

## POSTER ABSTRACTS

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### Cancer 02

#### Symptoms at 4-6 Months Before Death Among Men with Prostate Cancer

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**Background:** Pain, depression, and fatigue are common in cancer patients. The need for improved recognition and management of these symptoms was discussed in a 2002 NIH state-of-the-science conference. Protocols for the management of cancer pain have been developed, but variability across populations in the treatment of pain would suggest that these protocols are not uniformly implemented. Our objectives were 1) to describe the prevalence of pain, depression, fatigue, and other symptoms at 4-6 months before death, and 2) to determine whether use of opioids among prostate cancer patients varied across populations or by patient characteristics.

**Methods:** The study population consisted of enrollees of two managed care organizations who died of prostate cancer between 1990 and 2000 (n=441). We abstracted symptom information from the outpatient medical record. Information on use of opioid analgesics was collected from automated pharmacy and procedure data. We report the concurrence of pain, depression, and fatigue, as well as the prevalence of other common symptoms, by study site. We used logistic regression to assess variability in use of opioid analgesics by study site and patient characteristics.

**Results:** Pain was reported by 68% of men. Depression and fatigue were less common, and were reported by 11% and 27% of men, respectively. More than 80% of those reporting depression or fatigue also reported pain. Other signs or symptoms affecting more than 20% of men were weakness, constipation, nausea, weight loss, falls, and sweating. After adjusting for pain and bone scan results, opioid use varied significantly by study site, age, and comorbidity. Younger men and those with greater comorbidity were more likely to receive opioid analgesics.

**Conclusions:** Pain and other symptoms were common at 4-6 months before death, supporting the need for earlier admission to hospice or other palliative care programs. The lower use of opioid analgesics in older men suggests a need to educate healthcare providers about possible age bias in the assessment and management of pain.