OPINION USE IN A LARGE NATIONAL HOSPICE POPULATION: EXAMINATION OF CANCER VERSUS NON-CANCER PATIENTS
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OBJECTIVES: To investigate opioid use in a large sample of hospice patients and examine differences in opioid use between cancer and non-cancer patients.

METHODS: This project was conducted with excelleRx, a large hospice pharmacy provider that contracts with 15% of hospices throughout the US. Patients included were age 65 or older admitted to hospice between June 1, 2003 and December 31, 2003. Pharmacy data through June 30, 2004 was analyzed. Average daily opioid equivalent (ADOE) use was calculated for each patient by converting total opioid dispensed to morphine equivalents. Associations between demographic variables and clinical characteristics with opioid use were examined. Analysis of variance (ANOVA) was conducted to examine differences in opioid use between cancer and non-cancer patients.

RESULTS: The sample consisted of 43,537 patients representing 4 diagnostic categories: cancer (46%); heart diagnoses (13%); lung diagnoses excluding lung cancer (7%); and other (33%). Half (n = 21,767 patients) were dispensed 1 or more opioids during their hospice stay. For these patients, the ADOE ranged from 0.03 to 15,305 (mean = 47.0; SD = 140.0). There was a significant inverse correlation (p < 0.0001) between opioid use and age, and male patients were dispensed more opioids (mean = 50.2 ADOE) than females (mean = 44.1 ADOE, p < 0.05). There were no differences in opioid use by race, hospice region, or hospice size.

ANOVA testing revealed that opioid use among patients with a hospice diagnosis of cancer differed from those without cancer (ADOE = 54.3 cancer vs. 35.0 non-cancer; p < 0.0001), and mean length of hospice care was shorter for cancer vs. non-cancer patients (43.4 days and 55.2 days, respectively; p < 0.0001).

CONCLUSIONS: Few studies have investigated opioid use in a national hospice population, in particular, the differences between cancer and non-cancer patients. Significant differences in opioid use were noted, suggesting the need for further research on how to best deliver hospice services for this fragile population.

A SYSTEMATIC REVIEW OF PHYSICIAN KNOWLEDGE AND PRACTICE PATTERNS REGARDING COLORECTAL CANCER SCREENING
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OBJECTIVE: Colorectal Cancer (CRC), when detected early, can be treated, reducing morbidity and mortality. In 1997, the American Cancer Society issued major revisions for CRC screening guidelines to include new research findings and improvements in testing accuracy. Research suggests that physicians do not always follow CRC screening guidelines; lack of knowledge about appropriate guidelines or guideline changes is often cited as a barrier. The aim of this systematic review was to examine studies measuring physician CRC screening knowledge and related practice patterns.

METHODS: A tiered systematic search (1997–2004) was conducted for studies, irrespective of design, which were published in peer-reviewed journals through MEDLINE, Academic Search Elite, CancerLit, CINAHL, and PsycINFO databases. Tier 1 search combined keywords “knowledge” and “physicians” with “colorectal cancer screening” which identified 48 studies. Tier 2 search combined keywords “practice patterns” and “physicians” with “colorectal cancer screening” which identified 52 studies. Tier 3 was a review of papers identified in Tiers 1 and 2. Ten studies meeting the “knowledge” and “practice patterns” inclusion criteria were retained.

RESULTS: Studies reported that a significant percentage of physicians were performing Fecal Occult Blood Test on stool samples obtained from Digital Rectal Examination, a method that often produces false results. Roughly half of physicians were reported to be performing screening tests without...