



Pain Intensity and Pain Management of Hospitalized Patients With Cancer: An Opportunity for Improvement

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About 73% of patients diagnosed with cancer report poor pain management. The purpose of this study was to evaluate pain intensity and the extent to which pain was controlled, and based on the findings, to pose options for improving pain management for hospitalized patients with cancer.

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Digital Object Identifier: 10.1188/13.CJON.365-368

Pain is frequently untreated or undertreated for many patients with cancer in the inpatient and ambulatory care settings (Deandrea, Montanari, Moja, & Apolone, 2008). Poor pain management is not only an oncology problem, but a global health issue as defined by the World Health Organization (WHO, 2007). The challenge of effective pain control has been described in the healthcare literature (van den Beuken-van Everdingen et al., 2007); however, little headway has been made in reducing pain intensity scores. Even with widespread initiatives, such as those put forth by the Joint Commission (Lanser & Gesell, 2001), and the identification of pain as a fifth vital sign, pain management continues to be an undertreated issue for hospitalized patients (van den Beuken-van Everdingen et al., 2007).

The aim of this project was to evaluate the intensity of pain and the extent to which pain is controlled in a large National Cancer Institute (NCI)-designated cancer hospital and, based on the findings, to pose options for improving pain

management for hospitalized patients with cancer. This project was part of a pain audit of potential pain quality indicators as developed by the National Database of Nursing Quality Indicators (NDNQI).

Background

The International Association of the Study of Pain (2012) defined pain as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Cancer pain can be a complex symptom to manage because several different types of pain often are occurring simultaneously. Guidelines from the National Comprehensive Cancer Network (2012) suggest that cancer pain should be classified by pain associated with tumor, pain associated with treatment, and/or pain unrelated. Cancer pain also can be acute or chronic and management options differ depending on the type of pain.

According to the American Cancer Society (2012), most cancer pain occurs when a tumor presses on bones, nerves,

or body organs. Pain can result from the surgery, diagnostic testing, and/or cancer treatment procedures. In addition, patients with cancer also can have pain unassociated with the malignancy, such as headaches, muscle strains, and other aches. Most cancer-related pain is reported by patients diagnosed with a head and neck malignancy, with an average prevalence of 70%; patients with gynecologic malignancy report 60%, gastrointestinal at 59%, lung cancer at 55%, and 54% for patients with breast cancer (van den Beuken-van Everdingen et al., 2007). For outpatients diagnosed with breast cancer, 52% were inadequately treated with analgesia (Wu, Natavio, Davis, & Yarandi, 2012).

Pain motivated by bone metastases can affect the peripheral and central nervous system and often is a combination of background and breakthrough pain (Middlemiss, Laird, & Fallon, 2011). Metastases often can be associated with breakthrough pain, which can be described as exacerbation of pain when the pain is relatively controlled. Breakthrough pain is relatively unpredictable and can be difficult to manage (Middlemiss et al., 2011). Pain management strategies have included long-acting opioids in combination with short-acting analgesics.

Methods

Inpatients, who were aged 17 years or older, were invited to participate in the project conducted at The Ohio State University Comprehensive Cancer Center, a 120-bed academic medical center in the midwestern United States. Participants were English-speaking men or women with any cancer diagnosis and stage.