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Perception of pain treatment with opioids among patients with cancer from a rural area in Romania – A qualitative study

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Abstract

Objectives: Physical pain is one of the most complex pathologic items found on patients with cancer. This study proposed to identify the causes of reluctance to opioid medication in a certain group of patients diagnosed with cancer.

Materials and methods: A qualitative study, based on semi-structured interviews, was conducted on 10 patients diagnosed with cancer, from the rural area in Bihor county, Romania.

Outcomes: Issues related to patients' medical education, patients' perceptions of opioid analgesics, collaboration with medical staff and the influence of others on those who require this type of medical treatment were identified. All patients enrolled in this study had access to the necessary opioid medication

Conclusions: Education, perceptions and contact with healthcare providers influence the way how the patients in this study follow the analgesic treatment. All the patients included in this study, regardless of their opinion on opioid analgesics, have continued this treatment.

Keywords: patients with cancer, pain, opioid analgesics, reluctance.

Rezumat

Obiective: Durerea fizică este unul din cele mai complexe elemente patologice întâlnite la pacienții diagnosticați cu cancer. Studiul de față și-a propus identificarea cauzelor reticenței la medicația opioidă, în rândul unor pacienți diagnosticați cu afecțiuni oncologice.

Material și metodă: A fost realizat un studiu calitativ, bazat pe interviuri semistructurate, în care au fost înrolați 10 pacienți diagnosticați cu cancer, din mediul rural din Județul Bihor, România.

Rezultate: În rândul participanților la studiu, au fost identificate probleme legate de educația medicală a pacienților, de percepția pe care o au acești pacienți despre analgezicele opioide, de colaborarea cu personalul medical, de influența pe care o au cei din jur asupra utilizatorilor acestor tratamente. Toți pacienții înscriși în acest studiu au avut acces la medicația opioidă necesară.

Concluzii: Educația, percepțiile cu privire la medicația opioidă și contactul cu profesioniștii din domeniul medical influențează modul în care, pacienții intervievați în acest studiu, urmează tratamentul analgezic. Toți pacienții incluși în studiu, indiferent de opinia pe care o au despre analgezicele opioide, au continuat tratamentul.

Cuvinte cheie: pacienți diagnosticați cu cancer, durere, analgezice opioide, reticență.

Introduction

Physical pain is present in most patients with cancer and can influence beyond the physical domain, creating emotional, social and spiritual distress (1)(2). Pain is the most disturbing symptom for most of the patients diagnosed with cancer (3) and is one of the most complex elements found in these patients (4).

Although there is a wide range of options for treating pain – and of this range opioid analgesics are effective if prescribed at the correct indication and dosage, sometimes a number of factors can lead to ineffective pain management (4)(5). Sometimes there may be reluctance to follow pain treatment, with drastic effects on the patient's quality of life.

Current state of the problem. A brief literature review was conducted using PubMed database and Google Scholar search engine.

Findings suggest that there was a great interest in the subject throughout history, with the first mention of opioids in the Mesopotamian civilisation around 3400 BC. Since then, the use of opioids extended towards the Middle East and Europe (6). In 1803, Friedrich Serturmer extracted morphine from opium and the use of this medication for medical purposes (pain relief) also came with an increase in recreational opioid use, leading to abuse and addiction (6). German scientist Eduard Levinstein first described morphine addiction (3). Since the 20th century, medical research brought a deeper understanding on opioid pharmacology and changed the way

opioids are used for pain treatment. The need was to develop opioids that came with as few side effects as possible (7). In the last decades of the 20th century, a change of paradigm appeared that led to an increase of opioid use for chronic pain management, but associated to this phenomenon, came an increase in opioid abuse (8).

Nowadays, there is vast information of opioid analgesics, including opinions for and against opioid usage for pain. Some of this information is scientifically proven and some is not.

All this information, intensely used by the mass-media and social media (9), creates pressure on patients diagnosed with cancer, fragile patients who have to cope to this avalanche of information while living with their disease and trying to control its symptoms. In consequence, barriers in pain management can appear.

Barriers to pain management, as identified in the literature review, can be divided into several categories.

