



## Managing acute and cancer pain in hospitalised patients

### Why is this important?

Pain is justifiably feared by patients undergoing surgery and those with a diagnosis of cancer. Unrelieved pain can interfere with sleep, general activity, mood and relationships with other people.[1,2] Poorly managed postoperative pain may slow recovery and be a risk factor for some complications.

Published data on postoperative pain suggests moderate to severe pain occurs in 62, 36 and 21 per cent of post-surgical patients treated with intramuscular analgesia injections, intravenous patient-controlled analgesia and epidural analgesia, respectively.[3]

The International Association for the Study of Pain collected data on pain in 1095 cancer patients across 24 countries, including Australia. These patients were already prescribed opioid analgesics yet 53 per cent of patients rated their average pain as moderate to severe and 65 per cent were experiencing breakthrough pain.[4]

While there is little published data on the prevalence of pain in Australian hospitals, available figures suggest similarity with other countries. In one Brisbane hospital, 77 per cent of 204 medical and surgical inpatients reported pain and of those, a third had moderate to severe pain.[5] Of 114 oncology patients in two Brisbane hospitals, 48 per cent reported pain and 44 per cent of those had moderate to severe pain.[6] Another study of 93 cancer patients at a Sydney teaching hospital found that a third had moderate to severe pain,[2] and further calculations revealed that 15 per cent of the outpatients and 59 per cent of the inpatients were in moderate to severe pain.

### Best available evidence

Postoperative and cancer pain can be well controlled in 80–90 per cent of patients when treatment is tailored to individual circumstances.[3,7,8] However, the increasing

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availability of evidence-based guidance for the assessment and management of acute and cancer pain [9–13] has failed to overcome established attitudes, practices and beliefs that hinder effective pain relief [14,15] and many patients continue to suffer unnecessarily.

### Current practice

The barriers to effective pain management in health care institutions have been well documented and isolated studies confirm their presence in the Australian context. They include attitudes that pain is inevitable and is merely a symptom that is not harmful in itself.[16] Stubborn misconceptions persist about tolerance, addiction and side-effects with the opioid analgesics used to treat significant pain.[2,6,17] Many health care organisations fail to ensure that effective pain management for all patients is core business.[18] Health care professionals outside specialist pain services do

not routinely assess or document pain,[19] underestimate patients' levels of pain,[20,21] are inconsistent and conservative in their approach to pain relief medications,[17,22–24] and many lack adequate knowledge or education about pain management.[17,23,25,27] Patients are often unwilling or unable to report their pain and may be reluctant to take prescribed medications.[2,5,6,17] It is not known what proportion of patients receive information about pain management.

In Australia, it is estimated that perhaps 10–20 per cent of hospital inpatients are under the care of specialist acute pain services, where those services exist, and the overwhelming majority are surgical patients. The proportion of cancer inpatients accessing specialist pain or palliative care services is not known, but pain and symptom control is a common reason for such referrals.[21,28]

### Implications

There is little data available on the prevalence of pain in Australian hospitals and the clinical practices used for its assessment and management. Barriers to effective practice are, however, consistent with international literature, making it likely that pain is significantly and widely undertreated. Specialist pain and palliative care services have limited resources and therefore limited reach to patients in pain.

Organisation-wide quality improvement programs to implement generic pain management standards have been advocated to reduce barriers, improve practice and lessen the burden of pain in hospitals. While evidence of their success is mixed,[29,30] some initiatives based on Institute for Healthcare Improvement Collaborative methods show promise.[31]

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