

Pain in Cancer Patients.

Gepubliceerd: 01-02-2011 Laatste bijgewerkt: 13-12-2022

Publishing a guideline is not enough. An implementation strategy is needed to improve pain reporting, pain measurement and adequate pain therapy.

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON21593

Bron

NTR

Verkorte titel

Pijnsein

Aandoening

aandoening: patients with cancer and pain (kanker en pijn)

The incidence and prevalence of cancer is high, and many cancer patients have pain. The next decade, the prevalence of patients with cancer and oncological pain will still increase, so knowledge of barriers and misbeliefs of caregivers and patients about pain reporting, diagnosing and treating pain, together with improved communication is of utmost importance.

Ondersteuning

Primaire sponsor: Universitair Medisch Centrum St Radboud te Nijmegen

Overige ondersteuning: Bergh in het zadel

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. Percentage of all patients that visit the medical oncology outpatient clinic with adequate pain therapy/medication with the Pain Management Index (PMI);

2. Mean pain intensity of those cancer patients with pain (NRS).

Toelichting onderzoek

Achtergrond van het onderzoek

Background:

The prevalence of pain in patients with cancer is high. In 2007, nearly one out of two patients with cancer pain was undertreated. Inadequate pain control still remains an important problem. Therefore, in 2008 a national, evidence-based multidisciplinary guideline "pain in patients with cancer" has been developed. Yet, publishing a guideline is not enough. Implementation of guidelines is needed to improve pain reporting and pain management. This study aims to implement the Dutch guideline pain in patients with cancer. This implementation will improve pain reporting, pain measurement and hence pain control in newly diagnosed patients with cancer in pain. As an innovative tool the interactive voice control is used to improve the pain reporting and to improve the training of medical oncologists, nurses and general practitioners.

Methods/design:

A randomised controlled trial with two arms will be performed in six oncology outpatient clinics of hospitals in the Southeastern part of the Netherlands, with three hospitals in the intervention condition and three in the control condition. Follow-up measurements will be conducted in all hospitals, to study the long-term effect of the intervention. The intervention includes training of professionals (medical oncologists, nurses and general practitioners) and Short Message Service with Interactive Voice Response SMS alert to report pain in patients with cancer. Besides, in both conditions a patient leaflet of the Dutch Cancer Society on cancer pain as well as a pain diary will be used.

Doel van het onderzoek

Publishing a guideline is not enough. An implementation strategy is needed to improve pain reporting, pain measurement and adequate pain therapy.

Onderzoeksopzet

1. Knowledge questionnaire Vignette medical professionals: At baseline and after 12 months;
2. Knowledge questionnaire for GPs: At baseline, 6 weeks after web-based training and after

12 months;

3. Patients with cancer measurements: Quality of life, PMI at baseline, after three months. NRS (SMS-alerts) and pain diary once a week for three months.

Onderzoeksproduct en/of interventie

Multifaceted intervention:

1. In-person training in the most important aspects of the guideline (including 2 repeating sessions) (in total three sessions of one hour- few hours) of medical oncologists and nurses at the medical oncology outpatient clinics;
2. Interactive computer-based training (once) in the most important aspects of the guideline will be offered to general practitioners;
3. Patients receive SMS-alerts once a week to ask for their pain (NRS score). If patients have an NRS score of 5 or higher a nurse will contact the patient and the patient will receive a personal advice how to reduce his/her pain.

Control:

Training will not be offered to medical professionals in the control group and patients with cancer receive a KWF-leaflet on cancer pain.

Contactpersonen

Publiek

Huispost 630, route 598
postbus 9101
Nienke Boveldt, te
Nijmegen 6500 HB
The Netherlands
+31 (0)24 3617389

Wetenschappelijk

Huispost 630, route 598
postbus 9101
Nienke Boveldt, te
Nijmegen 6500 HB

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Participants:

Via the hospital boards, professional caregivers, oncologists and nurses involved in cancer care of the six participating hospitals will be invited to take part. Patients who visit the oncology outpatient clinic will be screened for possible inclusion. Patients will be invited to take part by their medical oncologist or research nurse if they experience pain for the first time caused by cancer.

Overall inclusion criteria for patients are:

1. Diagnosed with cancer;
2. Aged 18 years or older;
3. Pain intensity of 3 or more on an numeric rating scale (NRS) for the worst pain experienced in the last 24 hours;
4. Having and being familiar with the use of a mobile phone.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Dementia and other severe cognitive disorders;
2. No informed consent;
3. Not Dutch speaking and writing.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	15-12-2010
Aantal proefpersonen:	210
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies	
Datum:	01-02-2011
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL2611
NTR-old	NTR2739
Ander register	METC UMC St Radboud : 2011/020
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

N/A