

Needs assessment of primary care physicians in the management of chronic pain in cancer survivors

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Objective

- Assess practice patterns and treatment barriers in the management of chronic pain in cancer survivors among primary care physicians (PCP)

Methods

- Responses to a 16-item questionnaire were collected between June 29, 2016 and August 8, 2016
- The questionnaire asked physicians to identify their primary medical specialty, the province/territory they practice in, the population of the community, the type of practice they have, number of years they have been practicing and the number of patients they see in a typical month
- The remaining questions assessed PCP knowledge and patterns of practice in the management of chronic pain associated with cancer

Conclusions

- Most PCPs report a lack of knowledge in the management of chronic pain in cancer survivors but are keen to receive medical education on treatment options and clinical practice guidelines

Results

- A total of 162 responses were collected
- The majority of participants (59%) were in a group or solo (33%) practice with an average of 25 years of clinical experience
- The majority of PCPs (59%) reported having “little knowledge” or “some understanding” of chronic pain management in cancer survivors
- Patient comorbidities (79%), pain medication side effects (78%), previous pain treatment (76%), effect of pain on daily functioning (75%) and drug interactions (71%) were identified as factors that guided PCP treatment choices
- Most PCPs treated chronic pain with acetaminophen, non-steroidal anti-inflammatory drugs, anticonvulsants, morphine/derivatives, and antidepressants
- Major barriers included medication cost (54%), concerns about opioid abuse (51%) and patient non-compliance (46%)
- PCPs indicated that treatment guidelines (74%), and knowledge of pharmacological (64%) and non-pharmacological (62%) treatment options would help their chronic pain management

Main treatment goals

Answer Options (Check all that apply)	Response Percent	Response Count
I do not manage cancer-related pain	10.3%	15
Elimination of pain	26.2%	38
Reduction of pain intensity (30% or more)	73.8%	107
Functional improvement	83.4%	121
Patient-directed goals	52.4%	76
Other (please specify)	2.1%	3
	answered question	145
	skipped question	17

Physicians' belief of the extent treatment goals is achievable

Answer Option	1*	2	3	4**	5	6	7***	Response Count
Elimination of pain	17	34	26	26	21	8	0	132
Pain relief (30% or more reduction)	1	3	8	11	51	30	37	141
Functional improvement	0	1	4	19	62	38	17	141
Patient-directed goals	1	4	7	41	54	18	7	132
Other	0	0	0	1	2	1	1	5
								answered question
								skipped question
								143
								19

*Not at all achievable

**Neutral

***Extremely achievable

Guides to treatment choice

Answer Options (Check all that apply)	Response Percent	Response Count
I do not manage chronic pain related to cancer treatment	10.2%	15
Patient's previous pain treatments	76.2%	112
Patient prognosis	57.8%	85
Predictive factors for pain control (e.g. psychological)	56.5%	83
Effect of pain on patient's daily functioning	75.5%	111
Comorbidities (e.g. renal or hepatic failure)	78.9%	116
Risk of misuse or abuse of pain medication	63.3%	93
Ability of patient or caregiver to follow prescribing	58.5%	86
Potential side effects of pain medication	78.2%	115
Potential drug-drug interactions with pain medications	70.7%	104
Patient preference	55.1%	81
Benefit of treatment outweighs risks associated with	63.9%	94
Prior experience/established prescribing practices	57.8%	85
Endorsement of peers/key opinion leaders	31.3%	46
Cost/coverage of treatment	59.2%	87
Other (please specify)	3.4%	5
	answered question	147
	skipped question	15

Barriers to treatment

Answer Options (Check all that apply)	Response Percent	Response Count
No barriers	5.3%	7
Lack of guidelines/knowledge of guidelines/treatment	42.9%	57
Uncertainty about which medications to prescribe	25.6%	34
Uncertainty about stepwise approach to pain	30.1%	40
Concern about patient misuse or abuse of opioids	51.1%	68
Concern about the ability of patient or caregiver to follow	42.9%	57
Concern about patient noncompliance with treatment plan	46.6%	62
Lack of time	19.5%	26
Cost/coverage of medications	54.1%	72
Other (please specify)	12.0%	16
	answered question	133
	skipped question	29

Medications prescribed for management of chronic pain

Answer Options (Check all that apply)	Response Percent	Response Count
I do not manage chronic pain related to cancer treatment	4.9%	7
Non-opioid analgesics – Acetaminophen	85.9%	122
Non-opioid analgesics – NSAIDS	81.0%	115
Non-opioid analgesics – Salicylates	28.9%	41
Combination opioid and non-opioid medications – codeine plus acetaminophen	58.5%	83
Combination opioid and non-opioid medications – oxycodone plus acetaminophen, aspirin or NSAIDS	47.2%	67
Combination opioid and non-opioid medications – tramadol plus acetaminophen	74.6%	106
Non-combination opioid medications – morphine and its derivatives, including codeine, fentanyl, hydromorphone, methadone, oxycodone, tapentadol	78.2%	111
Non-combination opioid medications – tramadol	50.7%	72
Adjuvants – anticonvulsants	79.6%	113
Adjuvants – antidepressants	77.5%	110
Adjuvants – cannabinoids	38.0%	54
Adjuvants – topical lidocaine	23.9%	34
Other (please specify)	7.0%	10
	answered question	142
	skipped question	20

Legend:

NSAID – Non-steroid anti-inflammatory drugs