

Can educational interventions by pharmacists help patients with pain from cancer? A systematic review and meta-analysis.

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Background

- Every year 163,000 patients die from cancer
- A third of cases experience associated pain (1,2,3)
- There is a need for medicines support for patients (4)
- Educational interventions by healthcare professionals can make positive differences (5)
- No systematic review into pharmacist contributions has ever been published.

Hypothesis

Educational interventions by pharmacists may improve pain for patients with cancer compared with standard care.



Methods

- 7 databases searched resulting in 989 records.
- 871 excluded after screening by title and 82 by abstract.
- 4 studies fulfilled inclusion criteria and were included.
- Quality assessed using the Cochrane tool for risk of bias.
- Meta-analysis carried out using Rev-Man.

Results

- 944 patients included
- Three studies in China and one in UK
- Mixture of Hospital and Community
- All pharmacist delivered counselling, one with dose adjustment, two providing written information
- Mixture of face-to-face and telephone delivery
- Ranging from 8 to 16 sessions delivered
- Follow-up between 8 days and 6 months



Methodological quality of studies

Powers 1983	+	-	-	+	?	-	
Wang 2013	+	?	-	?	?	+	?
Chen 2014	-	-	-	?	-	+	
Wang 2015	+	-	-	?	+	?	
	Random sequence generation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective reporting	Other bias



Outcome measures

Side effects

Pain Intensity

Attitude

Quality of life

BPI with movement

Opioid administration

Type of opioid

Financial difficulties

Nausea symptoms

Patient satisfaction

Pain symptoms

Pain interference

Constipation

Pain score

BPI in the last week

Changes in sleep

Knowledge

Appetite loss

Psychological problems

BPI current

Patient feedback Pa

Pain relief

Dyspnoea

BPI at rest

Fatigue

Diarrhoea

Dose titration



Effectiveness

Author and date	Main findings
Powers 1983	 Intervention group lower dosage of opioid Fewer side effects Increased patient satisfaction Pain reduced in both groups
Wang 2013	Pain interference scores improvedKnowledge and pain scores improved in both groups
Chen 2014	 Less frequent prescriptions Less side effects Improved quality of life
Wang 2015	Improved quality of lifeKnowledge increased in both groups



Meta-analysis

	Intervention			Control		Mean Difference			Mean Difference					
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	Year		IV, Ra	andom, 9	5% CI	
Powers 1983	-6.71	0.91	8	-5.47	1.18	8	0.4%	-1.24 [-2.27, -0.21]	1983					
Wang 2013	-1.7	0.28	123	-0.95	0.35	114	58.6%	-0.75 [-0.83, -0.67]	2013					
Wang 2015	-0.76	0.28	77	0	0.32	72	41.1%	-0.76 [-0.86, -0.66]	2015					
Total (95% CI)			208			194	100.0%	-0.76 [-0.82, -0.69]						
Heterogeneity: Tau 2 = 0.00; Chi 2 = 0.87, df = 2 (P = 0.65); I^2 = 0% Test for overall effect: Z = 23.87 (P < 0.00001)									ı	-10 Favour	-5 s Interven	0 tion Fav	5 ours cont	10 rol



Conclusions

- Educational interventions by pharmacist are shown to have a positive effect on pain intensity.
- We still do not know which different components of the interventions are effective
- Few studies of varying quality have been carried out.



Recommendations for future research

- Further high quality experimental studies are required
- Studies should be reported in enough detail to allow for replication
- Analysis of studies should focus on assessment of different components of interventions
- Outcome measures should be standardised and focus on pain



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