THE INFLUENCE OF CANCER PAIN BELIEFS ON TAIWANESE CANCER PATIENTS’ MEDICINE BEHAVIOURS

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INTRODUCTION / AIM
Evidence shows that patients’ cancer pain-related beliefs may be contributing to their medicine behaviour. Little research examined this in Taiwanese cancer patients at home. The Aim of this study was to examine the contribution of cancer pain and medication beliefs on use of analgesics of Taiwanese cancer outpatients.

METHODS
In a cross-sectional, descriptive study, adult cancer outpatients completed: a) Chinese version of Illness Perception Questionnaire (IPQ-CaCP), b) Beliefs Medicines Questionnaire (BMQ), c) Medication Adherence Report Scales (MARS-5), and d) Taiwanese version of Brief Pain Inventory-Short Form (BPI-T) of pain intensity subscale. Hierarchical linear regression was used to determine the independent contribution of these beliefs and cancer pain intensity on patient’s use of analgesics. The Sobel test was used to examine the mediated effect of beliefs about analgesics between cancer pain beliefs and medicine behaviours.

RESULTS
One hundred and fifty-one patients completed this survey. The majority of participants were older than 60 years (62%), with an equal number of females 51% and males 49%. They had experienced persistent cancer pain on average for 7 months (range from 0.5 to 48 months). Slightly more than half (55%) received the prescribed weak/strong opioid analgesics. Hierarchical linear regression identified that significant contributors to sub-optimal use of analgesics - stop taking analgesics were better physical performance, more treatment control beliefs, less necessity beliefs about analgesics, and more concern beliefs about analgesics (β= -0.23, -0.29, 0.31, -0.36, respectively, R2=0.45, F=4.49, p<0.001). Concern beliefs about analgesics were significant mediators to endorse the influence of cancer pain beliefs (consequence beliefs, illness coherence, and emotional representation to cancer pain) to patients’ sub-optimal use of analgesics (z=-3.3, 2.93, -3.3, respectively; p<0.01).

DISCUSSION / CONCLUSIONS
Cancer patients’ pain beliefs are complex and may play a role in their medication behaviours. Identifying cancer pain beliefs should be incorporated early into the assessment with tailoring of education to address these beliefs in pain management.

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