Table 1 - Barriers relating pain management for patients with cancer

Patient and entourage-related barriers in pain management (10)(11)(12)	Level of education Personal beliefs and fears, including fear of addiction and side effects Entourage influence
Medical staff-related barriers (2)(4)	Insufficient training Personal beliefs and fears Need for treatment monitoring Communication with patients and families
Society's attitude - fears about pain management	Creating a negative image about opioids Opioid stigma
System and legislative barriers (13)	Restricting access to opioids Insufficient informations about patients rights

Objective of the research. This research aimed to identify the causes of reluctance to opioids among certain patients with cancer. The study aimed to investigate a phenomenon that can significantly impact patients with cancer and their families, respecting the way these individuals perceive this phenomenon (14).

The objectives of this study were to highlight how different patient-related factors influence patients' perceptions of opioid analgesic treatment. This study also tried to analyse how contact with the surrounding world influences the participants' perception on using opioid medication.

This study aimed to respond to the following research questions:

- What are the factors that determine reluctance in using opioid analgesics among patients with cancer living in the rural area?
- To what extent does the environment in which these patients live influence their perception of opioid medication?

Material and methods

This study was constructed on qualitative methods and used semi-structured interviews to obtain information from participants. Patients enrolled in this study were patients with cancer living in rural area and signed an informed consent in

order to participate in this research. Inclusion criteria were: adult patients, patients diagnosed with an oncologic disease in an advanced stage, patients using opioid analgesic treatment, patients without mental health conditions that would prevent them from consenting, patients that are aware of their diagnosis.

The interviews were recorded, the recordings were transcribed and the data were analyzed using the concepts of thematic analysis (15).

For this study, 10 patients were selected from the rural area of Bihor county, Romania. Patients were coded P1 to P10. Patients came from different social backgrounds. The demographic data of the participants in this study are presented in table 2.

Table 2 - Demographic data of interview participants

Number of patients interviewed	10
Gender	
Male	3
Female	7
Age	
41-50 years old	1
51-60 years old	6
61-70 years old	3
Level of education	
Lower secondary education	2
Upper secondary education	8
Post-secondary education	0

Outcomes

All patients were followed up by an oncologist: P1, P2, P3, P5, P7, P8 and P10 received indication for opioid treatment from their oncologist and P4, P6 and P9 received indications to follow opioid treatment from the palliative home care team. All patients had a support network around them.

Analysis of the data collected from the interviews revealed patterns in the answers that were provided by the participants. These patterns were grouped into themes and the themes were grouped around a few categories that corresponded to the research questions. The correspondence between categories, themes and research questions is shown in Tables 3 and 4 together with relevant quotes provided by participants.

Table 3 - The correspondence between categories, themes and research Question 1

Research question 1: What are the factors that determine reluctance in using opioid analgesics among patients with cancer living in the rural area?		
Categories	Themes	Patients' quotes
Ability to manage treatment	Ability to administer the treatment	P7: „I take Morphine and another type ... I don't know its name. I don't know the dosage ...”.
	Knowing the name of the medication used	P3: „Fenitazol patches. I take it since Easter”. P4: „Someone told me Morphine is very good, especially the patches.”
	Adherence to treatment	P1: „I stopped it for a while, a few months ago, when I didn't have pain.” P2: „The patch (n. r. – Fentanyl) ... the wife wanted me to take 200 but I didn't cope with that, I cut pieces from the patch ...” P5: „Tramadol 100 mg. Every six hours ... well, I take the treatment like this since last month; before, I was taking medication only 2-3 days at a time and with interruptions.”
Participants' knowledge of opioid side-effects	Knowing the side-effects of opioid medication	P5: „The effects are that the disease is more advanced ...”. P 6: „... all pills on one hand help, on the other hand they break you.” P7: „Well Morphine could ... God forbid ... twist something inside ... attack my memory ...”.
	Side-effects experienced during treatment with opioids	P1: „I don't feel well because of the treatment, I shiver ...” P 5: „... It is possible that constipation comes from the medication.” P7: „Sometimes I feel well from the medication, sometimes not ...”
Managing long-term treatment	Concerns about the treatment with opioid analgesics	P1: „Well, they might be good but ... it's Morphine and ... it's not that healthy ...” P4: „I heard that Morphine kills faster.” P7: „I heard that it's not good for somebody to take Morphine too long ...”
	Continuing the treatment with opioids on a long term	P7: „... as long as it is helpful and nothing happens to me after the treatment.” P8: „What can I do, if I want to live a little longer ...” P9: „If it helps, what can I say? I continue taking the medication.”

