



Information from the Front Lines:
Patient and Prescriber Perspectives on Pain

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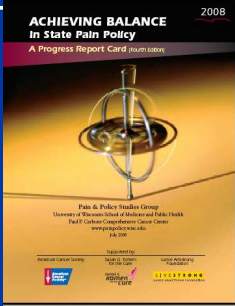



Activities Recap and Update:

- Policy Progress Report Card
- National Pain Care Policy Act
- Pain Research Survey: Physician Knowledge, Attitudes & Practices
- Call Center Pain Patient Education Project



Pain & Policy Studies Group Report Card

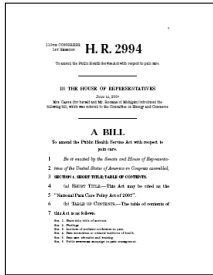


2008: 33 states received at least a B and 5 of those received an A

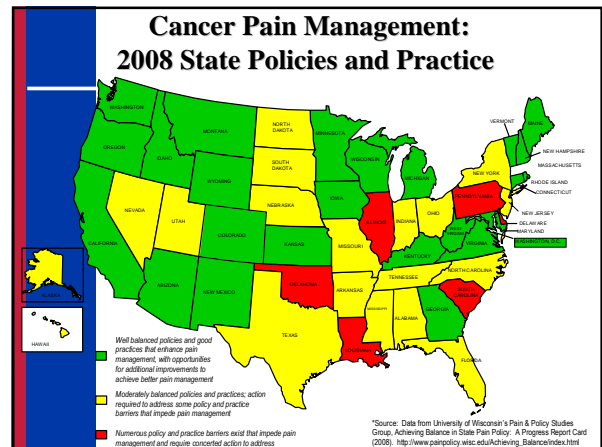
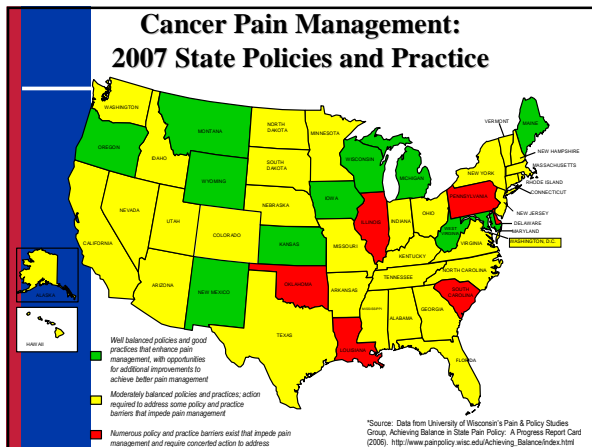
15 grade improvements in just two years

Georgia jumped from D+ to B in one year!

National Pain Care Policy Act 2009 (S. 660/HR 756)



- Institute of Medicine Pain Conference and Report
- NIH Pain Research Coordination
- Healthcare Professional Education & Training
- Public Awareness Campaign



Painkillers often hit the headlines

The Boston Globe
PAINKILLER PHOBIA INFLECTS NEEDLESS SUFFERING
by JUDY FOREMAN

The New York Times
Methadone Rises as a Painkiller With Big Risks

Los Angeles Times
Where killers lurk: in the medicine chest
Rising use of painkillers taking deadly toll
Prescription drug deaths overtake those from street drugs
Las Vegas Sun (NV)

Stories of suffering pain patients often don't

Many cancer patients forgo painkillers
Mon Sep 29, 2008 1:06pm EDT
NEW YORK (Reuters Health)

Many Cancer Patients Receive Insufficient Pain Management Therapy
ScienceDaily
09/09/2008

National Cancer Information Center Pilot Pain Projects (2007 & 2008)

- Half of our callers had pain
- Nearly 60% rated it moderate or severe
- Large majority (78%) said they told their healthcare team and 84% felt team was responsive

Two-thirds of these patients reported their pain was moderate or severe

Pain Project: Patient Information and Empowerment (2009)

Incidence of pain and reporting:

- 83% experienced cancer-related pain at some point during the course of disease
- 65% currently have pain
 - 63% had moderate or severe pain on call day
 - 69% had moderate or severe pain three days ago
- Majority (76%) said they told their healthcare team. BUT:
 - 64% had moderate to severe pain on call day
 - 70% had moderate to severe pain three days ago
- Only 58% currently having pain are asked about it at every clinical visit
- Only 55% were asked to rate pain using a scale

