

Cancer patients' pain can be helped by psychosocial interventions, say researchers

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Researchers at Moffitt Cancer Center, who teamed with colleagues at five universities around the United States, analyzed past studies of cancer-related pain reduction and found that psychosocial interventions can have a beneficial effect on cancer patients' pain severity. They also found that certain psychosocial interventions provide better pain management and are effective in reducing the degree to which pain related to cancer and its treatment interferes with patients' lives.

Their analysis was published in a recent online issue of the *Journal of Clinical [Oncology](#)*.

"Pain is one of the most common, burdensome and feared symptoms experienced by patients with cancer," said Paul B. Jacobsen, Ph.D., associate center director for Moffitt's Division of Population Science. "Our study looked at randomized, controlled studies of psychosocial interventions for pain published between 1966 and 2010 in which pain was measured as an outcome in adults with cancer, or in adults undergoing procedures to diagnose cancer."

According to the authors, cancer-related pain can arise for a variety of reasons, including direct tumor involvement, [metastasis](#) to bone or organs, treatment toxicity and [diagnostic procedures](#). Moderate to [severe pain](#) – suffered by up to one-third of [cancer patients](#) – often interferes with sleep, daily activities, enjoyment of life, and work and social interactions.

In their analysis of past pain intervention studies, the researchers investigated separately data on [pain severity](#) and data on how pain may interfere with daily life. While there is a significant body of literature devoted to study of cancer pain intervention, the authors note that not all studies they surveyed measured pain as a primary outcome. Moreover, pain was measured inconsistently across the studies.

When 37 past studies were analyzed to assess the effects of psychosocial interventions on patient pain, the researchers found that the most successful psychosocial, non-pharmacological pain interventions were either skill-based interventions or educational. Skill-based interventions focused on changes in the ways in which patients interpret pain, while educational approaches provided instruction on how to better use medications or helped patients more effectively communicate with clinicians about their unrelieved pain.

"Skill-based interventions focus on changing a patient's dysfunctional beliefs about pain and promote the use of skills – such as distraction and relaxation – to manage it," explained Jacobsen.

The authors noted that their findings on the value of psychosocial interventions are consistent with the recommendations of both the Institute of Medicine (IOM) and the American Pain Society. Both organizations recommend the use of psychosocial interventions as part of a "multimodal" approach to the treatment of cancer-related pain as well as the inclusion of experts in psychosocial care as members of the multidisciplinary care team.

The researchers concluded that psychosocial interventions worked equally well in reducing pain across patient demographic characteristics, such as sex and racial/ethnic subgroups. However, because the majority of the available patient data was on white females, the researchers recommend further study to determine if the same interventions could

better manage pain across different subgroups of patients with cancer and in different treatment settings – a strategy also suggested by the IOM.

"In short, we found that psychosocial interventions, including skills instruction and education can improve cancer [pain management](#)," concluded Jacobsen.

Provided by H. Lee Moffitt Cancer Center & Research Institute

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