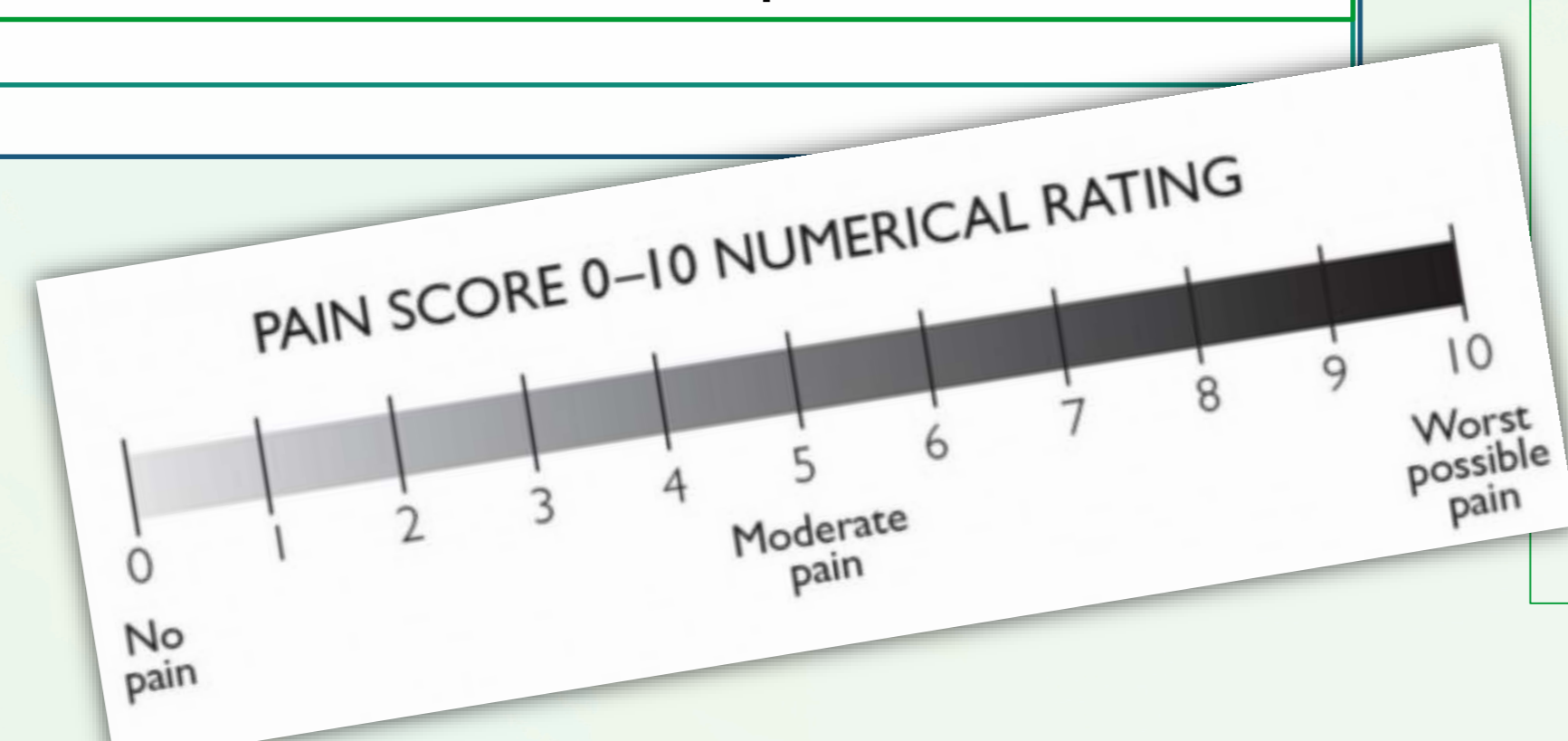
