Cancer Pain Treatment Differences in a Matched Sample of Older African-American and European-American Hospice Patients at the End-of-Life

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Above: Ms. Booker's paternal grandmother who died from pancreatic cancer and suffered deplorable pain control

"We have learned that pain complaints of racial ethnic minorities and women and also the elderly receive less attention than others."
~ Dr. Carmen Green, MD [11]

INTRODUCTION

- Differences in the experience and treatment of cancer pain between African-American (Blacks) and European-American (Whites) adults are noted in the literature [1-4].
- African-Americans utilize hospice services less often, and report higher cancer pain intensities but receive less optimal treatment despite best practices for cancer pain management [3, 5-7].
- African-Americans also report more side effects from chronic pain treatments than European-Americans [1,5].
- However, the treatment experience of cancer pain in older (i.e., 65+) African-Americans and European-Americans in hospice at the end-of-life is unknown.

PURPOSE

- ***To identify differences in evidence-based practices (EBPs) for cancer pain treatment in a matched sample of older African-Americans (AAs) and European-Americans (EAs) receiving hospice care at the end-of-life.***
- Research Questions:
  1. Are there racial differences in admission analgesics ordered (i.e. EBP #4)?
  2. Are there racial differences in implementation of EBPs for cancer pain treatment (i.e., EBPs #1-3, 5)?

METHODS

- **Design:** Secondary data analysis of a cluster randomized controlled trial (RCT) testing a multifaceted translating research into practice (TRIP) intervention on promotion of EBPs for cancer pain management in older adults in hospice [8]
- **Setting:** 16 community-based hospices in Midwestern United States
- **Sample:** N= 116 (58 African-American & 58 European-American) from RCT matched on age (±1 year), sex (M-M, F-F), cancer diagnosis, and prognosis (mortality < than 6 mos)
- **Outcome variables coded**: yes or no

Instruments:

- Demographic Form
- Numeric Rating Scale (pain intensity, 0-10)
- Cancer Pain Practice Index (EBPs) [9]

Analyses: Descriptive (M, sd, Frequencies, %), Cochran's *Q* test (and Mantel-Haenszel Common Odds Ratio Estimate), and Fisher's Exact Test

RESULTS

Sex (N = 116): Females 68 (59%)
Age: 76.27 (±7.76)
# of Analgesics Ordered: 2.78 (±1.39)
Admit Pain Intensity: 2.27 (±2.85)

Sub-sample Analysis (due to missing data): N= 62 (31 in both racial groups)
Admit Pain Intensity: AAs= 2.00 (± 2.54); EAs= 2.04 (± 2.92)
# of Analgesics Ordered: AAs= 3.16 (± 1.32); EAs= 2.45 (± 1.23)

EBP #1 — **Patients are provided education on other methods of pain control (e.g., non-drug strategies).**
- African-Americans = 10 (32%, yes)
- European-Americans = 17 (55%, yes)

Significance = **.042**
Odds Ratio = 3.452

EBP #2 — **Patients are provided education on how to dose and titrate their analgesic medications.**
- African-Americans = 9 (29%, yes)
- European-Americans = 13 (42%, yes)

Significance = .213
Odds Ratio = 2.252

EBP #3 — **Family/caregivers are provided education on pain management.**
- African-Americans = 21 (68%, yes)
- European-Americans = 26 (84%, yes)

Significance = .273
Odds Ratio = 1.916

EBP #4 — **Patients with mild to severe pain have admission order for analgesic (including adjuvants).**
- African-Americans = 31 (100%, yes)
- European-Americans = 29 (94%, yes)

Significance = .492

EBP #5 — **Patients with an opioid order must have a stool softener or laxative order within 24 hours** [9, 10].
- African-Americans = 22 (71%, yes)
- European-Americans = 25 (81%, yes)

Significance = .445
Odds Ratio = 1.667

RECOMMENDATIONS

Practice:

- Although only one EBP showed statistically significant difference by race, the slightly lower proportion of AAs receiving EBPs has clinical significance and identifies disparities where improved pain management practices and quality are needed. While analgesics were ordered similarly, the data available could not be examined for type of medications, dosage, or appropriateness for management of pain.
- Hospices should ensure ALL patients receive, per Medicare benefits, their allowable one-time visit with a healthcare provider to discuss options for pain management.
- Nurses should equip and empower ALL older adults and their families/caregivers by providing adequate education on pain management.

Research:

- Consistent with the literature, AAs had more missing data than EAs potentially due to difficulty accessing data, potential matching bias, and documentation issues. Researchers must employ multiple strategies to ensure collection of complete data on ALL participants, especially racial and ethnic minorities in order to detect and correct disparities in pain management.

Policy:

- Institutions and nurses should implement EBPs and the IOM's, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*, recommendations for improving pain care in all racial and ethnic older adults [3].
- Medicare should develop & mandate standard pain management EBPs in hospice.

ACKNOWLEDGEMENTS

Funding source: National Cancer Institute Grant R01CA115363; PI: Dr. Keela A. Herr, PhD, RN, FAAN, AGSF
Star is a National Hartford Center of Gerontological Nursing Excellence Patricia G. Archbold Scholar & Mayday Scholar, 2013-2015.
References provided on reverse side of poster handout.