Table 4 - The correspondence between categories, themes and research Question 2

Research question 2: On what extent the environment where these patients live influences their perception on opioid medication?		
Categories	Themes	Patients' quotes
How the participants understand the treatment with opioids	Getting informed about the treatment with opioids	P3: "I asked other people, the children searched but I, personally, did not search." P6: „No, I never heard about the treatment apart from what the home care team told me.” P10: „My son asked ... I didn't talk to the oncologist.”
	Collaboration with the doctor who prescribed the treatment	P2: „... She gave me no information about the treatment with Fentanyl.” P4: „You (n. r. – the home care team) prescribed from the start. The oncologist never gave me any pills ...” P9: „I haven't spoken with the oncologist about this treatment.”
How do the patients position themselves in the picture	Participant's general perception about opioids	P2: „I am very pleased ...because it didn't let me be in horrible pain.” P8: „If it helps me, then ok ... My opinion on the treatment is good.” P9: „I don't know, I didn't use them all. My opinion on the drug I use is good.”
	What do participants think about people who use opioids?	P2: „Those who only see and don't go through the disease can keep their opinions to themselves. When it hurts you don't know how to react.” P6: „Everyone to his own opinion. If someone can handle the pain, then they should do that. Everybody has opinions.”
	Personal perception as an opioid medication consumer	P4: „... maybe if they gave me (n. r. - opioids) from the beginning, I wouldn't have been like this.” P6: „I see myself differently: I see it doesn't hurt, I can move better, I can work more ...”
Suggestions for improving the situation	Suggestions for improving the current situation from the point of view of opioid users	P6: „Normally, the oncologist should talk, I don't know the disease.”

The first thing noticed, after the data analysis, was the lack of information provided by the participants. The duration of the interviews was shorter than expected at the beginning of the research: the interviews lasted between 8 and 12 minutes, compared to the 20 minutes planned for each interview. Issues identified were related to the participants' medical education, to the collaboration between patients and medical staff and the influence the surrounding environment has on the participants. Brief information about the main findings will be presented below, although quotes given by the participants were shown in tables 3 and 4, some quotes that help support the discussions will also be provided below.

Discussions

Ability to manage treatment was unsatisfactory for some participants. One participant (P7) reported that she did not know the name of one of the pills she was supposed to take or

the dose. She said she used the size and colour of the pills to help her take the treatment. The patient also stated that neither she nor her carers could read.

P7: „I take Morphine and another type of painkiller, I don't know its name. I don't know the dosage ...”.

Other patients make confusions in the name of opioids and assign the name „Morphine” – together with its reputation – to all opioids:

P1 (takes medication with Fentanyl): „...well, they are all good but ... don't know how to say ... it's Morphine and ...”

Another patient (P3), as shown in Table 3, did not know the correct name of the medication used.

Adherence to the treatment was inconsistent in some patients, who interrupted the treatment or modified the dosage without consulting the medical staff, as shown in Table 3. By doing so, these patients exposed themselves either to incomplete pain control or (as in participant P2) to the risk of side effects and

could create (for themselves or other) an incorrect opinion about the effects of opioid medication.

P2: „*The patch (n. r. – Fentanyl), now I take 175 ... the wife wanted me to take 200 but I didn't cope with that, I cut pieces from the patch and it was better like this.*”

Informations known about the side effects of opioid medication. Seven out of the ten participants were not able to indicate what are the side effects of opioids and the ones who answered the questions gave vague, imprecise answers:

P7: „*Well Morphine could ... God forbid ... twist something inside... attack my memory...*”

The participants also assigned all symptoms they experienced to the opioid treatment and were unable to make the difference between symptoms related to the evolution of the disease and side-effects - this is shown in Table 3.

Not being able to indicate the side-effects of opioids is an indicator of the poor knowledge these patients had about the medication they were taking. On the other hand, putting all possible symptoms these patients experienced on opioid medication can lead to an incorrect picture about this medication and can create fear about opioids.

Managing a long-term treatment. Participants P2, P3, P8 and P9 had no concerns about the treatment with opioids. The other participants gave vague responses. Besides the answers shown in Table 3, some additional quotes may be useful to show the concerns the participants had on opioid medication:

P5: „*On the long term, maybe I would be a little ... it might make me think that the disease is more advanced.*”

P7: „*I heard that it's not good for somebody to take Morphine too long ... I heard that if you take it for too long it does something to you.*”

These quotes show that the reputation of opioids can influence the opinion of patients with cancer who use this medication.

