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Importance of psychological support in pain management in terminal patients

Ariola Panteqi
MA. School and organizational Psychologist, ariola80@yahoo.com

Armela Garpi Bejko
MA.Clinical Psychologist, armela_g@yahoo.com

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Ariola Panteqi, Armela Garipi (Bejko)

MA. School and organizational Psychologist
MA.Clinical Psychologist

Abstract. Pain is unpleasant sensation, suffering or distress of the body or mind. This feeling impairs active life and and make you feel tired and tense. Pain often accompanies terminal patients affecting all aspects of life. In the cancer population, its prevalence is over 75% for those with advanced disease (Dahlia Rizk, 2017.). Techniques mainly used in Albania for pain management are those with medications, ranging from mild to severe such as morphine or other opiate family medications.
The purpose of this research is to investigate the services offered to terminal patients in Albania, in terms of pain management. The psychological approach to treating pain is lacking, affected not only by the mentality of the sick and their families, but also by the total (or few in number) lack of psychological services integrated into primary health care facilities.

Key words: pain, psychological counseling, terminal patients

Introduction

Cancer today is the second major cause of death in Albania. Most cancers are detected at a late stage to heal. But, fortunately, today there is the knowledge to prevent one third of all cancers, to cure one third of them and to reduce pain and suffering in most cancers. Currently, cancer is a major global problem. There are about 10 million new cases a year, of which over 7 million result in deaths. In the next 10 years, 84 million people will die of cancer unless measures are taken. It is estimated that by 2020 there will be 16 million new cancer cases per year and by 2050, today's incidence will double to 24 million new cancer cases per year [1]. In Albania, as in many other countries around the world, cancer is a growing problem that needs to be addressed with a Public Health approach. As the number of cancer victims increases, the health system faces the need to provide effective drugs and high technology equipments [1].
From 2012-2017 more than 3500 people have lost their lives by tumor diseases every year. Malignant diseases were the second leading cause of deaths in Albania in 2017, with a 2.1 percent increase over the previous year. But as the population is shrinking and aging as the number of births and immigration declines, the number of people dying from the disease is on the rise, especially at younger ages, according to INSTAT official data. In 2017, the number of people dying of tumor disease was 74 more than in 2016. INSTAT data processed by Monitor per 1000 habitant shows that in 2017 the prevalence of tumor deaths has increased for the 10- 29 years old; 40-59 years old; while there were decreases for the age groups of 30-39 years and over 60 years [2]. According to statistics obtained from the Department of Oncology in the city of Durres¸ for 2018 and the first 6 months of 2019 the number of patients affected by the cancer is 2034¸ 1204 were followed with chemotherapy regimen and 830 in palliative regimen.

“Pain in cancer patients”

Palliative Care in Albania

Palliative care and screening for cancer pain relief are still some of the unresolved issues in Albania, as well as in other Eastern European public health systems. Patients' access to palliative care services and quality of life in advanced and terminal stages of the incurable disease is less than adequate.

Palliative care in Albania is relatively new. The first palliative care service for terminal cancer patients was created in 1993 by the Ryder Albania Association. The Albanian Palliative Care Association was established in 2002 as a union to develop palliative care in the country. There are currently several associations and only one palliative care public service providing service to terminal patients with cancer across the country. But these services cannot meet the high demands for palliative care. They can cover 34% of the needs and 66% of patients do not benefit from palliative care services. Meanwhile, there are no pain control units in public hospitals, or units with hospitalized patients in terminal cases of cancer. It should be noted that in our country palliative care is not yet a specialty or subspecialty in the field of medicine [1].

There are about 17,800 deaths per year in Albania. It can be estimated that about 60% of deaths in Albania (over 10,000) need palliative care and pain relief through the administration of an opioid analgesic such as morphine. With at least two family members caring for their terminally ill, it would become about 30,000 individuals a year, at least, whom would have their quality of life greatly improved if palliative care support was provided. The majority of people, 95%, die at home and this is preferred by both the sick and their family members. Thus, the way of death has not yet been institutionalized in Albania, which should be avoided through the strengthening of home services, better care in the future, and the strengthening of cultural and medical services. WHO recommends that pain relief and palliative care should be included in existing health care institutions, PHC services.

Based on the age structure in Albania it is estimated that there are over 4000 new cases of cancer per year. With the aging of the younger generation and the aging trend of the population, the incidence of cancer is expected to increase significantly in the future. A high number, over 2/3 of patients, are diagnosed at an advanced and incurable stage. So for most cancer sufferers, pain relief and palliative care is the most realistic and appropriate therapy to offer[1].

