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2016年度ホスピス緩和ケア従事者に対する海外研修助成（論文発表）
研修報告書の提出について

標記について、下記のとおり報告いたします。

記

1. 論文タイトル

Does negative PMI indicate a need for further pain treatment?
Concordance between PMI and other indicators

2. 研修期間 2016年 10月 18日 ～ 2016年 10月 22日

3. 発表学会の名称

21st International Congress on Palliative Care

4. 研修報告書

別紙

(注) 研修報告書は別添に、発表論文内容を英文で、A4用紙1枚程度にまとめること)

Does negative PMI indicate a need for further pain treatment?

-Concordance between PMI and other indicators-

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(a)Objectives: Assessment of pain management is important and the Pain Management Index (PMI) is a tool for assessing adequacy of treatment. However, PMI is based solely on pharmacological management. This study aimed to clarify the relationship between PMI and other indicators: pain intensity; interference with daily living; personalized pain goal (PPG); satisfaction with pain treatment; quality of pain care by health professionals and need for further treatment.

(b)Methods: We conducted a cross-sectional survey of consecutive University Hospital cancer patients who were older than 20 years, had adequate cognitive function and had no operation under general anesthesia within the previous seven days. With nurse assistance, eligible patients rated the following indicators: pain intensity, interference with daily living and PPG, using a 0-10 Numeric Rating Scale (NRS); satisfaction with pain treatment and how health professionals have addressed their pain, using a 5 point Verbal Rating Scale; and with binary choices for need of further pain treatment. We collected data from medical records and charge nurses about analgesics used for each patient.

(c)Results: One hundred and sixty-nine patients were recruited and 118 (69.8%) completed the survey. The percentage with a negative PMI score was 46.5%. Kappa coefficients between negative PMI and other indicators were: 0.15 for interference NRS ≥ 4 ; 0.17 for worst pain intensity at NRS ≥ 7 ; 0.23 for average pain intensity at NRS ≥ 4 ; 0.22 for inadequate pain care by health professionals; 0.26 for need of further pain treatment; 0.29 for dissatisfaction with pain treatment; and 0.47 for unfulfilled PPG.

(d)Conclusions: The PMI shows moderate concordance with PPG and slight to fair concordance with the other indicators. Large population studies are required to clarify the relevance of PPG.