

# **Greek Oncological Nurses; Assessment and Management of Cancer Pain in Community**

**Maria Kapritsou<sup>1</sup>**

## **Editorial**

Globally, more than 10 million people are diagnosed with cancer each year, and almost half of the patients suffer from uncontrolled pain. Likewise, it is believed that half of the cancer patients consider that their healthcare professional did not regard their quality of life as a priority. (1) Assessment and management of pain is one of the major questions in our society, and in many communities is undertreated. The acute and chronic pain is considered to be treated inadequately. Despite the remarkable progress in the basic science, mechanisms, characteristics and location of pain, as well the current analgesic treatment, it comes out that patients still suffer from pain, with dramatic consequences for their quality of life, their physical function, and the economic burden for the health care systems. (2)

Management of cancer pain is referred to a variety of components such as the type and the location of the pain, the pain intensity, the physical condition of patient, the pain treatment administered, as well as the cancer therapy. Although opioid medication remains the fundamental choice of coping with cancer pain, patients deal a major problem, the probability of no responding opioid management, with morphine to remain the ‘gold standard’ for cancer-associated pain. Furthermore, there is the concern of neuropathic pain, where the value of opioid treatment is controversial and contradictory. (1)

Over the last decades in Greece, health professionals have gradually increasing concern about chronic pain assessment and management, especially in cancer pain. Although most Greek professionals involved with oncological patients do not specialized in any specific education program in cancer pain management, but the majority has expressed interest in education issues concerning this area. (3) Nowadays, Greek universities have developed post-graduated programs and masters of Science specialized in Pain Assessment and Management.

---

<sup>1</sup>RN, MSc, PhD, Chief Nurse of P.A.C.U. at Hellenic Anticancer Institute, ‘‘Saint Savvas’’ Hospital, Day Surgery Center ‘‘N. Kourkoulos’’, Athens, Greece.

Also, assessment tools for pain have been developed, such as Behavioral Pain Scale (BPS), Visual and Numeric Analogue Scale (VAS and NAS, respectively). Major steps have been achieved to cope with cancer pain, so as patients' quality of life to be improved. Universities' faculties of medicine and nursing, private health Units in the community under the Greek Orthodox Church (such as "Galillee"), NGOs specialized on pediatric palliative care, or private Associations (Greek company on Pain and palliative care) have been given services of palliative care, more than 10 years (4). Also, a pilot network of health centers of Ministry of Health offers palliative care services mainly in central and northern Greece (5) Furthermore, major Oncological Hospitals in Greece have developed Pain and Palliative Care Clinical Units. Also, Up to date, as far as pain assessment is concerned, a holistic effort to deal pain has been accomplished. Therefore, this approach has succeeded in developing a more complete assessment tool for assessing and managing cancer pain, as concerns its intensity and its quality, and the degree of interference in patients' lives. (3)

In Greece, health professionals and oncological patients have to deal with the regulatory restrictions, which have led to limited availability of some opioid formulations, considering the potential abuse of controlled substances occasionally restrict patients' access to opioids, as a result there is a suboptimal treatment of cancer pain. In fact, among the European countries, Greece has accessibility barriers in opioid medication in comparison with other countries. For example, outpatients have to be registered, so to be entitled to receive opioid medications and a special duplicate opioid prescription form is required for doctors. (2)

On the other hand, we have to mention that nurses' personal beliefs could influence pain assessment and management decisions. Simultaneously, patients and their support environment, usually, avoid asking pain treatment; there are some common beliefs about pain medication, concerning the side effects of analgesics, and their awareness of the proper and sufficient pain relief. (4)

In conclusion, the recent years, significant progress has been made, regarding the understanding and the treatment of cancer pain. Tools, and specialized programs and courses have been developed. Many studies evaluate numerous treatments of cancer pain and provide individualized care plans for each patient, so as patients achieve quality of life.

## References

- [1] Liu WC, Zheng ZX, Tan KH, Meredith GJ. Multidimensional Treatment of Cancer Pain. *Curr Oncol Rep. Current Oncology Reports*; 2017;19(2).
- [2] Argyra E, Sifaka I, Vadalouca A, Care P. How Does an Undergraduate Pain Course Influence Future Physicians' Awareness of Chronic Pain Concepts? A Comparative Study. 2015;301–11.

- [3] Mystakidou K, Tsilika E, Parpa E. Greek Brief Pain Inventory : Validation and Utility in Cancer Pain. 2001;35–42.
- [4] <http://www.galilee.gr> and <http://www.monadaanakoufisis.gr/> and <http://merimna.org.gr/>
- [5] Tziaferi S. (2016) "Services of palliative care in the Community" 8th Symposium of Oncology Nursing Greek NNA, 30/9-2/10/2016, Patras Greece, Book of Abstracts
- [6] Kiekkas P, Gardeli P, Bakalis N, Stefanopoulos N, Adamopoulou K, Avdulla C, et al. Original Article Predictors of Nurses ' Knowledge and Attitudes Toward Postoperative Pain in Greece. *Pain Manag Nurs* [Internet]. American Society for Pain Management Nursing; 2015;16 (1):2–10. Available from: <http://dx.doi.org/10.1016/j.pmn.2014.02.002>