Approaches of Pain treatment

Management of chronic pain requires a multidisciplinary approach that is focused on combining physiotherapy with regular exercise psychosocial interventions and other alternative approaches. These are valuable techniques especially for cancer survivors. These approaches should not only relieve pain but improve the functioning of individuals affected by the disease. Since chronic pain can cause, besides physical sensation, anger, anxiety, lack of hope for improvement, there is a need to address not only physiological but also psychological and emotional aspects in the treatment of pain.

Although not every type of cancer is aompanied with a pain problem, where it is present it can appear in different shapes and intensities, depending on the type of disease, the localization of the affected mass, the stage of the disease and the individual sensivity threshold.

Pharmacological Approach

Pain is a common problem in cancer survivors, especially in the first years after treatment. About 5% to 10% of survivors have severe chronic pain that interferes with function, and administration of this pain can be a challenging clinical problem. Severe opioids can be advised for survivors with moderate to severe pain, but most survivors do not seek them. In addition,

more than 40% of cancer survivors now live longer than 10 years, and there is no evidence of the safety and long-term effectiveness of chronic opioid therapy in this population. A "universal measures" approach to opioid abuse is recommended. Emphasis should be placed on non- opioid analgesics and non-pharmacological therapies in this population in order to restore functionality and ensure serenity. Oncologists and different service providers should have access to the most up-to-date education on chronic pain management among cancer survivors. They should also collaborate with or consult with pain management specialists when patients have survived this disease and have complex pain problems [3].

Pain relief can be provided by a number of medications, including:

• Aspirin - these medicines are used for bone pain and pain caused by inflammation (such as pleuritis). Some people suffer from stomach problems, such as digestion and bleeding, with this type of medication. Aspirin itself is generally avoided because it is very difficult in the stomach if taken regularly.

• Paracetamol - is important in controlling cancer pain. It is usually well tolerated, does not affect the stomach and does not dilute blood. It is useful to minimize fever and relieve bone pain, and is often used in conjunction with opiates.

• Opiates - such as codeine and morphine. Some of the side effects may include nausea, vomiting, drowsiness and constipation. There is no risk of addiction if taken for pain relief purposes. There are several new opiates in circulation, so those that are best suited to patients can usually be found. Many people worry about taking opiates because they are afraid of becoming addicted or think they have to wait until they get very ill before using these medications. The evidence shows that it is much better to find a suitable opiate and use it regularly from the time your pain becomes constant. This makes it easier to maintain activities and interests that are patient-centered.

In summary, the pharmacological treatment of pain according to Timothy J. Moinihan is through aspirin, acetamynophen, ibuprofen, weak opiates (codeine), strong opiates including morphine, oxycodone, methadone, fentanyl, among others. Steroids, antidepressants or nerve blockers (as a local anesthetic) can also be prescribed in the treatment of pain in terminal illnesses. [4].

Relaxation and pain management from cancer

Deep physical and mental relaxation reduces anxiety and can help a person cope with pain better. Some useful therapies may include: breathing and relaxation that can soothe the nervous system and manage stress; • Hypnotherapy may also help alleviate some of the side effects of cancer treatment, such as vomiting; Massage works by calming soft tissue and encouraging relaxation; • Meditation where regular meditation practice offers many long-term health benefits, such as reduced stress and blood pressure; Yoga is an ancient system of Indian behavior synchronized with the spirit.

Other techniques that may be helpful to relieve chronic pain include: Acupuncture - an ancient form of Chinese medicine involves the insertion and stimulation of fine needles at specific points of skin. There has been little research that has evaluated this technique for pain relief from cancer as well as Transcutaneous Electrical Nerve Stimulation Therapy (TENS) - an electrical current per minute passes through the skin through the electrodes, causing a pain- relieving response from the body.

Cognitive Behavioral Therapy

Behavioral cognitive therapy is the most commonly used therapy for the psychological treatment of sustained pain. This therapy involves several steps. The first step is pain education. Pain is described as a complex sensory and emotional experience, influenced by the patient's thoughts, feelings, and behaviors. By discussing this topic, patients understand how their pain responses affect their pain experience and begin to recognize the role that their coping efforts

can play in controlling pain. The second step is training in one or more coping skills to manage pain (e.g., relaxation or problem solving). For each skill, a therapist provides rational reasoning, basic guidance and practice as well as guided feedback. The third step is to practice these skills learned at home.
Patients are initially encouraged to practice in non-demanding situations (e.g., resting in a quiet room) and then to apply their skills in more challenging tasks (e.g., managing pain that may occur during walking or while transferring from one position to another). The final step involves helping patients create a program for maintaining their abilities once this education process is completed and for overcoming obstacles and relapses in their coping efforts.
A recent systematic review of studies testing the efficacy of cognitive behavioral therapy for cancer pain revealed that, overall, this treatment significantly reduces pain [5].

