

CANCER PAIN EPIDEMIOLOGY AND TREATMENT: ARE WE KILLING OFF MORPHINE?

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State laws and regulatory policies govern healthcare practice, including the prescribing, dispensing, and administering of opioid analgesics to treat pain. A number of national healthcare and law enforcement organizations have identified drug regulatory policy as a potential barrier to pain relief and palliative care. As consequence numerous regulatory policies variations are made from the year 2000 to 2006 in order to ameliorate cancer pain treatment.

This presentation summarizes and discusses data from a retrospective, epidemiological, observational study, aimed to evaluate prescribing pattern, resource consumption and direct sanitary costs of pain therapy in patients treated with opioids and died with a diagnosis of cancer in Treviso, a district in northeast Italy from the year 2000 to 2006. For the monetisation of resource consumed, the Italian National Health Service perspective was adopted. For each patient, resource monetized were: drugs (opioids, NSAIDs, adjuncts), hospitalisations with cancer diagnosis, diagnostic examinations and laboratory tests. Patient profile of resource consumption was built matching information from the extra hospital pharmacological prescription, patients anagraphic, hospitalisations, and technical and diagnostic examinations databases.

From 2000 the opioids consumption increases constantly from 10 to 115 DDD/100000 inhabitants/die and in particular fentanyl, tramadol, and codeine. The average length of treatment with opioids increases from 84 days to 113 days when week narcotics were added to the list of reimbursable drugs. Of the patients included in the study, 66% received an anti-inflammatory drug (traditional NSAIDs and/or COX2 inhibitors), while 34% of patients treated with opioids never had an anti-inflammatory reimbursed prescription during the observation period. The average length of anti inflammatory treatment was 133 and 146 days before and after week opioids reimbursability.

For the vast majority of prescribed anti-inflammatory drugs, the received daily dose (RDD) was greater then the defined daily dose (DDD), before and during treatment with opioids, in particular when week opioids were not reimbursed, while for opioids the RDD was in line with the revised DDD for fentanyl and codeine, and less than the DDD for tramadol, morphine and buprenorphine.

This study confirms the under utilization of opioids in Italy both in terms of dosages and length of therapy.