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Are the patients afraid of opioids? Pilot study of the patients with chronic cancer and non-malignant pain

Abstract

Background. Chronic pain is a major public health issue. Opioids have an important role in the management of chronic cancer and non-cancer pain. Unfortunately, beliefs and myths about opioids are a serious obstacle to using them in pain relief.

Material and methods. The study involved 28 patients who suffered from chronic cancer or non-cancer pain. The functional status was measured using Karnofsky Performance Scale and Edmonton Symptom Assessment System. Each patient was asked to complete a survey consisting of three parts, which determined patients medical characteristics, knowledge of analgesic drugs and the fears of using opioids.

Results. Our study showed that over half of the surveyed patients (53%) had doubts about starting the opioids treatment. They were afraid of taking morphine and the patients who used tramadol feared of changing it into morphine. The most common reason given by the patients was the fear of addiction and death, which were believed to be associated with using opioids. Other reasons included: the fear of side effects and/or unsatisfactory result of pain relief.

Conclusion. Our research suggests that patients are afraid of taking opioids, especially morphine. The results of this pilot study vote for the need of larger survey on patients' attitude to the treatment with opioids for pain management.

Key words: chronic pain, opioids, opiophobia

Introduction

Opioids for moderate to severe pain have been central to the management of cancer pain since publication of the World Health Organization (WHO) guidelines and three-step analgesic ladder [1]. They are also recognized as having an important role in the management of chronic non-malignant pain [2]. Despite the fact that the last few decades have seen a good scientific evidence for use of the opioids in pain management, there is a lot of fear of using these drugs. Beliefs and myths about opioids, particularly morphine, are rooted in their use and misuse throughout the history [3]. Opiophobia, defined as the irrational fear and prejudice of using opioids, can be a main cause of wrong pain management.

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The aim of this pilot study was to assess how the opioids are perceived by the patients with chronic pain, define their fear of using them and their knowledge of analgesic drugs.

We were also interested whether the family situation, education, sex and physical condition have any influence on perceiving opioids.

Material and methods

The study protocol was accepted by the Ethics Committee of the Nicolaus Copernicus University, Collegium Medicum Bydgoszcz in Poland. Before the trial each patient signed an informed consent. The study involved patients from palliative care units or provided with hospice home care who suffered from chronic cancer or non-malignant pain. Their functional status was measured using Karnofsky Performance Scale (0–100) and multiple symptoms were evaluated according to The Edmonton Symptom Assessment System (ESAS) [4, 5]. Each patient was asked to complete a survey consisting of three parts (Figure 1). The surveys were carried out by the authors of the study during home visits or while staying in palliative units. The first part contained the general information to define the patients medical characteristics. The second part measured the level of patients' knowledge of the analgesics and their habits of using them. The third part was to determine the fear of using opioids.

Results

The study involved 28 patients. Their demographic and clinical data are presented in the Table 1. The multiple symptoms evaluation by ESAS is shown in the Table 2.

I. PART

Including general information about a patient (name, date of birth, sex, address, telephone number, family situation, education) and medical characteristics (diagnosis, medications)

II. PART

The patients were asked questions:

1. What, in your opinion, is the strongest analgesic drug?
2. What side effects can paracetamol cause if taken in bigger doses than suggested in the information leaflet or by the doctor ?
   A) There are no side effects
   B) Side effects are not dangerous
   C) Side effects are harmful
   D) I don't know
3. Do you always read the attached information about drugs before taking them or ask your doctor about it?
   Yes ☐ No ☐
4. Where do you get the information about medication from?
   A) A doctor or a pharmacist
   B) I read the information leaflet
   C) Other (eg. literature, internet): ……

III. PART

Are you afraid of taking opioids? (we chose the one(s) currently used by a patient)

Yes ☐ No ☐

If the answer was positive, they were asked to define their fears.

Additional question for patients using tramadol

The patients using tramadol were asked whether they would be afraid of changing it into a stronger opioid (morphine/ fentanyl/ methadone/ buprenorphine).

Would you be afraid of changing tramadol into morphine/ fentanyl/ methadone/ buprenorphine

Yes ☐ No ☐

If the answer was positive, they were asked to define their fears.

Figure 1. The questionnaire used in the study

Table 1. Patients medical characteristics

Variable	
Total number od patients	28
Gender	
Male	15
Female	13
Age (average)	65.0 ± 11.01
Clinical diagnosis	
Cancer type	
Lung	7
Prostate	3
Colon	3
Stomach	2
Uterine	2
Larynx	2
Unknown primary	2
Pharynx	1
Adrenal	1
Ovarian	1
Hodgkin's disease	1
Breast	1
Melanoma	1
Non-malignant disease	
Syringomyelia	1
Medication	
Morphine	12
Morphine + fentanyl	5
Tramadol	9
Morphine + buprenorphine	1
Buprenorphine	1
Karnofsky Performance Scale (median ± 95%CI)	50 ± 43.3–58.1

In the patients' opinion the strongest analgesic was tramadol (21%) but 25% of them could not answer this question. Other often listed drugs included: morphine (20%), ketoprofen (17%), diclofenac (6%), paracetamol (6%), ibuprofen (3%). None of the patients listed transdermal opioids (fentanyl, buprenorphine) as the strong analgesics.

