

ABSTRACT

Objective: Pain is a crucial but relatively neglected problem in cancer care. This study aimed to 1) examine level of pain control, quality of life, and prevalence of depression among patients with cancer pain and 2) assess how the difference in pain control between health care settings (pain clinic and non-pain clinic) was explained by certain physician and health system characteristics.

Material and Method: A cross-sectional study was conducted on patients with cancer pain in the pain clinic of a university hospital (N=133) and in the regional cancer center (N=95), aged 18 years and over. Exposure variables included type of clinical setting, physicians' knowledge and attitudes, and institutional barriers measured with modified questionnaires based on previous literature. Outcome variables were pain intensity, depression and quality of life, assessed by the Brief Pain Inventory (BPI), Hospital Anxiety and Depression Scale (HADS), and Functional Assessment of Cancer Therapy-General (FACT-G) respectively. Inadequate pain control was defined as pain of worst intensity during 24 hours, rated by the patient as 4 or higher out of 10 on the BPI. Pain Management Index (PMI) was calculated to measure the appropriateness of analgesic prescription based on the World Health Organization guidelines.

Results: The majority of the cancer patients rated their pain as inadequate control in both the pain clinic group (54.1%) and the cancer center group (non-pain clinic) (71.6%). However, negative PMI or inappropriate analgesic prescription was reported by only 7.5 % and 11.6% of the pain clinic and cancer center groups respectively. The prevalence of depression in the pain clinic and in the cancer center was 26.3%, and 12.6%, whereas, the quality of life fared better among at the cancer center patients than those in the pain clinic. Inadequate pain treatment was independently associated with the cancer center patients (non-pain clinic) (OR: 2.5, 95 %CI: 1.3 – 4.9). The association was not accounted for by the physicians' knowledge and attitude, the health system, and the patients' characteristics.

Conclusion: Pain remained under-treated in the majority of cancer pain patients even in the pain clinic. Awareness of the problem should be raised among policy makers (such as Thai FDA) and health professionals involved. A more comprehensive and

intensive approach to pain assessment and management is needed. Regular assessment of the patients' compliance and preference to analgesic regimens prescribed and of pain-related cancer comorbidities (e.g., depression) should be emphasized. A policy on provision of a wider variety of opioids type and preparation forms may help improve the patients' compliance and in turn reduce the pain symptoms.

