Pain self-management interventions for community-based patients with advanced cancer: a research programme including the IMPACCT RCT

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Plain English summary

Pain self-management interventions for advanced cancer

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Plain English summary

Each year in England and Wales, 150,000 people die from cancer, of whom 110,000 will suffer from cancer pain. Research shows that, for the 65–80% of cancer patients who spend the last 6 months of life at home, pain remains common, severe and undertreated, and may lead to hospital admissions.

We interviewed patients, carers and health professionals and found that pain in advanced cancer is difficult for patients to manage, and that referral for palliative care support is often late (within weeks of death). We found that patients could benefit from better access to strong opioids and from better support in managing pain medicines.

We identified aspects of care that would most support patients in managing themselves and we developed and tested our *Tackling Cancer Pain* resource and an electronic pain monitoring system called PainCheck.

We recruited 161 oncology outpatients with cancer pain to our clinical trial and randomly allocated them to an intervention arm or a control arm. The intervention arm patients received supported self-management alongside standard community palliative care (*Tackling Cancer Pain* and PainCheck). The control arm patients received standard palliative care support alone. We found no differences in pain severity or in quality of life between the two trial arms. The economic evaluation of the trial indicated that supported self-management could result in lower health-care costs than usual care.

In conclusion, the trial demonstrated that patients were experiencing high levels of pain at trial entry (around 1 year before they die), that earlier involvement of palliative care resulted in significant improvements in pain for participants in both trial arms and that it is feasible to engage this population in large-scale research. The lack of difference could be because patients and professionals did not use the interventions as much as we had hoped, and because control arm patients had earlier access to palliative care than with routine practice.

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