

Journal Watch

Assessing Persistent Cancer Pain: A Comparison of Current Pain Ratings and Pain Recalled from the Past Week

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Abstract

Recent guidelines developed by the U.S. Food and Drug Administration for the use of patient reported outcomes discuss the rating of pain and other symptoms at their current level of severity versus rating these symptoms using a recall period, such as the past 24 hours or past week. To explore whether the overall experience of cancer patients is better represented by ratings of current pain or pain recalled from the past week, we conducted a secondary analysis of Eastern Cooperative Oncology Group data from 1147 patients with cancer who had reported having persistent pain during the past week. Patients used the Brief Pain Inventory (BPI) to rate their current pain along with their pain at its worst, least, and average during the past week. T-tests were used to compare ratings of current pain and pain recalled from the past week. Linear regressions described the extent to which the various pain ratings contributed to overall pain interference, also derived from the BPI. Overall, patients rated their current pain as less severe than their worst or average pain recalled from the past week. Worst pain recalled from the past week contributed most to ratings of pain interference. These findings indicate that ratings of recalled worst pain, rather than ratings of current pain, might better reflect the overall experience of pain and its impact on function in cancer patients with persistent pain. Our results provide information that might guide the choice of recall period for cancer clinical trials with pain as a self-reported outcome.

Strengths

- Large sample size (n=1147)
- Emphasis on pain intensity as a core outcome domain in pain management

Weaknesses

- Secondary data analysis based on two studies published in 1994 and 1997. Potential for historical effects contributing to findings (e.g. how pain is assessed and managed may have changed considerably from 15 years ago).
- Limited information regarding how sample was recruited (i.e. 1786 consecutive outpatients). Authors do not describe type of outpatient settings.
- No information regarding types/mechanisms of pain
- Statistical analysis – use of t-tests. It is not clear if the t-tests were paired to account for potential effects of same individual providing both ratings
- Although worst pain in the past week had the highest predictive value (i.e. R squared change = .07), this is still a very low value. This may be statistically significant, but is it clinically significant?
- Responses regarding worst, average and least pain over the past week were based on patient recall.

Relevance to Palliative Care

- Timely topic given the different time frames emphasized for symptom assessment, depending upon assessment tool
- Findings may be more relevant for outpatients with relatively stable pain control, as opposed to acute pain management