

Impact of an Educational Program on Pain Management in Patients With Cancer Living at Home

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Purpose/Objectives: To assess the effect of an educational homecare program on pain relief in patients with advanced cancer.

Design: Quasi-experimental (pretest–post-test, nonequivalent group).

Setting: Four community-based primary care centers providing social and healthcare services in the Quebec City region of Canada.

Sample: 80 homecare patients with advanced cancer who were free of cognitive impairment, who presented with pain or were taking analgesics to relieve pain, and who had a life expectancy of six weeks or longer.

Methods: The educational intervention included information regarding pain assessment and monitoring using a daily pain diary and the provision of specific recommendations in case of loss of pain control. Pain intensity data were collected prior to the intervention, and reassessments were made two and four weeks later. Data on beliefs were collected at baseline and two weeks. All data were collected by personal interviews.

Main Research Variables: Patients' beliefs about the use of opioids; average and maximum pain intensities.

Findings: Patients' beliefs regarding the use of opioids were modified successfully following the educational intervention. Average pain was unaffected in the control group and was reduced significantly in patients who received the educational program. The reduction remained after controlling for patients' initial beliefs. Maximum pain decreased significantly over time in both the experimental and control groups.

Conclusions: An educational intervention can be effective in improving the monitoring and relief of pain in patients with cancer living at home.

Implications for Nursing: Homecare nurses can be trained to effectively administer the educational program during their regular homecare visits.

An increasing percentage of patients with advanced cancer want to stay at home as long as possible and want to die at home. Adequate pain management is essential in the homecare setting. Although cancer pain can be relieved in more than 90% of cases when basic analgesic guidelines are employed (Mercadante, 1999; Ventafridda, Tamburini, Caraceni, De Conno, & Naldi, 1987; Zech, Grond, Lynch, Hertel, & Lehmann, 1995), cancer pain often is poorly managed, with approximately 50% of patients with cancer experiencing moderate to severe pain (Cleeland et al., 1994; Green & Wheeler, 2003; Von Roenn, Cleeland, Gonin, Hatfield, & Pandya, 1993; Weiss, Emanuel, Fairclough, & Emanuel, 2001).

Key Points . . .

- ▶ Although cancer pain can be relieved adequately in most cases, it is not always managed optimally.
- ▶ Educational interventions to modify patients' attitudes and misbeliefs about the use of opioid analgesics contribute to improved pain management in patients with cancer receiving care at home.
- ▶ A detailed daily pain assessment recorded by patients facilitates required adjustments in an analgesic regimen in a home setting.

Different studies have been designed to test interventions to improve cancer pain management. Unfortunately, many were observational and did not have appropriate control groups or lacked a formal assessment of patients' pain levels before and

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Digital Object Identifier: 10.1188/06.ONF.1183-1188