Multicenter Study of Pain and its Management in Patients with Advanced Cancer in Korea

Young Ho Yun, MD, Bong Yul Heo, MD, Dae Seog Heo, MD, Yoon Sung-Soo, MD, G.L. In, MD, Jeong Hyun Sik, MD, Hyo Jin Kim, MD, Si-Young Kim, MD, Yeul Hong Kim, MD, You-Ja Ro, RN, PHD, Ki Hyeong Lee, MD.

Seoul National University School of Medicine (Y.H.Y., B.Y.H., D.S.H., Y.S.S., G.L.In.), Seoul, Korea; Kang Buk Samsung Medical Center (H.S.J.), Seoul, Korea; Dong-A University(H.J.K.), Busan, Korea; Kyung Hee University(S.Y.K.), Seoul, Korea; Korea University Medical Center (Y.H.K.), Seoul, Korea; The Catholic University(Y.J.R.), Seoul, Korea; School of Medicine, Seoul Korea; and Chungbuk National University(K.H.L.), Chungbuk, Korea.

Background Pain is the most persistent and incapacitating symptom of recurrent or metastatic cancer and above 50% of the patient with cancer have had inadequate pain management in many articles. To improve cancer pain treatment, it is necessary to obtain data on its prevalence and severity, and to identify the predictors of inadequate management of cancer pain in Korea.

Methods We assessed prevalence, severity, appropriateness of evaluation and management of pain in patients with cancer. The intensity of patients pain was assessed using 10 point numeric rating scale (NRS) of Brief Pain Inventory (BPI-K) To identify the predictors of inadequate management of cancer pain we use pain management index (PMI) based on the World Health Organization.

From April 2000 to August. 648 patients with advanced cancer was drawn from 8 university hospitals throughout Korea.

Results 71.6%(464/648) of patients with advanced cancer reported pain. 37.7%(464) rated their worst pain as severe pain, and 56.5% were not receiving adequate pain management. Although there was a correlation between patient, caregiver, and health care provider rating, there was no statistically significant correlation between the patient’s pain scale and that of doctors, nurse, and caregiver with NRS≥7. Cancer pain was poorly managed in advanced cancer patient than terminal cancer patient (OR: 2.97,95%C.I, 1.77~5.00), in patients with better performance (OR: 4.26,95%C.I, 2.25~8.06) and in his doctor’s underestimating patient’s pain (OR: 1.76,95%C.I. 1.09~2.86).

Conclusion Despite the high prevalence of pain in cancer patients, the assessment and management of cancer pain was inadequate. We needs to develop national guideline for cancer pain management to improve the pain management.