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Commentary
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A Mismanaged Problem: Cancer Pain Management

Ozgul Ero[1] and Serap Unsar[2]*

[1]Department of Medical Nursing, Trakya University, Turkey

[2]Department of Medical Nursing, Trakya University, Turkey

Commentary

Cancer pain is a worldwide but still a mismanaged, difficult problem to overcome in the world [1-2]. The European Pain in Cancer (EPIC) survey indicated the fact that 56% of patients suffered moderate to severe pain [2]. A nationwide multicenter study done in Japan found that approximately 60% of cancer patients had some level of pain [3]. A meta-analyses demonstrated that 64% of patients with metastatic/advanced cancer had pain [4]. A study conducted in Turkey found the prevelance of pain among palliative care patients as 88.2% [5].

Many studies reported the fact that pain affected all dimensions of life of patients with cancer, and caused many physical, social and economic restrictions in their lifes. Not only the cancer, but also the other problems such as constipation, stomach ache, backache related with cancer therapies also had detrimental effects on patients lifes [6-8]. Effective pain management needs holistic care approach and effective team work [6]. As nurses are with patients along the day, they have a key role in pain management of cancer patients [9]. They are the professionals that assess pain, care for it, follow up and evaluate the effects of pain treatment. As pain is a subjective experience, it is a symptom whatever the person says and whenever the person experiences. Primary source is the patient himself/herself. So, the success of pain management needs much more attention of nurses [2,7-9]. It is also important for nurses to determine patients' perceptions about the pain and pain management. Because pain related feelings, thoughts and beliefs affect the survey of the pain management [7-9]. Larsson et al. [10] reported that patients need to express their pain in words in order to get adequate pain relief by regular visits and telephone follow-ups.

As pain is a complex phenomen and a subjective experience, there is no objective test to establish a patient's experience of pain. Therefore verbal report of pain is the single most accurate tool. So, it is very important for nurses considering the subjective signs of pain (contracting muscles, moaning, agitation, restlessness, facial grimacing e.g) and cognitive responses such as withdrawn behaviours, irritability and inability to concentrate, anxiety, depression, fear of the future, hopelessness [9,11-12]. Nurses' role is to encourage the patient to use the effective techiques that have been used in the past, teach family members how to assist the patient to use these techniques. Because coping with cancer pain is an ongoing process, that needs tolerance, patience, and much more attention. For good adherence to pain treatment, increasing the knowledge of patients about pain and management, providing and supporting their participation in pain relief process would be beneficial [9-13].

Cancer patients often use complementary therapies in order to relieve pain and other symptoms as well [14-15]. These therapies are considered safe, harmless or natural, which can be dangerously misleading [11]. Many other nonpharmacologic interventions such as massage, acupuncture, pressure, relaxation techniques, music therapy, physical activity, heat or cold compresses are used in order to relieve from pain. Interventions like acupuncture, yoga which come from Eastern Asian culture, were not commonly used among Turkish cancer patients. The reason might be that people living in small residents do not know so much about them, their availability is not easy and also they are very expensive. McPherson et al. [16] reported that patient with cancer used non-pharmacological interventions such as moving/changing position, resting, talking and being with others, hot or cold interventions, massage and, pray in order to relieve pain. There is an important problem that patients generally do not inform health care professionals about their usage of complementary therapies, and unfortunately they use these therapies with conventional medical therapies without knowing the harmful effects. Both the patient and the family need support to know much more about non-pharmacaologic interventions. They usually get tired while managing with cancer pain and need comprehensive, holistic pain management programmes within a multidisiclinary approach [12,14-16]. Today, evidence-based guidelines for the management of cancer pain are established and used in order to cope with pain properly. However, some studies

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Correspondence:
Ozgul Ero, Trakya University, Faculty of Health Sciences, Department of Medical Nursing, Edirne, Turkey, E-mail: ozgul_er@mynet.com

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revealed that oncology nurses did not have adequate knowledge and had poor attitudes and skills about cancer pain management [2,17-21]. A study demonstrated that although oncology nurses believed the benefits of evidence-based practices, they did not use them properly in clinical settings and continued to use the same old methods [21].

In conclusion, the role and responsibility of nurses in pain management is indispensable. Oncology nurses' awareness about pain assessment and management strategies should be increased and they should support patients and families for pain management with pharmacologic and nonpharmacologic approaches.

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