National Call Center Data: Severity of pain

Pain intensity:	Current (overall sample)	Current (responsive practitioner)	Past 3 days (overall sample)	Past 3 days (responsive practitioner)
None (0 score)	5%	5%	3%	3%
Mild (1-3 score)	22%	23%	17%	17%
Moderate (4-6 score)	27%	29%	23%	25%
Severe (7-10 score)	36%	35%	46%	45%
Missing/Unknown	10%	8%	11%	9%

Barriers to Pain Control

- Fear, misperceptions and confusion about addiction, dependence, and pain medicines
- Lack of knowledge and reluctance among patients and loved ones
- Insufficient training for healthcare professionals

**Survey of Georgia Physicians:
Respondent characteristics**

- Mean year of medical degree: 1982
- 37% practice in community >500,000 population
- 77% have some formal training in opioid Rx for pain
- 58% treat patients with cancer
 - 93% routinely ask about and assess pain
- 42% treat patients with chronic cancer pain
 - 94% believe opioid treatment provides sufficient pain relief
 - 90% believe opioid treatment improves physical function

**Survey of Georgia Physicians:
Frequency of outpatient opioid prescribing**

Number of outpatient Rx per month:	C-IV	C-III	C-II
None	32%	16%	35%
1-5	39%	31%	37%
6-15	18%	25%	16%
> 15	11%	28%	12%

**Survey of Georgia Physicians:
What prescribing practices do laws permit?**

Under Georgia and Federal law, a physician can:	% "correct"
Call in a C-II Rx in an emergency	18%
Fax a C-II Rx	14%
Prescribe methadone for pain relief	48%
Refill a C-II Rx	58%

**Survey of Georgia Physicians:
Attitudes about chronic opioid prescribing**

Legality of prescribing opioids for more than 6 months to treat:	Lawful & accepted medical practice
Patient w/chronic cancer pain	85%
Patient w/chronic cancer pain & SA Hx	52%
Patient w/chronic non-cancer pain	50%
Patient w/chronic non- cancer pain & SA Hx	14%

**Survey of Georgia Physicians:
Concern About Regulatory Scrutiny**

Changes in prescribing practices due to concern about regulatory investigation:	Never	Occasionally	Often	Always
Prescribe lower dose	55%	23%	15%	7%
Prescribe smaller amounts	40%	23%	25%	12%
Limit refill amounts	30%	8%	21%	41%
Prescribe lower schedule	38%	22%	30%	10%
Choose not to prescribe	41%	26%	25%	8%

Communication Gap?

Patients:

- 76% tell their team about their pain
- 58% are asked about pain regularly
- 55% are asked to rate pain using a scale

Physicians:

- 93% routinely ask about and assess pain

Do not accept pain as a normal part of cancer

When pain is not relieved, people feel:

Tired • depressed • angry • worried • lonely • stressed

When cancer pain is relieved, people can:

enjoy being active • sleep better • enjoy family and friends • eat better • prevent depression

Controlling cancer pain is part of quality cancer treatment.



Important Pain Facts

- People who take cancer pain medicines the way the doctor or nurse tells them to rarely become addicted to them.
- Most people do not get "high" or lose control when they take cancer pain medicines the way they are told to.
- Side effects from pain medicines can be managed and often even prevented.
- Your body does not become immune to pain medicine.



Helpful Pain Information at www.cancer.org

The collage features several key resources:

- Dolor asociado con el cáncer**: A Spanish-language brochure by the Cancer Action Network.
- Cancer Facts & Figures 2007**: A map of the United States showing cancer statistics by state.
- Pain Management Pocket Tool**: A small guide for healthcare providers, available in Spanish and English.
- Pain Control**: A brochure from the American Cancer Society.
- A **Pain Management Pocket Tool** form with a grid for tracking symptoms and treatments.

ACS & ACS CAN Commitment

“More needs to be done to effectively address the national health crisis of under-treated pain...”

Patients, health organizations, healthcare professionals, journalists, regulatory officials, licensing boards, and policymakers all have a role to play to promote a balanced approach to pain control policy and practice.”

John R. Seffrin, Ph.D., CEO, American Cancer Society

