

THE EPIDEMIOLOGY OF CANCER PAIN AMONG ELDERLY PATIENTS: HOW GOOD IS PALLIATIVE CARE? A COMPARISON OF US AND ITALY

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The latest estimation of the burden of care in terms of incidence, mortality and prevalence, based on the most recent available international data, shows that with the world population growth and ageing there will be a progressive increase in the cancer burden – 15 million new cases and 10 million new deaths are expected in 2020, even if the current rates remain unchanged. Despite anecdotal reports suggesting that cancer may be a less aggressive disease among elderly patients, there is now abundant literature to say that it is in fact the opposite. Ageing and cancer are linked by a dangerous liaison: not only there is epidemiological data to testify to the exponential increase of cancer incidence with advancing age, but there is also evidence of increased mutation frequency, of progressive shortening of the telomeres - whose dysfunction plays an important role in human carcinogenesis – and of a possible effect to favour cancerous cell growth by senescent cells. Based on trials' results and cancer registries' data, elderly patients with cancer are beginning to receive the same standard treatments of younger patients, and, in general, they can project the same life expectancy. This is not the case for pain whose substandard treatment is the rule. Pain is very prevalent – 30-50% overall, but close to 90% in the terminal phase – and is the symptom most expected and most feared by the patients. Not only pain negatively affects quality of life by impairing daily functions, social relationship, sleep and self worth, but it is a strong predictor of mortality. Despite the development of appropriate WHO recommendations and the dissemination of guidelines by a series of Organizations, the treatment of pain, especially among elderly patients, remains limited to a minority of patients. Based on a recent survey, morphine in Italy is used in no more than 40% of elderly patients with cancer pain and limited to the terminal phase. In a large sample of US nursing home residents, cancer pain ranges between 25 and 38% but only 1 out of 10 patients aged 85 years or more receive morphine, and conversely, a third of the patients receives no analgesic treatment whatsoever. Pain is clearly not a priority among the elderly in nursing home if nearly 50% of patients with cancer will have untreated pain constantly during their time in the facility. The whole issue is complicated by a series of misperceptions about pain and the elderly, in regard especially to the assessment of people with cognitive deficits, and to the possibility that they are more likely to become addicted to pain medications. Thus, there is the need to instruct all the professionals involved to regard pain as a “fifth vital sing” to be routinely assessed and treated with blood pressure, pulse, temperature, and respiration.