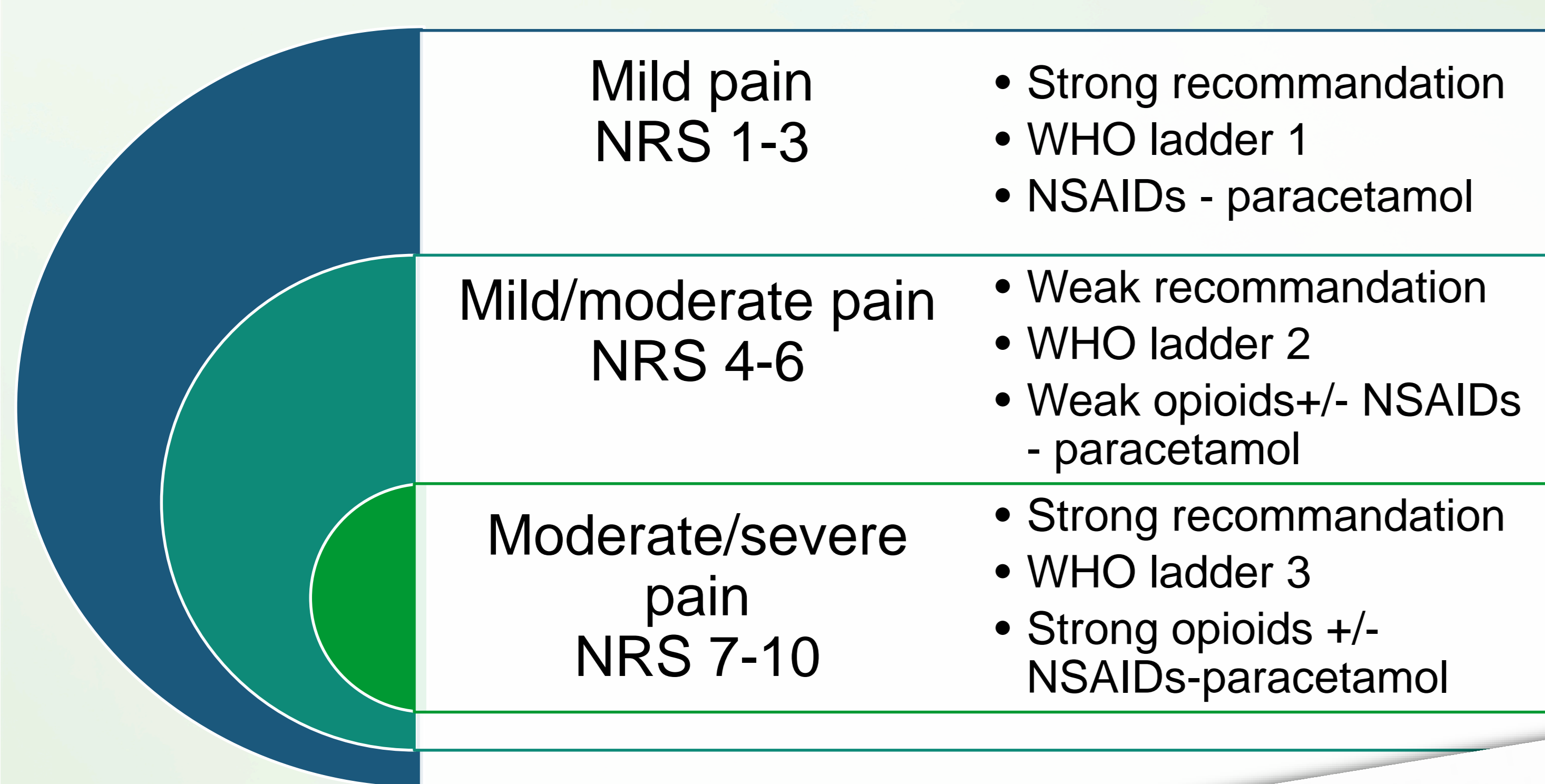


