行政院國家科學委員會專題研究計畫　期中進度報告

運用心理與生理疼痛處理措施對於改善癌症病人疼痛經驗之探討-立即、短期與中程效應之評估(1/3)

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Psychological and Physical Interventions for Improving Cancer Patients' Pain Experiences: Evaluation of Immediate-, Short- Term and Medium Effects

Background:
Non-pharmacological interventions have been suggested for cancer pain treatment as adjuvant interventions to pharmacological treatment. However, very few studies have evaluated the effects of these interventions, including psychological and physical interventions, on patients' experience of cancer pain.

Objectives:
The primary purpose of this study is to examine and compare the impact of pain education, relaxation training, and upper-back stretching exercises on pain-related experiences of Taiwanese cancer patients with pain over a two-week period. The three-year study include two phases.

Methods:
The first phase, which includes the first 8 months of this three-year study, aims to (1) translate and validate two of the instruments, which include a pain self-efficacy scale, and a catastrophizing thought scale in cancer patients with pain and (2) develop and preliminarily test the feasibility of the research protocols. The aim of Phase II is to compare the effects (immediate, short, and medium effects) across different pain interventions on cancer patients' pain experience.

Results I:
For the phase I study, a total of 100 subjects have been recruited during first phase for instruments validation testing. The permission to translate and use the Coping Strategies Questionnaire – Catastrophizing Subscale and Loring Arthritis Self-Efficacy Scale- Pain self-efficacy subscale were received from the original instrument developers. The two scales were applied to cancer patients with pain and found they were feasible to be used reported by these subjects. Pain intensity, control beliefs scale from CSQ – control items, Anxiety numerical rating scale, and symptom distress scale were also used to test the construct validity of the above

mentioned two scales. The results showed satisfactory psychometrics for both scales.

Results II:

For the phase II study, we consulted physical therapists and pain specialists, and experienced cancer nurses to develop a 10 minute, self-directed upper back stretching exercise. We also trained two research assistants for the interventions. Cross-validation of the two assistants were developed to make sure the accurate implementation of the interventions. Pilot testing of the interventions has been conducted during past three months. For hospitalized cancer patients, we found a very limited days for hospital staying. Patients are unlikely to stay in hospital more than 4 to 5 days. We therefore modified our original intervention planning (giving 5 days pain intervention) to become the 3-day interventions. The telephone follow up was conducted to make sure patients practice the pain interventions assigned.

In the pilot testing of the interventions, we have recruited 5 subjects in education + exercise group, 4 in education + relaxation group, 4 in education group, and 4 in control group. Because the limited number of subjects, we are not able to do the further statistical analysis. However, impression of the interventions seem good from patients' feedbacks. In particular, patients in exercise group reported to have better sleep than patients in other groups.

Conclusions:

Because no available research has simultaneously examined the effects of psychological and physical interventions on cancer pain, results of the current research will provide new and important data about the effectiveness of non-pharmacological pain interventions on clinical management of pain in cancer patients. The tentative pilot testing results support that the physical and psychological pain interventions are feasible. We expect to receive more subjects and to provide a more scientific evidences for understanding the effects of non-pharmacological pain intervention on cancer pain experiences.