

# Patient-related Barriers to Pain Management among Cancer Patients

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## Abstract

Recently, despite the development of cancer pain treatment, many cancer patients still suffer from pain. This review aimed to explore the patients-related barriers to pain management among cancer patients. The electronic searching was conducted in a different database: Google Scholar, CINAHL and PubMed. According to previous studies barriers can be classified into patients/family-related barriers, health care provided-related barriers, and institutional-related barriers. Patient-related barriers were reluctant to report pain, fear from tolerance, addiction, and side effect, and culture. This review provides summary data about the patient-barriers to effective cancer pain control.

**Keywords:** *Cancer Pain, Barriers, Pain Management.*

## Introduction

In 2016, about 15.5 million persons with cancer were alive in the United States (US) and, by 2026 that total is likely to increase to almost 20 million<sup>(1)</sup>. Pain is considered one of the common symptoms in cancer patients and can be initiated by cancer itself, surgery, treatment, treatment side, tests and procedures<sup>(2)</sup>. Studies proposed that pain occurs in about 50% of cancer survivor's patients<sup>(3,4)</sup>.

There are effective methods to avoid and control pain in and after cancer treatment; quick identification of pain signs, communication and classification regarding pain type and severity, pharmacologic and non-pharmacologic pain control choices and education

of patient<sup>(5)</sup>

Recently, despite the development of cancer pain treatment in terms of surgical, drug and non-drug interventions, many cancer patients still suffer from pain<sup>(6,7)</sup>, about 30% of cancer patients do not obtain pain medication comparative to their amount of pain<sup>(8)</sup>. The untreated pain still a major feared consequences of cancer<sup>(9,10,11)</sup>. It affected on physical, functioning, psychological well-being and social interaction of patients<sup>(12,13,14)</sup>. In Jordan the prevalence of pain among Jordanian cancer patients is high<sup>(15)</sup>.

This study aimed to explore the patients related barriers to pain management among cancer patients.

## Method

**Search methods:** The electronic searching was conducted in a different database: Google Scholar, CINAHL and PubMed. Key search terms used: cancer pain and barriers.

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The studies that focused on the topic of Aortic valve stenosis, were published in English between 2000 and 2018 were included in the review. While, studies published before 2000 were excluded.

**Search outcome:** Exploring of literature yield about 50 studies for review, after reading the studies about 35 study were excluded and 15 studies met the inclusion criteria.

## Discussion

In the literature, the barriers of pain management among cancer patients were classified into three groups: (1) patients related barriers, (2) physician related barriers, and (3) institutional and health care system related barriers<sup>(16)</sup>. Patient related barriers were patient reluctance to report pain and adhere to treatment recommendations. Besides, cognitive, affective and sensory patient-related barriers to cancer pain management with opioid analgesics. Physician related barriers were insufficient physicians' knowledge about cancer pain management, inadequate patterns of pain assessment, and inadequate opioid prescription. Institutional and health care system related barriers were relevant only in countries with restrictive opioid prescription regulations<sup>(16)</sup>.

A cross-sectional study was conducted to identify the barriers to effective cancer pain control in patients and their families in Jordan. The study indicated a four main barriers to pain control: communication concerns, fears connected to addiction, side effects and fatalistic beliefs<sup>(17)</sup>. Another cross-sectional study was conducted to investigate barriers of pain management in Australian patients. The data indicated that patients fear of opioid drug addiction, tolerance, and side effect. Patient reduce dose of opioids drug because they fear side effect such as constipation. Also, they fear from needle injection so they seek alternative therapies such as massage, acupuncture, herbal remedies and heat<sup>(18)</sup>.

In Turkey, a cross-sectional study was conducted to define the patient-related barriers to cancer pain management. The study found that patients have high scores of misconception regarding pain and pain management. Also, patients did not report their pain because they fear from medicine<sup>(19)</sup>. In USA, a study was carried out to search barriers to pain management in African American and Hispanic cancer patients. The

data reflected that the majority of patients expressed a concerns regarding the possible addiction to opioid drugs and the tolerance development. Also, the patients defined their physicians as the most common and trusted source of data about cancer pain<sup>(20)</sup>.

Patients' perceived barriers to handling cancer pain can be influenced by culture<sup>(21-30)</sup>. A recent qualitative study aimed to discover the patient's barriers to cancer pain management from the viewpoint of cancer patients and their family. The data reflected that the main barriers to effective cancer pain management were: knowledge deficit, regulatory factors and the use of cultural and religious approaches to manage pain<sup>(21)</sup>. Another study was conducted to compare differences in Asian and Western patient-perceived barriers to handling cancer pain. That study indicated that Asian patients' perceived barriers to handling cancer pain were significantly greater than those for Western patients (particularly for concerns regarding disease progression, fatalism and tolerance)<sup>(24)</sup>.

In Korea, a study confirmed poor knowledge and inappropriate practices among physicians and nurses regarding pain management<sup>(31)</sup>. Studies have revealed that nurses have knowledge gaps regarding pain management, which negatively impact the quality of pain control in cancer patients<sup>(32)</sup>. Nurses' knowledge about opioids' role in pain management was also reported as low by a study conducted in Italy, highlighting their irrational fear of the opioids' potential to result in addiction or respiration inhibition<sup>(33)</sup>.

## Conclusion

The barriers of pain management among cancer patients were classified into three groups. Patient-related barriers were reluctant to report pain, fear from tolerance, addiction, and side effect, and culture. Study confirmed poor knowledge and inappropriate practices among physicians and nurses regarding pain management. This review provides summary data about the barriers to effective cancer pain control.

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**Ethical Clearance:** Taken from Princess Salma Faculty of Nursing, AL al-Bayt University ethical committee.

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