Introduction

Evaluating pain with validated instruments is the first condition for proper management. In our institution, patients self-report the intensity of their pain using a ten-level numerical scale (NRS) correlating with the WHO pain ladder and recommended dosing guidelines.

Objectives

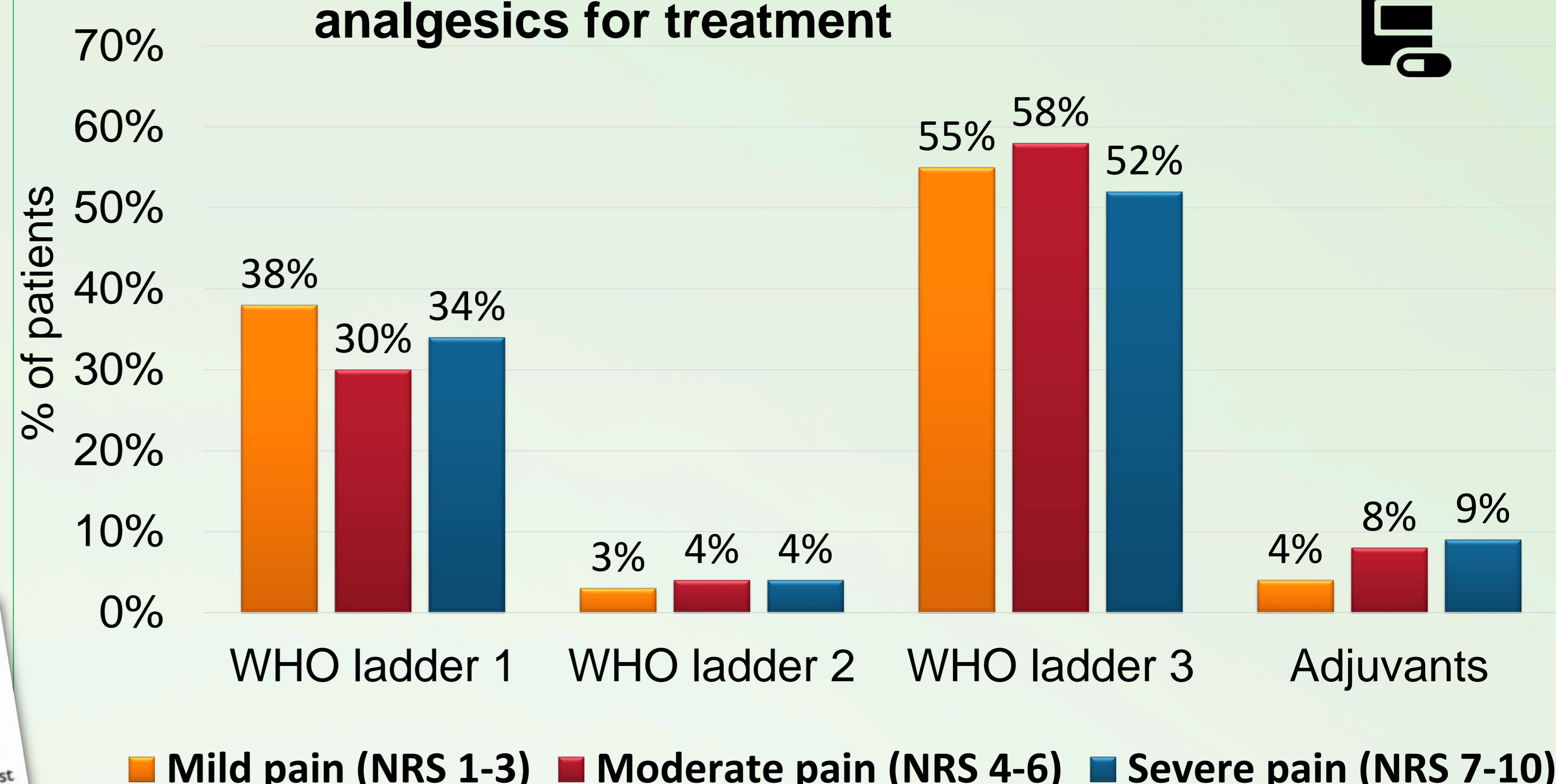
Determine how pain was evaluated, its intensity, prevalence, and whether treatment guidelines were applied. This will be a starting point for comparisons when implementing and evaluating future strategies to improve oncological pain management.



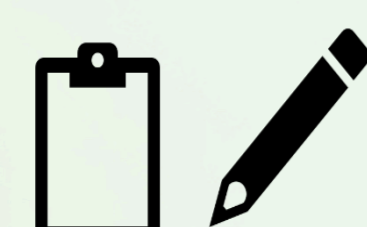
Discussion - Conclusions

- Most pain intensity evaluations are made without using a validated ladder, drawing conclusions about whether good dosing-practice guidelines are being followed is impossible
- Reliable prevalence rates cannot be calculated
- Is pain assessment inadequately done ? Does the problem involve documentation ?
- Why do prescribers favor seemingly weak subcutaneous morphine doses ? Oral morphine doses also seem affected by under-dosage
- Both the presence of pain and its intensity remain highly problematic within our unit. Further research is needed.

