

PATIENT AND PRESCRIBER OPIOID PHOBIAS AFFECTING CANCER PAIN CONTROL

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This study examines the knowledge and attitudes surrounding opioid use in cancer pain, to identify possible reasons for inadequate cancer pain control. A validated questionnaire (Elliott, 1992¹) was given to 165 staff (41 doctors, 124 nurses, response rate 80%) and 100 patients with a cancer diagnosis in the Regional Cancer Centre, Edinburgh. Patient knowledge misunderstandings were: drowsiness (65%), confusion (42%), addiction (34%), tolerance (60%) and opioid use only in the terminal phase (31%). Staff misunderstandings included pharmacological tolerance (25%), absence of physical dependence (63%), and that severe pain requires parenteral opioids (61%). Patient concerns were: addiction (66%), tolerance (70%), interference with normal life (63%) and side-effects (73%). Side-effects were the main concern in 91% of staff, 29% feeling that this made them reluctant to increase the dose. Only 63% of patients thought that a doctor should attempt total pain relief, although 86% of staff would attempt this level. In conclusion, a significant number of staff have knowledge deficits regarding tolerance and dependence. Patients are primarily worried about addiction, tolerance and side-effects. Clearly, these knowledge and attitude issues are important factors in understanding the disappointing levels of cancer pain control. (Reference: 1. Elliott T.E. & Elliott B.A. (1992) Physician attitudes and beliefs about the use of morphine for cancer pain. *Journal of Pain and Symptom Management* 7 (3) 141-148). Grateful thanks to K. Farrer for advice.