and 50.5% of them, respectively). Further on, 80%, 75% and 79% of the patients reported that their pain affected their leisure time and led to incapacity to perform at least one important professional task and/or miss at least one family meeting.

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- Distribution of healthcare coverage and out-of-pocket expenditures among the patients is presented in Figure 3.

- The rate of patients dissatisfied with the treatment of oncologic pain in Brazil is high. Although the great majority of the oncology patients take painkillers, more than one third of them have severe pain and/or believe physicians are not properly treating their pain. Importantly, more than half of the respondents stated that oncologic pain was responsible for the emergence of another health issue. Finally, oncologic pain resulted in considerable harm to the professional and family activities of the great majority of the respondents. In line with other studies in this area, our results show that there is still space for improvement in the treatment of oncologic pain.

CONCLUSIONS
- The rate of patients dissatisfied with the treatment of oncologic pain in Brazil is high. Although the great majority of the oncology patients take painkillers, more than one third of them have severe pain and/or believe physicians are not properly treating their pain. Importantly, more than half of the respondents stated that oncologic pain was responsible for the emergence of another health issue. Finally, oncologic pain resulted in considerable harm to the professional and family activities of the great majority of the respondents. In line with other studies in this area, our results show that there is still space for improvement in the treatment of oncologic pain.

Figure 4. Pain intensity among the survey respondents.

Figure 5. Reasons reported by patients for not discussing the oncologic pain with their oncologist/healthcare professional.

Figure 6. Distribution of answers related to the treatment of the oncologic pain.

Figure 7. Distribution of answers regarding level of satisfaction with the treatment of the oncologic pain.

Figure 8. Medicines taken by the respondents for the treatment of the oncologic pain.

Figure 1. Age profile of the survey respondents.

Figure 2. Distribution of cancer types among the survey respondents.

Figure 3. Distribution of healthcare coverage and out-of-pocket expenditures among the respondents.

Figure 8. Medicines taken by the respondents for the treatment of the oncologic pain.