NRS-evaluated pain levels and analgesics for treatment



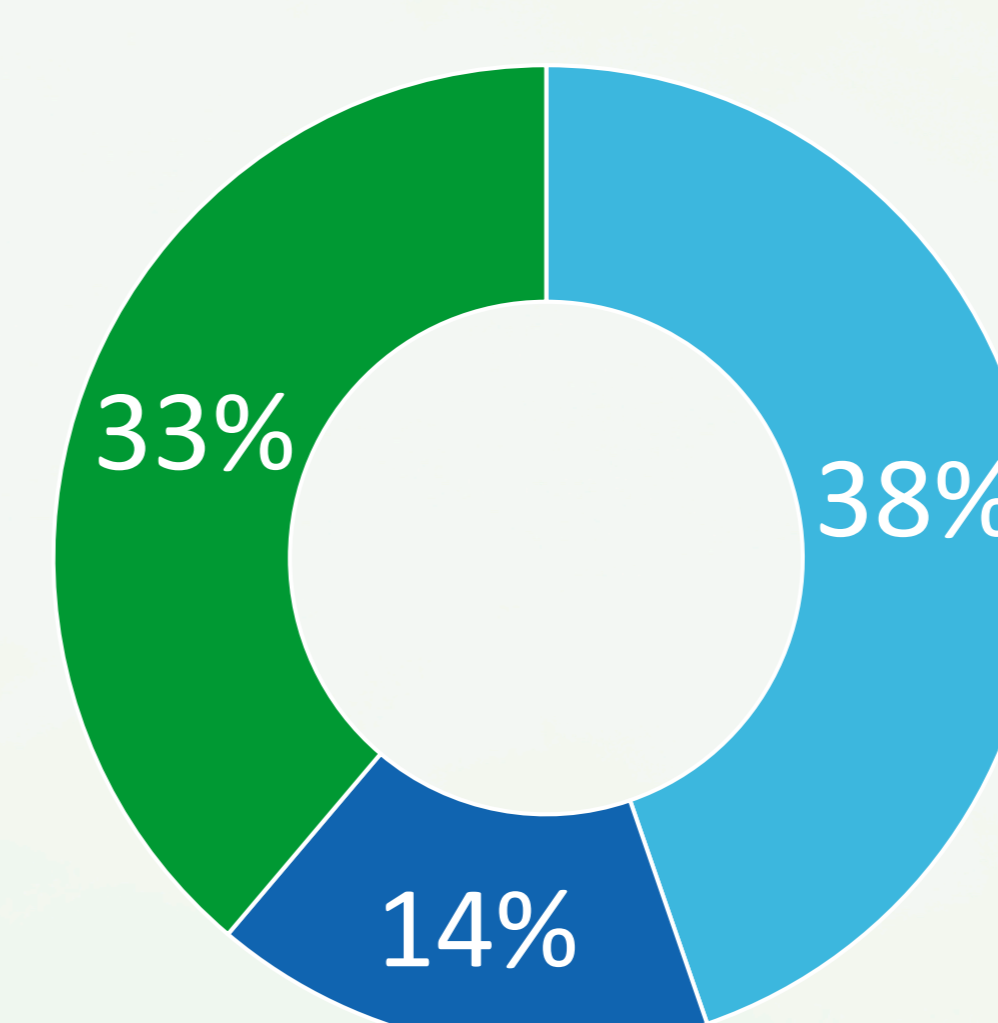
Study design



Retrospective study of data from all patients hospitalized in our university hospital oncology unit from 15.03 to 15.06.2017 who gave informed consent. Data retrieved from patients' medical records included means of pain intensity evaluation, intensity, prescribed analgesic doses, and administration routes.

Morphine delivery routes

■ Subcutaneous ■ Intravenous ■ Sirup



Single four-hourly morphine doses

Results



- 116 patients were included, representing 153 hospitalizations and 1,701 evaluations, of which 940 were positive for pain
- 693 evaluations used non-validated qualitative-scale criteria; 356 evaluations used the NRS; 109 were mixed evaluations.
- NRS-evaluated pain levels :
 - mild pain = 37%
 - moderate pain = 44%
 - severe pain = 19%
- Concerning good dosing practices, independently of pain level, the most used WHO ladder 3 analgesic was morphine, involving single four-hourly morphine doses :
 - subcutaneous : 59% <5mg**
 - intravenous : 24% <5mg**
 - sirup : 89% <10mg**