Imagery and hypnosis based on e cognitive bihevioral therapy

This has been the most promising psychosocial intervention in the treatment of cancer pain. During this therapy the patient is taught self-directed imaging. The patient should focus on a pleasant or distracting scene to experience the scene's sensations such as sights, sounds, smells, and so on. When the patient develops this ability, they can distract attention from the pain. In Hypnosis based CBT, the therapist teaches these skills to the patient which help him to relax. This intervention showed significant reduction in pain in children with lumbar puncture and bone marrow biopsy [6] This therapy has been proven to be effective in reducing pain in women with metastatic breast cancer and in adults undergoing spinal cord transplantation. An RCT has demonstrated that imaging, relaxation, and CBT can reduce the pain of certain side effects of chemotherapy. [7] It has also been discovered that hypnosis itself is one of the techniques that can provide relief in cancer pain, and that relaxation and imaging can help with the pain of oral wounds caused by chemotherapy [8].

Behavioral pain education and abbreviated cognitive behavioral therapy

Guidelines for treating cancer pain include educating the patient and their family about the cancer throughout the treatment process. These guidelines are intended to provide the patient and caregivers with the necessary information regarding pain management, the types of pain medication prescribed, the type, cost, and effectiveness of pain treatment options. In a study of 174 cancer patients with pain due to bone metastases, pain education plus brief cognitive behavioral therapy provided a significant reduction in pain [9].
In a recent review just over 50% of studies testing pain education plus brief cognitive behavioral therapy showed positive results. Studies involving more intensive skill training showed the best results. Educational interventions have led to patients and resulted in their improvement, however the mechanisms by which these improvements occur are still unclear. Michael and other authors suggest the use of educational intervention with routine clinical practice in addition to optimal oncological and analgesic management [10].
A systematic review suggests that educational intervention can successfully improve cancer pain knowledge and attitudes of the healthcare professional, but does not have much impact on patients' pain level.

“Role of psychological support in treating pain in cancer patients”

Various psychological factors affect the assessment and treatment of pain in patients with cancer such as anxiety, depression, anger, and dementia complicate assessment by maximizing symptoms.

Ward and other colleagues studied how patients' attitudes toward pain and opiates create barriers to treatment. Fear of addiction ¸ tolerance and other side effects were rated as the major concerns of the patients. Some patients claimed that the pain was unavoidable and that they did not expect that medication would alleviate this condition [11]. Patients linked pain to worsening illness. This affected reluctance to report pain or adaption to the opiate treatmentregimen.

Patients with cancer, who feel unhappy, worried, pessimistic, hopeless, anxious or angry over time, need the support of a psychologist or psychiatrist. Such psychological reactions can adversely affect the treatment process if left unchecked. Patients with cancer should avoid being in such situations themselves. The role of psychological support helps patients not to experience such conditions especially during treatment. Psychological support can improve patients' quality of life by removing their fears and concerns. In this way patients are better able to cope with their illness and better protected from major psychological disorders in the future.

The person diagnosed with cancer usually faces a number of difficult challenges. Treating cancer can be physically difficult, it generally destroys the social and professional lives of patients, and may even limit their ability to take care of themselves or live independently for some time. In addition to these physical and functional burdens, cancer patients often face fears of death or disability, and may be prone to feelings of isolation or depression.

Many patients show severe signs of mood ¸ or depression ¸acute stress reactions at some point during their diagnosis and treatment. Takingin considertion the physical, economic, and psychological burdens experienced by cancer patients during treatment, this is probably a testament to the human resistance and quality of care and social support that patients receive that are most needed in these challenges and have a positive psychological outcome . Studies with cancer survivors show that most do not suffer from significant psychological distress, although they may be at higher risk for depression than people who are never affected by cancer [12].

Methodology

The study based on the survey method as a quantitative study¸ targeted 23 patients who were followed by the oncology service at the Durres Regional Hospital. Some of these patients for different issues and needs are followed by the Ryder Durres Center.

