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Prevalence of Opioid-related Adverse Events in Cancer Pain: Analysis of Discrepancy between Investigator- and Patient-reported Prevalence

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Introduction: Although opioid therapy has been the mainstay of treatment for cancer pain, the prevalence of opioid-related adverse events (AEs) has not been reported in Korea.

Objectives: The study aimed to investigate the prevalence of opioid-related AEs amongst cancer pain patients and compare the difference in AEs reported by investigators and patients.

Methods: A cross-sectional analysis of patients' charts and questionnaires from 30 teaching hospitals was performed. Clinical characteristics and prevalence for AEs were assessed.

Results: Of the 2,395 patients recruited, the most common opioid-related AEs as reported by investigators were constipation (29.7%), dry mouth (17.2%), and somnolence (14.7%). Patients, however, reported common AEs as dry mouth (61.1%), asthenia (52.2%), somnolence (49.4%) and constipation (49.2%). In addition to the difference in prevalence rates, results indicated a wide discrepancy in reporting of AEs between patients and investigators. Rates of patient-reported AEs which were not reported at all by investigators were as follows: dry mouth 1,054 (44%), asthenia 1,040 (43%), somnolence 831 (35%), and constipation 489 (20.4%). On the contrary, the differences in rates of AEs reported by investigators and not reported by patients were extremely small.

Conclusions: The study demonstrates the magnitude of discrepancy in reporting opioid-related adverse events between physicians and patients which highlights the importance of patient-reported outcomes. There is a need for improved assessment of patients' AEs, not only to actively manage AEs, but also to improve patients' pain and quality of life pertinent to cancer pain.

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Efficacy and Safety of Methadone as a Second-line Opioid for Cancer Pain

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Aims: To evaluate the efficacy & safety of methadone (MTD) as a second-line opioid in advanced cancer patients (pts) 14 and 28 days after rotation.

Material and methods: Prospective efficacy & safety study at days 3,7,9,14,21 & 28 after MTD rotation. The Brief Pain Inventory (BPI) was used to assess pain & CTCAE v3.0 for toxicity. Categorical data were compared using Pearson's χ^2 & Fisher's exact test. Means of continuous variables were compared using Student's t-test (normal distributions), and Mann-Whitney and Kruskal-Wallis test (non-normal distributions).

Results: A total of 145 pts (67% men) were included after informed consent was obtained. Mean age was 59. M1 was 79%, mean PPS 70%, and PaP score "A" 75%. ECS-CP pain poor prognosis criteria was 87%. Pre-rotation opioids were: Fentanyl (56%); morphine (19%); oxycodone (15%); Buprenorphine (8%), and other (2%). Rotation opioid ratio was DDEMO (mg) 194.4: MTD, 24.2 (8:1). Pts in follow up, by day: day 3 (94%); 7 (79%); 9 (68%); 14 (59%); 21 (45%); and 28 (38%).

Mean differences from day 0 to 14 (86 pts) were: average pain (5.6 vs 3.0; $P < 0.0001$); worst pain (8.3 vs 5.0 ($P < 0.0001$); no. of rescue doses (4.3 vs 1.7; $P < 0.0001$); side effects (0.29 vs 0.30; $P = 0.91$). MTD PO mg/d (24.2 vs 27.1; $P = 0.01$).

Mean differences from day 0 to 28 (55 pts) were: average pain (5.6 vs 2.3; $P < 0.0001$); worst pain (8.2 vs 4.0; $P < 0.0001$); no. rescue doses (3.8 vs 1.2; $P < 0.0001$); pain interference (6.6 vs 2.5; $P < 0.0001$); side effects (0.28 vs 0.28; $P = 0.86$). MTD PO mg/d (24.5 vs 26.4; $P = 0.206$). Missing pts were due to clinical deterioration/death (49%), analgesic procedures (25%), lost follow up (13%), voluntary withdrawal (9%), and other (3%).

Conclusions: In a sample of advanced cancer pts with poor pain prognosis, the use of MTD as a 2nd line opioid resulted in a rapid, safe, and sustained analgesia. The high rate of missing pts is attributable to the expected disease course, with $< 10\%$ due to voluntary abandonment.

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Barriers to Accessing Opioid Medicines: An Analysis of Legislation of 11 Eastern European Countries

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