All participants would continue the treatment for a long time if they had to, regardless of their fears. P2, P4 and P10 declared that they would follow the treatment without any objection while the rest of the interviewed patients responded that they would continue the treatment as long as it is helpful in alleviating their pain and does not harm them.

Additional informations provided by the participants show that continuing the treatment for a long period of time can be, for some patients, a sign of an advanced disease:

P5: „*On the long run ... maybe it would make me wonder why do I need so much treatment.*”

How the participants understand the treatment with opioids. Half of the participants (P2, P4, P6, P8 and P9) did not receive their initial informations about opioid medication from their oncologists but from other sources, as shown in their quotes in Table 4. This can create a weak communication between the physician and the patient, which can lead to poor symptoms control.

Only P1, P3 and P8 searched for information on the Internet. Only P5 declared reading the medication prospect. This can indicate a poor interest these patients had for knowing more information about opioid medication than they were provided with, which puts these patients at risk for poor symptom control.

Collaboration with the physician who prescribed the medication was, according to seven participants (except P5, P9 and P10), poor. Nonetheless, it would be unfair to draw conclusions from the quotes below without asking additional information from the oncologists following these patients:

P2: „*She prescribed what I asked, not that she wanted to do me any good ... She gave me no indication but to follow chemotherapy ... She resented me for not following chemotherapy ... She gave me no information about the treatment with Fentanyl.*”

The participants also describe a poor collaboration with the family doctor:

P2: „*I spoke too little with my family doctor, he is always busy but he is a very nice man ... if I had a doctor like him as an oncologist, maybe the disease would have evolved differently.*”

How do the patients position themselves in the picture. Despite all of the above, nine out of ten participants (with the exception of P1) said they were satisfied with the treatment:

P2: „*I am very pleased with the treatment, because it didn't let me be in horrible pain.*”

P8: „*If it helps me, then ok. If there were something else to help ... in other treatments, such as mushrooms, I don't trust. My opinion on the treatment is good.*”

Only two of the patients talked about the opinions people have about opioid users – and their opinions were strong, as shown in Table 4. Respondents P2 and P6, although they seem to be bothered by some of the opinions people around them have about opioids, do not let those opinions discourage them from continuing this treatment.

Participants P4, P6 and P7 declared that opioid treatment changed the way they perceive themselves as patients:

P4 declared that an analgesic treatment started earlier might have influenced her disease: „*... maybe if they gave me (n. r. - opioids) from the beginning, I wouldn't have been like this.*”

P6 sees an improvement in her condition: „*I see myself differently: I see it doesn't hurt, I can move better, I can work more ...*”

P7 described herself as more dependent and more week while taking opioids.

Suggestions for improvement. Only two participants were able to respond to this request: P2 stated that he had no more expectations from the oncologist and P6 wanted more communication and empathy from the oncologist. The fact that eight out of ten patients interviewed could not offer suggestions on improving pain treatment for patients with cancer, may either be an indicator of lack of interest on behalf of these patients or a sign of misunderstanding of the question asked. In any case, not being able to provide answers at this point in the interview shows that there is a need for better feedback from cancer patients on what can be done to improve pain treatment.

Conclusions

The results of this study were partly similar to results found in other studies investigating opioid treatment issues for patients with cancer. It was found that patients included in this study had little to say about opioid pain treatment, possibly because of their limited research on this medication.

All patients enrolled in this study were able to access the necessary opioid treatment.

Medical education, perceptions (influenced by what they search or what they hear from their entourage) and the contact with medical staff influence how patients in this study perceive and follow analgesic treatment.

All patients included in this study, regardless of their opinion on opioid analgesics, continued their treatment, which shows that the fear of suffering is the main factor that drives them to follow opioid treatment, despite any fears and opinions these patients had about opioids.

Limitations of this study included the small volume of data that was obtained, the small sample of patients and the fact that the role that religious beliefs play in the approach to opioid pain treatment was not investigated.

Opportunities for future research include: studying a larger sample of patients, looking at differences in perceptions of opioids between patients in urban and rural areas, studies investigating the collaboration between patient and healthcare professionals by approaching both parties.

More studies on opioid reluctance in patients with cancer may lead to better education of these patients. Better education may lead to lower levels of opioid reluctance, and this may lead to improved quality of life for patients with cancer.

Conflicts of interest

The authors of this study have no conflicts of interest to disclose.

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