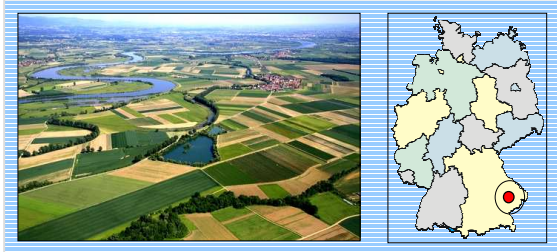


Tumor pain management by physicians in rural areas

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- BACKGROUND**
- Guidelines for the treatment of pain in oncology and palliative care have been published.
 - Data regarding the implementation of pain management in clinical reality are lacking.
 - Pain treatment in rural areas is mainly performed by patients' general physicians.
 - The **Landshut Network for Oncology and Palliative Care** (ESMO Designated Centre of Oncology and Palliative care), situated in the rural region of Lower Bavaria/Germany, aims to improve pain management in tumor patients.



 GOOD SCIENCE
 BETTER MEDICINE
 BEST PRACTICE

European Society for Medical Oncology Zertifiziert nach den Kriterien der DGHO Deutsche Gesellschaft für Hämatologie und Onkologie e.V.

Onkologisches Zentrum

- METHODS**
- A standardized questionnaire was sent to **287** physicians caring for patients in the region of Lower Bavaria.
 - The questionnaire contained questions to **12** items focusing on the management of breakthrough pain.
 - Data collection and analysis was anonymous.
 - The questionnaire was sent out concurrently to all the doctors **7/2011**. Data collection and analysis was performed **9/2011**.
 - Physicians who completed the questionnaire received a financial compensation of 20€.

- RESULTS**
- The questionnaire retrieval rate was **43%** (124/287).
 - The importance of tumor pain was indicated by most physicians as "very important"
 - The mean number of treated tumor patients by one physician was 11±16 /per quarter

Do you change pain medication of tumor patients prescribed by the hospital?	
never	8%
seldom	70%
often	19%
very often	3%

What is the reason for changing pain medication of tumor patients?	
practicability	35%
costs	33%
other opinion	27%
unknown drug	6%

Do costs play a relevant role when prescribing pain medication for tumor patients?	
Yes	61%
No	39%

Which pain medication do you use most often in tumor patients?*	
1.	metamizole
2.	fentanyl transdermal patch
3.	morphine
4.	tilidine
5.	tramadol
6.	hydromorphone
7.	oxycodone
8.	oxycodone / naloxone
9.	ibuprofen
10.	buprenorphine

Which opioids do you use most often in tumor patients?*	
1.	morphine
2.	oxycodone
3.	hydromorphone
4.	oxycodone / naloxone
5.	tilidine
6.	tramadol
7.	fentanyl transdermal patch

Do you use pain pumps?	
Yes	6%
No	94%

Do you use fast-acting opioids?	
Yes	80% in 41% of tumor patients (2-100%)
No	20%

Which fast-acting opioids do you use?	
Palladone®, tablet (hydromorphone chloride)	47%
Sevredol®, tablet (morphine sulfate)	30%
Effentora®, buccal tablet (fentanyl citrate)	10%
Abstral®, sublingual tablet (fentanyl)	5%
Instanyl®, nasal spray (fentanyl)	5%
Actiq®, transmucosal tablet (fentanyl citrate)	3%

What is the percentage of breakthrough pain in tumor patients?	
0%	8%
0-20%	53%
20-40%	34%
40-60%	5%
>60%	0%

Where do you see the biggest problem regarding treatment of pain in tumor patients?	
Side effects	37%
Patients' concerns	19%
Selection of the drug	15%
Compliance	14%
Breakthrough pain	9%
Patients' information	6%

* Drugs were listed according to the frequency of nomination by the physicians

- CONCLUSIONS**
- There is a surprisingly low rate of recognized breakthrough pain^{1,2} and a low frequency of used rapid-delivery drugs, which might be a result of heterogeneous knowledge regarding tumor pain.
 - Formerly prescribed pain medication is often changed by the physicians, indicating differences in prescribing practice between the ambulatory setting and the hospital.
 - The cost of drugs is indicated as an important factor influencing prescribing practice.
 - The management of side effects is seen as a major problem in tumor pain treatment.
 - **As physicians in rural areas have a major influence on the delivery of adequate pain therapy in tumor patients, education of physicians in this field seems to be of great importance.**
 - **Discrepancies in prescribing practice between hospitals and physicians should be further evaluated regarding practicability and costs.**

1) Eur J Pain. 2005;9:195-206., 2) Pain. 1999;81:129-34.