The answers to the second question showed that 51% of the patients didn't know whether paracetamol causes any side effects or not. 21% claimed it did and assessed as dangerous and potentially harmful medication. 14% said that paracetamol caused side effects but posed no threat to health. 14% stated there were no side effects at all.

Almost all patients (93%) said they read the information leaflet about drugs. When asked about their source of information, 36% named a doctor or a pharmacist, 36% information leaflet and 28% said both.

Over half of the surveyed patients (53%) had doubts about starting the opioids treatment. They were afraid of taking morphine (50%) and the patients who used tramadol feared of changing it into morphine (62%)). The most common reason given by the patients was the fear of addiction. "Morphine is addictive. I'll become an addict" claimed 48% of the patients. The fear of death was the second most common. 40% of the patients believed that morphine signified "the end" , meant they were going to die soon and was used to shorten life. Other reasons included: the fear of side effects ("Morphine causes lots of side effects.") (4%), the fear of unsatisfactory result ("What if it is not going to help?")(4%) and indefinite fear ("I'm afraid but I don't know why.")(4%).

Discussion

The patients included in our study were in relatively good physical condition (as Karnofsky Performance Scale shows) with good control of symptoms (ESAS). Unfortunately too low number of surveyed patients made it impossible to assess the relation between the performance status or the intensity of

Table 2. Multiple symptom evaluation by The Ed-monton Symptom Assessment System (ESAS)

Measured parameter	Average	Median	Minimum	Maximum
Pain	2,36	1,5	0	8
Tiredness	4,36	5	0	9
Nausea	1,64	0	0	10
Depression	3,36	3	0	10
Anxiety	2,86	0,5	0	10
Drowsiness	4,32	5	0	10
Appetite	5,39	5,5	0	10
Wellbeing	4,64	5	0	10
Shortness of breath	1,18	0	0	10

symptoms and the existence of doubts connected with opioids management. It was also difficult to say whether family situation, education or sex are of any influence on perceiving opioids. This is a pilot study and it will be continued among a greater number of patients what will enable us to determine those relations.

The study showed that over half of the patients (53%) had doubts about taking opioids. They are afraid of using morphine (50%) and changing tramadol into morphine (62%). Surprisingly, the patients were not afraid of transdermal analgesics because the patches were not recognized by them as the strong opioid preparations. Therefore we can assume that the word "morphine", and not the intensity of analgesic action of certain opioids, appears to be the reason for patients' fear.

The patients were mostly afraid of getting addicted (48%). Therefore it may be challenging for doctors to create a good way of communicating with patients. It is crucial that patients are informed that opioids used for pain relief in adequate doses and timing do not lead to addiction. The results of this pilot study show that morphine is often recognized as associated with imminent death (40%). Therefore, it is mandatory to make the patients understand that morphine administration is used for pain relief, but not to shorten life. Informing patients about the possibility of controlling side effects is equally important.

The study investigated the level of patients' knowledge of analgesics. Interestingly, 32% of patients pointed out the non-opioids as the strongest drugs for pain relief (26% non-steroidal anti-inflammatory drugs, 6% paracetamol). Only 20% of patients indicated morphine. At the same time half of the surveyed were afraid of morphine. However, they did not fear of morphine as a strong analgesic because they did not usually associate it with a kind of analgesic medicine at all. They perceive it as an addictive substance shortening life. What is more, none of the patients listed transdermal opioids (fentanyl, buprenorphine) as the strong analgesics. It may be related to the way of administering these drugs.

The research proved that the patients' awareness of analgesics is not sufficient.

The lack of knowledge of analgesic action and even more often the incorrect information about some analgesic drugs are the barriers to adequate pain management. Other factors being obstacles to successful pain control are professionals' not sufficient knowledge of pain treatment and the influence of national regulations [6, 7]. The International Narcotics Control Board (INCB) [8] lists the negative perception about opioids among medical professionals as one of the reasons for their inadequate use. That is why we would also like to make a survey among them as a part of our future study.

Conclusion

This pilot study enabled us to make initial estimations concerning patients' fear of opioids treatment. Our research suggests that patients were afraid of taking opioids, especially morphine. The results of this pilot study indicate that it ought to be continued in a bigger group of patients.

Thus it will be possible to determine the relation between the performance status or the intensity of symptoms, family situation, education or sex and the existence of doubts connected with opioids management.

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