

PREVALENCE OF ACUTE PAIN CRISIS IN OUTPATIENT SPECIALIST PALLIATIVE CLINIC; **AN OBSERVATIONAL STUDY**

Background:

Pain is a complex, bio-psychosocial experience influenced by various personal and social factors, often worsening overall suffering Moryl et al. described acute pain crisis as severe, uncontrolled pain causing distress to both patients and families.A literature review revealed a lack of studies on the prevalence of acute pain crisis in advanced cancer patients receiving palliative care. This study aims to address this gap by assessing the prevalence of acute pain crises in outpatient palliative care settings.

Aim: To determine the prevalence of acute pain crisis in patients with cancer presenting in outpatient specialist palliative clinic.

Methodology:

- Study Design: Cross-sectional ,Observational Study
- Location: Dept of Palliative Medicine-Outpatient Clinic (Single site/Tertiary Hospital)
- Study Duration: Six months
- Inclusion Criteria: Age>18 years, Pain NRS >/ 7 ; Distress Thermometer score > 4, Referral for Early Palliative /Best Supportive Care
- Tools: ESAS-r ; Distress Thermometer
- Clinical Trials Registry India (CTRI) Reg no. CTRI/2024/02/062517

Results :



Males-46% Females-54% Median Age-50 (IQR 40-57)

Head and Gynaecological Neck Cancers Cancers (13.7%) (20%)

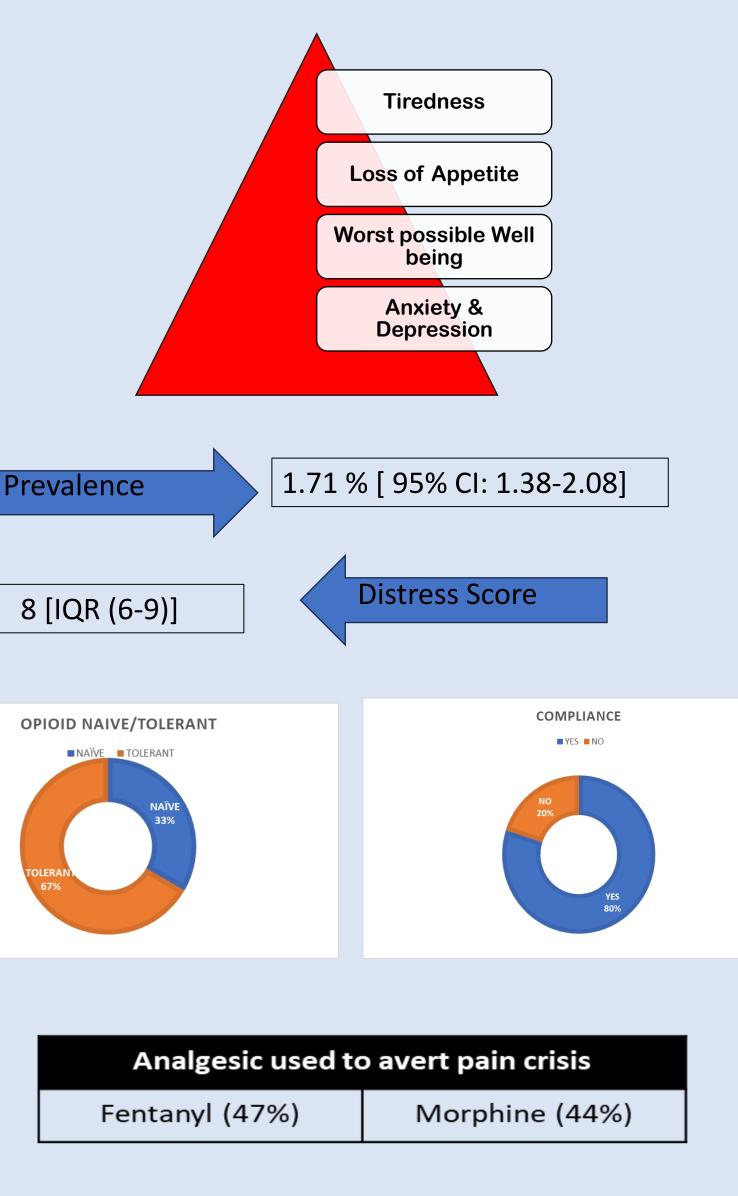
Thoracic/Breast/ Hepatobiliary Cancers (10.5%)

References :

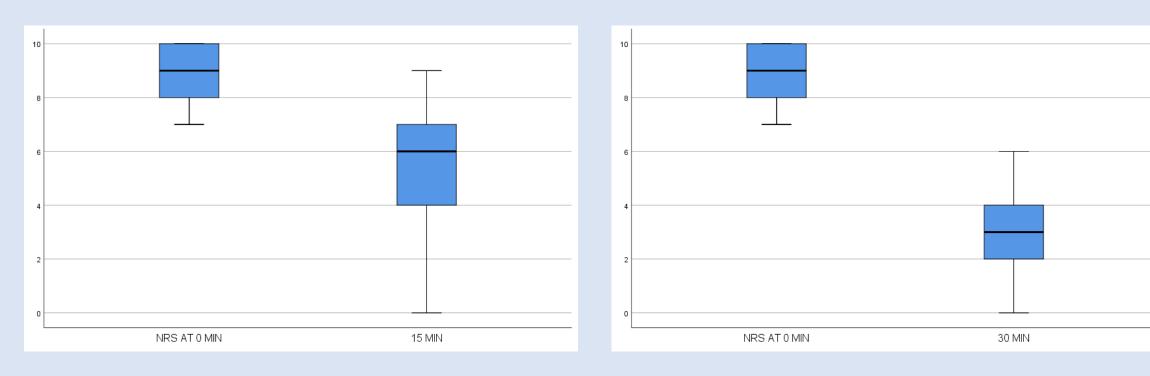
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The most common symptoms as per ESAS r



The median NRS score at 0 minutes was 9 (8,10) and after administration of analgesics at 15 minutes was 6 (4,7) and after 30 minutes was 3 (2,4). The change in NRS scores at 15 minutes and 30 minutes is 3 and 6 respectively.



Discussion :

This study is the first to examine acute pain crisis in an outpatient palliative care clinic. Pain, a major symptom in cancer care, impacts both patients and caregivers. Head and neck cancers were most common in our cohort, followed by gynaecological cancers—closely aligning with findings by Snijders et al., who noted gynaecological cancers as most associated with pain, followed by head and neck, gastrointestinal, breast, haematological, lung, and prostate cancers. The observed changes in NRS scores at 15 and 30 minutes post-intervention (reductions of 3 and 6 points, respectively) are clinically significant and suggest that the pain crisis management protocol employed in this study was highly effective.

Conclusion :

Although the prevalence of acute pain crises observed in this outpatient setting is relatively low, the impact of these crises on patients is substantial. The causes of acute pain crises were left unexplored in this study which could be a potential area of research in future studies.

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Moryl N, Coyle N, Foley KM. Managing an acute pain crisis in a patient with advanced cancer: "this is as much of a crisis as a code". JAMA. 2008 Mar 26;299(12):145767. doi: 10.1001/jama.299.12.1457 Snijders RAH, Brom L, Theunissen M, van den Beuken-van Everdingen MHJ. Update on Prevalence of Pain in Patients with Cancer 2022: A Systematic Literature Review and Meta-Analysis. Cancers (Basel). 2023 Jan 18;15(3):591. doi:

