

Breakthrough Cancer Pain (BTcP)

DEFINITION

A transient pain exacerbation that occurs spontaneously or is due to a predictable or unpredictable trigger, despite stable and adequately controlled background pain (Davies *et al.*, 2009)

DESCRIPTION

Prevalent and complex

Subtypes

- Incident/precipitated pain
- Spontaneous/idiopathic pain
- End-of-dose failure

Diverse in

- Etiology
- Pathophysiology
- Clinical features
- Experience between and for individuals



Often

- Frequent in occurrence
- Acute onset
- Short duration
- Moderate to severe intensity



PREMISES & PERSPECTIVES

Many nurses across settings and specialties (e.g., palliative, oncology, surgical, medicine, long term care, critical care) have important role in identification, assessment and management of BTcP

Requires complex clinical nursing judgment

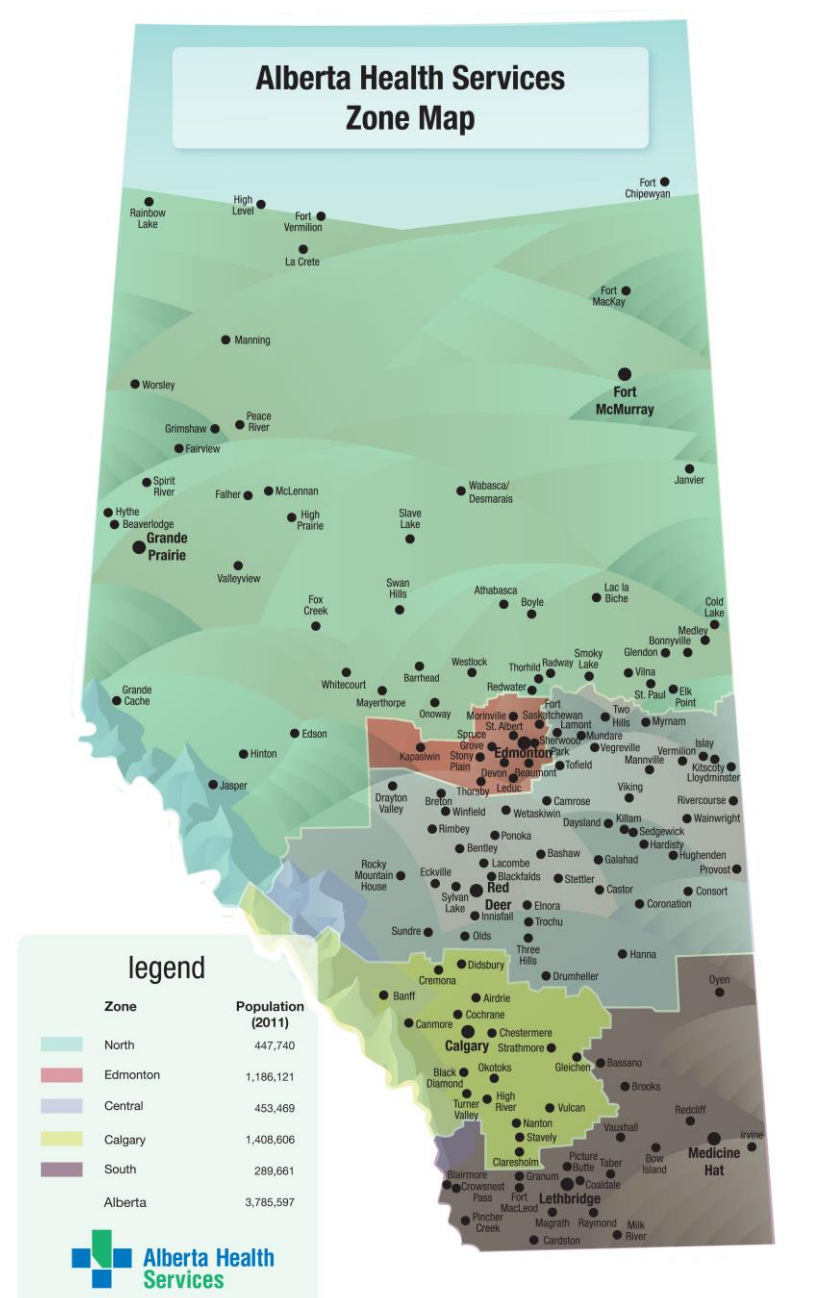
- Ongoing assessment, prevention, management, evaluation
- Pharmacological knowledge and management, including around the clock (ATC) and *prn* orders of breakthrough analgesic (BTA)
- Non-pharmacological management
- Important to include in orientation and ongoing education for nurses



Analgesic for Breakthrough Cancer Pain (BTA) Survey with Follow Up Teleconference: Findings

Twenty Registered Nurses Participated

- Five had 3 to 7 years of palliative care experience, fifteen had 7 or more years
- Currently in leadership or education positions in specialized palliative care settings/programs
- Across diverse sites in the Edmonton Zone: Acute Care/Cancer Care/Community Care Consult Teams (AHS), Home Living (AHS), Hospice (Covenant Health and Capital Care), Tertiary Palliative Care Unit (Covenant Health)



Consensus

- BTA (breakthrough analgesic) used for flare-up, incident or spontaneous breakthrough pain
- BTA considered for end-of-dose breakthrough pain
- BTA should be the same opioid as the around the clock analgesic
- 3 or more BTA in 24 hours may require review and increase of around the clock (ATC) analgesia
- BTA should not be withheld if ATC dose is due in one hour
- BTA dose is usually less than ATC dose
- Majority would not withhold BTA if ATC is due in 15 or 30 minutes; individual and contextual factors

Example of Survey Format

Understanding Nurses' Decision Making and Clinical Judgment When Administering Analgesia for Breakthrough Pain in the Palliative Population					
9. Rate the following factors you consider prior to administering BTA					
	Not important	Least important	Somewhat important	Important	Most important
Patient self-report of pain	0	0	0	0	0
Family/significant Other assessment when patient non-responsive	0	0	0	0	0
Family/Significant Other assessment when patient is responsive	0	0	0	0	0
Experience and knowledge of pain management	0	0	0	0	0
Personal experience with pain	0	0	0	0	0
Consideration of tolerance	0	0	0	0	0
Consideration of toxicity	0	0	0	0	0
Consideration of total pain syndrome	0	0	0	0	0
Consideration of addiction	0	0	0	0	0

Important Considerations Prior to Administering Breakthrough Analgesic

Important and most important factors:

- Patient self-report
- Family/significant other when patient is non-responsive
- Consideration of toxicity
- Consideration of total pain syndrome
- Nurses' experience and knowledge

Somewhat important and important factors:

- Family/significant other when patient is responsive
- Consideration of tolerance

Not important or least important factors:

- Nurses' personal experience with pain
- Consideration of potential addiction

Individual and Context Dependent; Knowledge and Complex Clinical Judgment

Scenario: Patient has BTcP 30 minutes prior to the ATC dose: 2/3 of survey participants would offer BTA and 1/3 would offer ATC dose. Teleconference discussion plus survey comment revealed individual assessment and nursing judgment required

Individual Patient and Contextual Factors Identified

- BTA: route, onset, duration, actual time of last dose
- BTcP: subtype, site, severity
- Individual: Total Pain Syndrome, non-pharmacological strategies, non-opioids

