# BTcP: a physical, psychological and financial burden for the patient

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# Prevalence of BTcP in cancer cohorts: 10–90%

- Pain classification
- Pain assessment
- Classification of palliative care

### Pain assessment

Original Article

Pain Assessment Tools: Is the Content Appropriate for Use in Palliative Care?

Hølen JC et al. J Pain Symptom Manage 2006;32:567-580



Table 2
Pain Dimensions Ranked by Experts According to Importance for Pain Assessment in Palliative Care

	Pain Dimensions	Descriptions
1	Pain intensity	How much it hurts, sensory component
2	Temporal pattern	Pain fluctuations, variations in intensity and occurrence
3	Treatment and exacerbating/ relieving factors	Medical and nonmedical
4	Pain location	Where it hurts
5	Pain interference	How much components of HRQOL are reduced by pain
6	Pain quality	The specific physical sensation associated with the pain
7	Pain affect	Emotional component of pain, the unpleasantness and significance of pain
8	Pain duration	How long pain has lasted
9	Pain beliefs	Attitudes, coping strategies and beliefs about causes and
10	Dain history	consequences
10	Pain history	Previous pain experiences

Hølen JC et al. *J Pain Symptom Manage* 2006;32:567–580



### **Assessment tools**

- 80 different assessment tools identified
- 1011 items identified

## Temporal pattern of BTcP

- Assessed by 16% of assessment tools
- <2% of cancer pain tools measured temporal aspects\*

\*Jensen MP. J Pain 2003;4:2-21



#### Original article

Pain Assessment Tools in Palliative Care; a call for consensus

Hjermstad MJ et al. Pall Med (submitted) 2008



### **Main results**

- 11 new tools identified
- Development of new assessment tools
  - > A continuous process no consensus
  - Driven by 'local interest'

# Why do we need consensus on how to measure?

- Comparison of results across studies
- Ability to perform meta-analysis
- Familiarity among clinicians
- To be used in routine clinical practice

### Original Article

The Alberta Breakthrough Pain Assessment Tool for Cancer Patients: A Validation Study Using a Delphi Process and Patient Think-Aloud Interviews

Hagen NA et al. *J Pain Symptom Manage* 2008;35:136–152 (Abstract no. 158 – Hagen N et al)



Q3. Frequency (a) Approximately how many times in the past 24 hours have you had this breakthrough pain? (Please include ALL breakthrough pain experiences, regardless of whether or not you took medication for them.)			
(b) During the past 24 hours is this about the usual for you?	☐ Usual ☐ Better ☐ Worse		
Q4. Intensity of pain at peak (a) When this breakthrough pain is at its worst, how would you rate this pain on a scale from 0 to 10, with 0 being 'no pain' and 10 being 'worst possible pain'?			
5.52	□ Mild		
(b) How would you rate the intensity of this breakthrough pain at its worst?	☐ Moderate		
	□ Severe		
Q5. Location  Where do you feel this pain? (Please shade in the entire area in which you experience this pain)	R L L R		
Q6. Quality	☐ Throbbing	□ Shooting	
What does the pain feel like? (check √ all that apply)	□ Stabbing	□ Sharp	
44477	☐ Cramping	☐ Gnawing	
	☐ Hot-Burning	☐ Aching	
	☐ Heavy	□ Tender	
	□ Splitting	☐ Tiring-Exhausting	
	☐ Sickening	☐ Fearful	
	☐ Punishing-Cruel	C C. CALLAR CARANC	
	☐ Other (please describe):		
Q7. Time from onset to peak intensity When you are awake, on average, how long does	☐ more than 0 and up t	to 10 minutes	
it usually take from the time you first feel this	☐ more than 10 and up to 30 minutes		
pain until it is at its worst?	more than 30 minutes		
	☐ It's hard to say exactly when it started		



### Cost



#### Original Article

### Description and Predictors of Direct and Indirect Costs of Pain Reported by Cancer Patients

Barry V. Fortner, PhD, Gail Demarco, PhD, Gordon Irving, MD, Jeri Ashley, RN, MSN, AOCN, CCRC, Ginny Keppler, RN, BSN, OCN, Jana Chavez, RN, and Jana Munk, BS

West Cancer Clinic (B.V.F., J.A.), Memphis, Tennessee; Rush-Presbyterian-St. Luke's Medical Center (G.D., J.M.), Chicago, Illinois; Swedish Pain Management Center (G.I.), Swedish Medical Center, Seattle, Washington; Rocky Mountain Cancer Center (G.K.), Denver, Colorado; and Oncology Center (J.C.), Orange, California, USA

Fortner BV et al. J Pain Symptom Manage 2003;25:9-18



- 39% of total sample reported cancerrelated pain
- Average cost:
  - > USD 891/month
  - > USD 631 hospitalization
- Can we 'prevent' hospitalization?

# Predictors of direct pain-related costs

- Pain intensity
- Pain interference
- BTcP
- Age (older → higher cost)
- Level of income (low income → higher cost)

### Conclusions

- Improvement of BTcP through
  - > Assessment with international consensus
  - > Integrated treatment strategy
    - Radiotherapy
    - Chemotherapy
    - Bisphosphonates
- New rapid-acting analgesics
  - Fentanyl