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The use of narcotic analgesics in a comprehensive palliative care center

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Background and Aim: Throughout the world cancer pain is undertreated in less than 50% and 10% of patients in developed and in developing countries respectively. WHO strongly advocates pain relief for moderate and severe cancer pain, but also reports that 80% of cancer patients have no access to opiates. In this study we aim to evaluate the use of narcotic analgesics in Comprehensive Palliative Care Center.

Method: We did a retrospective chart review of the patients who were hospitalized in palliative care service between 29.07.2013- 01.01.2015 with regard to the patients' demographics, primary cancers and complaints, length of stay, types of discharge and the use of narcotic analgesics. Descriptive statistics are reported as mean±standart deviation and percentage. Student t-tests, Mann Whitney-U tests and Chi-square tests were used to compare groups. A p value <0.05 was considered as significant.

Results: Mean age of the patients (n:360) was 60.5 ± 11.4 (range: 34 -97). 51.4% of patients were woman and the most common primary origin of cancer was gastrointestinal tract. The average length of stay was 10 days. and the most frequent type of discharge was home (65.6%) The most frequent two complaints were feeding difficulties and pain (57.8%), respectively. Weak opioids (49.5%), strong opioids (2.0%) and weak+strong opioids combinations (42.8%) had been preferred for pain therapy. No significant differences were found to exist between the sexes regarding the average length of stay, opioid use and presentation with pain.

Conclusions: Cancer pain is still one of the most feared entities and a challenging and continuous task which necessitates the treatment with opioids in about 75% of the patients with severe pain. We suggest an improved yet rational access to opioids in palliative care services.

Key words: Palliative care, Cancer pain, WHO 3-step analgesic ladder, Family Physician, Opioid