The questionnaire containing open-ended and closed-ended questions addressed three issues: Patients' knowledge of pain; Experience of pain at the time the study was undertaken and the techniques they used to reduce it; their perception of the role of psychological support in reducing pain and extent of its use by them or their family members.

During this study, ethical principles were adhered to by informing patients' families and patients themselves about the purpose of the study - respecting the timing of completing the survey and respecting their willingness to complete it. They were informed on how to use the secured data and respect their confidentiality.

Study limitations

During data processing did not consider whether patients had undergone any surgery, thereby excluding the role of psychological support in managing pain from surgery; weren't included patients who are followed up at home but only those hospitalized and under palliative care regime.

Study sample

The study involved 23 patients, 18 of whom were female and 5 male. Of these 21% belonged to the age group 26-30 years, 22% to the age group 35-40 years, 35% to the age group 45-50 years

and the rest to the age group above 50 years. Over 50% had over 3 years having discoverd their illness mainly through a routine checkup and pain experienced. 78% were employed and the rest either unemployed or at retirement age.

Results

After communicating with the oncologists of the regional hospital of Durres, patients follow a pharmacological regimen for the management of various pains - both short-term and long-term. Even their confidence is stronger in the effect of opioid-based medications.

Respondents stated that various techniques such as relaxation, massages and psychological support are not treatments that can be considered as appropriate to reduce the pain experienced by patients. They fully agree that when they feel spiritually depressed they experience more intense physical pain caused by the illness they carry.

They rated the importance of psychological support more for their family members or for treating moods than for managing pain. 96% of them did not attend any psychological service outside the hospital context - this was also influenced by the degree of trust created with the support staff of this institution.

Psychological support within the oncology department has been functioning for 5 years so far but patients are not voluntarily referred. It is family members who seek this service primarily for the treatment of serious psychological conditions - depression and anxiety experienced by patients.

This department, in a study conducted in 2017 on the moods experienced by cancer patients,, concluded that anxiety states were reduced after treatment with therapy and that there was often confusion among patients between the consequences of chemotherapy and various psychological experiences.

Table 1. Respondents' responses to the methods used to relieve pain

	Never	Sometimes	Often
When I have physical pain I use medications prescribed by a doctor.	0	2%	98%
When I have physical pain I try to overcome it by thinking positively.	72%	18%	0
When I am not feeling well spiritually I feel more physical pain.			100%
When I have a lot of physical pain it may take more than the dose allowed by medication.		78%	12%
When I have pain, I go to the physiotherapist for some relief massage.	91%	9%	0
When I have pain I try to talk to someone		89%	11%

Conclusions

While in some international studies, patients appear to have perceptions of medical treatment of pain, concerns about communicating pain to medical staff, and beliefs about the inability to avoid and control pain, [9] in this study was found a tendency of terminal patients, to emphasize and express verbally, the pain experienced as a result of the disease.

The main approaches to pain management in our country to patients diagnosed with cancer are mainly pharmacological.
The existing psychological service makes the most of the technique of “Pain education and brief cognitive therapy" for patients who refer to this service. These techniques are also applied to patients' families who, according to the patients themselves, are affected "frequently" in 86% of the pain experienced by these ones.
The experience of pain by cancer patients has a significant impact on their emotional state as well as on their family members.
Psychological support is considered important by the patient's family in both pain management education and in alleviating the emotional consequences of the disease. The lack of confidence in the efficacy of this service in terms of pain management by patients is significant and the confidence in the efficacy of the pharmacological regimen in pain relief is extremely high.

Recommendations

- Physicians should insist on understanding the presence, type, and intensity of pain experienced by terminal patients in order to build an adequate pain management plan across all dimensions.
- Psychological support for terminally ill patients in pain management should be promoted, not only within palliative care structures, but also more broadly by emphasizing the benefits of pain relief
- Establish and strengthen the chain of physical and mental health professionals to coordinate the treatment of terminal patients undergoing pain, to assist their functioning and reduce the pain experienced.
- Structuring information on the terminal patient's disease, on the effects of classical medication treatment and alternative intervention therapies, in informational brochures or educational classes, presenting alternative forms of intervention with their benefits.
- Enhancing forms of pain management intervention, with alternative treatments, and raising capacities of care staff to apply these treatments
- Adaptation and application of chronic pain intensity measurement instruments to terminal patients
- Educate family members on forms of terminal patient care emphasizing the benefits of psychological treatment for the psycho-emotional aspects associated with the chronic pain they experience.

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