

# Self-management toolkit and delivery strategy for end-of-life pain: the mixed-methods feasibility study

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†In memoriam

**Declared competing interests of authors:** Amanda Farrin is a member of the Health Technology Assessment (HTA) Themed Call Panel. David Meads is a member of the Elective and Emergency Specialist Care National Institute for Health Research HTA panel.

Published December 2017

DOI: 10.3310/hta21760

## Plain English summary

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Health Technology Assessment 2017; Vol. 21: No. 76

DOI: 10.3310/hta21760

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## Plain English summary

**P**ain affects most people approaching the end of life and can be severe for some. Opioid pain medicines (such as morphine) are effective, but evidence is needed about how best to support patients who are approaching the end of life in managing these medicines.

By reviewing published research and interviewing patients, carers and health-care professionals, we designed a self-management support toolkit (SMST). This consisted of factsheets, a pain diary, medication chart and a goal-setting sheet. We trained clinical nurse specialists in palliative care to deliver the tool using a four-step coaching process [the Self-Management of Analgesia and Related Treatments at the end of life (SMART) intervention]. We then asked the trained nurses to trial the SMART intervention with a group of patients over a 6-week period. The purpose of this trial was to see what patients, their carers and nurses thought of the SMST and to decide if it was possible to run a larger trial.

Many patients were unable to take part because they were not prescribed strong enough painkillers or were too unwell. We approached 37 patients, and 19 took part. The SMART intervention was acceptable and valued by patients and nurses. In general, the study nurses delivered the intervention as planned. We were able to collect information from patients on a regular basis and that this was not too much for them. We interviewed the nurses at the end of the trial and this showed that we need to make some refinements to the study: allowing patients on more types of painkiller to be included and providing more training support to nurses. Based on these findings we have concluded that a larger study in the NHS is feasible. This will determine whether or not SMART can provide cost-effective benefits to patients who are approaching the end of life.

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 4.236

*Health Technology Assessment* is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the Clarivate Analytics Science Citation Index.

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## This report

The research reported in this issue of the journal was funded by the HTA programme as project number 12/188/05. The contractual start date was in September 2014. The draft report began editorial review in September 2016 and was accepted for publication in June 2017. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

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