

## Concurrent Session A1-1 Cancer

### **Pain Management at End of Life for Women Who Died of Ovarian Cancer**

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**Background:** Studies indicate many dying cancer patients are under-treated and may suffer significant and unnecessary pain. We examined pharmaceutical pain management for patients in the last six months of life who died of ovarian cancer.

**Methods:** Data were obtained retrospectively from three HMOs between 1995-2000. This analysis was part of a larger, retrospective, descriptive study examining factors associated with end-of-life care for women who died of ovarian cancer. Subjects were identified through cancer registries and administrative data. Pain documentation was obtained through record review and women were categorized as with and without pain. Out-patient pharmacy dispensings during the final six months of life were categorized according to the World Health Organization pain management ladder. Drugs were classified as mild, moderate or intense.

**Results:** Of the 421 subjects, only 64 (15%) had no mention of pain in their charts. Pain medication use shifted over the last 6 months of life, with medication intensity increasing as women approached death. At 5-6 months before death, 55% of women with pain were either on no pain medication or mild medication; only 9% were using the highest intensity regimen. At 3-4 months before death, 15% were on mild drugs and high 22% on the highest-intensity regimen. At 1-2 months before death, just over half (54%) of women with pain were on the highest-intensity medications drugs. A similar trend was seen for women without documented pain. Older women (70 or older) were less likely to be prescribed high-intensity medication than those under age 70 (44% versus 70%,  $p < 0.001$ ). No differences were found in the use of the highest-intensity drugs by race, marital status, year of diagnosis, stage of disease, or comorbidity.

**Conclusions:** Because it is possible to treat pain as patients approach death, it is essential that adequate assessment take place so suffering can be alleviated. Our findings, that only about half the women with documented pain were given a high intensity medication regimen, indicate that there may be a great deal of room for improvement in the care of ovarian cancer patients at the end of life.