

Nurse-led intervention helps carers' manage medication and cancer pain

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A study funded by Marie Curie and Dimbleby Cancer Care published today shows the potential benefits of a new nurse-led intervention in supporting carers to manage pain medication in people with terminal cancer.

Researchers from the University of Southampton, Cardiff University and University of Leeds have developed a nurse-led intervention to help carers with medication management, and evaluated its use in routine practice.

The Cancer Carers' Medicines Management (CCMM) intervention addresses carers' beliefs, knowledge and skills and promotes self-evaluation of competence. It centres on a structured conversational process between a [nurse](#) and carer.

It is the first time that a study has attempted to integrate an intervention developed using input from carers and nurses into routine palliative care.

The research showed that the CCMM intervention compared favourably with current practice as it offered a more systematic and comprehensive approach to supporting carer management of [pain](#) medicines.

Researchers noted that nurses particularly valued the toolkit resource - which included information about opioids and simple charts for documenting pain and medication, because they were of immediate practical value to carers.

The findings also identified some positive changes in medicines management, such as increased acceptance of the need for opiates, and behavioural changes, responding more readily to patients' request for pain relief and improved systems in place for giving and recording medicines.

Many people with advanced cancer experience persistent pain and are typically prescribed analgesics, including opioids. Carers often help patients to manage pain medicines, especially near the end of life, but often do not receive the support they need.

Professor Sue Latter, the lead researcher from the University of Southampton, said: "Despite the heavy burden placed on carers to help manage pain medication at home, there is a real lack of reliable research on effective methods of supporting carers with medicines management.

"Medication management requires knowledge and practical skill, and involves carers in monitoring and interpreting symptoms, as well as selecting, administering and evaluating the effectiveness of medicines. Often, carers will not have training for their role and will have preconceived views about pain and analgesics, particularly opioids."

Professor Jane Hopkinson from Cardiff University, and co-author, said: "Cancer Carers' Medicines Management made clinical sense to nurses, who recognised the challenges faced by carers managing analgesics at the end of life and saw potential benefits in improving education and support."

Most studies conclude that healthcare professionals need to provide carers with more information, training and continuing support.

Dee Sissons, Director of Nursing at Marie Curie, said: "The responsibility of taking on a caring role for someone who is terminally ill

can be immensely rewarding, but also daunting. Family carers play a critical role in supporting people with a terminal illness so they can be cared for and die at home when this is their wish.

This new study shows that nurses and carers can work together to better manage [pain medication](#) at home and enable carers to respond more readily to their loved ones request for [pain relief](#) with greater confidence."

The nurses who participated in the study also provided feedback on how to use the intervention more widely in palliative care nursing practice. Their suggestions included: involving patients with other terminal illnesses, including other 'end of life care' [medication](#) and introducing it earlier in the course of a patient's illness, which could increase benefits to carers.

The study results have informed further NIHR funded research on nurses supporting self-[management](#) of medicines at the end of life.

More information: *Palliative Medicine*, [journals.sagepub.com/doi/full/... 177/0269216317715197](https://journals.sagepub.com/doi/full/.../177/0269216317715197)

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