

# Pain: A Descriptive Study in Patients With Cancer

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Ninety percent of patients with advanced cancer are reported to experience pain at some time during the course of their illness. This pain usually is improperly evaluated because it varies by patient and is difficult to control. Pain often cannot be conceptualized because of the individual nature of patient experience; however, patterns of pain occur in those suffering from similar conditions. This secondary analysis was conducted to examine the characteristics of pain in individuals with advanced cancer. The sample consisted of 717 patients with cancer who were receiving hospice home care in the southeastern United States. An understanding of the total pain experience, including type of pain and pain location, is important for addressing pain in patients with cancer in hospice care. More effective strategies are needed for pain management in this patient population. In addition, steps need to be taken to ensure that hospice care is understood by and made available to minorities.

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**P**ain, “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage,” is experienced by everyone at some point (International Association for the Study of Pain, 1994, p. 2010). For patients with cancer, pain is a significant problem. Cancer pain is unique, multidimensional, unpredictable, and affects many aspects of a patient’s life (Brawley, Smith, & Kirch, 2009; Herr et al., 2010; Knudsen et al., 2009; Mehta & Chan, 2008).

In 2012, 13.7 million people had a history of cancer and 1,665,540 new cases are projected in 2014 (American Cancer Society, 2014). Of those with advanced disease, two-thirds have severe pain that is highly variable and thus difficult to control (Ngamkham, Holden, & Wilkie, 2011). Therefore, the frequency and severity of chronic pain in these individuals requires careful assessment using the concept of total pain, an individualized patient experience characterized by physical, psychological, social, emotional, and spiritual components (Mehta & Chan, 2008; Saunders, 1993). Despite its importance, pain measure-

ment does not occur regularly in clinical cancer practice (Herr et al., 2010; Hjermsstad, Fainsinger, & Kaasa, 2009), and pain is often undertreated (Levy, Chwistek, & Mehta, 2008; Owens, Simmons, Gibson, & Weeks, 2001; Strassels, Blough, Hazlet, Veenstra, & Sullivan, 2006). A lack of understanding about patients’ pain experiences and the terms they used to describe their pain may result in ineffective pain management (Mehta & Chan, 2008).

Studies have evaluated general pain assessment and management in patients with cancer receiving hospice care or pain in patients in hospice in general (Bisht, Bist, Dhasmana, & Saini, 2011; Marinangeli et al., 2004; Owens et al., 2001; Sanders et al., 2013; Strassels et al., 2006; Tang, 2010; Tse et al., 2012). A few have assessed the pain experience of patients with cancer in hospice; however, most involved a broad appraisal of the pain experience (Dobratz, 2001, 2009; Dumitrescu, van den Heuvel-Olaroiu, & van den Heuvel, 2007; McMillan & Small, 2002; Mercadante et al., 2012; Mystakidou et al., 2007). A thorough evaluation of symptomatology in patients with cancer in