8086 ORAL

Breakthrough pain in cancer: attitudes to assessment and treatment in five European countries

P. Hohenberg[1], W. Glasspoole[1], J. Mangersnes[2]. *[1]TNS, Healthcare Market Research, Epsom, United Kingdom; [2]Nycomed, International Medical Affairs, Roskilde, Denmark*

Background: In order to gain in-depth understanding of the occurrence, nature, and treatment of breakthrough pain (BTP) among cancer patients, market research was undertaken (in France, Germany, Italy, Spain and the UK) among treating physicians.

Methodology: A total of 126 in-depth interviews were conducted with GPs, oncologists and pain specialists on their involvement with cancer patients with BTP and their approaches to treatment.

Results: BTP is defined as pain occurring despite the use of analgesics for chronic pain which is seen as the background pain upon which BTP is superimposed. Physicians estimate that 80−95% of patients with chronic pain present with episodes of BTP. The natural course of BTP varies depending on the patient's pain threshold, disease pathology, and efficacy of the analgesia given for chronic pain. Duration and number of BTP episodes varies widely depending on cause of pain, localisation of pain, and disease stage. Selection of medication for BTP depends on patient characteristics such as age, health status and pain intensity, as well as anticipated treatment performance in terms of efficacy, speed of onset of action and contraindications. Complete pain relief, fast onset of action, and improvement in patients' quality of life and minimal side effects were primary qualities required for effective treatment of cancer BTP.

Conclusions: Despite reasonable satisfaction with currently available BTP treatments, physicians are less satisfied with their side effects, which may lead to compliance issues and discontinuation or switching treatment. A need exists for a more effective and fast-acting drug, without the side effects associated with current opioids.

8087 ORAL

Impact of cancer chemotherapy-related taste and smell changes on daily life

B. Bernhardson[1], C. Tishelman[2], L. Rutqvist[3]. *[1]Karolinska Institute, NVS division of Nursing Research and Development Unit The Foundation Stockholms Sjukhem, Stockholm, Sweden; [2]Karolinska Institute, NVS division of Nursing Research and Development Unit The Foundation Stockholms Sjukhem and Medical Epidemiology and Biostatistics, Stockholm, Sweden; [3]Karolinska Institute, Oncology and Pathology, Stockholm, Sweden*

Background: Few studies have explored patients' experience of chemosensory changes when receiving chemotherapy. The study presented here explores experienced distress related to chemosensory changes and the impact these side-effects have on the daily life of patients receiving cancer chemotherapy. A further aim is to explore patients' self-management strategies, including reported communication with health care staff.

Method: A questionnaire-based survey was conducted with patients receiving chemotherapy at 11 outpatient units in three of the six Swedish health care regions. The questionnaire was developed and pilot-tested by the authors, based on results from a qualitative interview study, literature in the field and clinical experience. Consecutive patients who received chemotherapy for >6 weeks and were able to communicate in Swedish were asked to complete the questionnaire during a three-week period at each unit. Questionnaires from 518 patients were analysed using descriptive and inferential statistics with open-ended questions analysed by content analysis.

Results: Seventy-five percent of the patients surveyed reported experiencing changes in smell and taste during chemotherapy. Preliminary analysis indicates that of the 340 patients who reported taste changes (TCs), 47% reported high levels of distress from these changes and 26% reported that TCs had much impact on daily life. Among the 209 patients reporting smell changes (SCs), 38% reported high levels of SC-related distress and 22% reported that SCs had much impact on daily life. Approximately half these patients reported doing something to alleviate chemosensory changes. Seventy-six percent of the 499 responding patients reported being informed that these changes could occur, with 85% receiving information from health care staff. Among those 337 patients with changes in taste and/or smell, 31% did not report the changes to staff. Gender analysis and inductive analysis data on patients' strategies for dealing with chemosensory changes are ongoing and will be presented.

Implications: This study will provide systematic knowledge about chemotherapy-related chemosensory changes to guide health care providers.

8088 ORAL

Supportive cancer care in British Forces Germany: perceptions of patients, carers and health and social care professionals

N. Rowa-Dewar, R. Maguire, N. Kearney. *University of Stirling, Cancer Care Research Centre, Stirling, United Kingdom*

Background: Current UK health policy and guidelines for supportive care in cancer contends that health services are equitable to all and patient-focused. Supportive care services for people affected by cancer are necessary to address their physical, social, emotional, psychological, spiritual, and practical needs (NICE, 2004). However, following a recent assessment of areas for supportive care development, there is a concern that British Service personnel and their families who are affected by cancer while stationed in Germany encounter difficulties in accessing the whole range of supportive care that they require. This study aimed to assess the supportive care provision and needs of Services Personnel and families affected by cancer to inform a British Forces Germany cancer strategy more responsive and sensitive to the needs of its population.

Materials and Methods: Individual in-depth interviews were used to gather information about experiences of supportive care provision from a purposive sample of 13 British military personnel, entitled civilians and dependants affected by cancer. A cross-section of 41 British and German professionals involved in the supportive care provision also participated in interviews and focus groups to identify barriers to providing supportive care to this population. Data were analysed by thematic analysis.

Results: British Services Personnel and their families stationed in Germany benefit from rapid access to high quality hospital clinical services and health and social care professionals who are highly committed to ensure the provision of the best possible care to patients with cancer and their families. Significant gaps in the supportive care service provision are apparent, however. These include the absence of a support system for carers and an ad-hoc system for the provision of information which meet neither patient/carer nor professional needs. British Forces Germany health and social care professionals work in a system which lack clarity in relation to the different roles of the organisations and individuals involved in the delivery of supportive care and limited opportunities for education and development. Poor inter-agency working and communication and cultural differences appeared to underpin many of the challenges faced by the patients and carers involved in this study, both between the German and British culture and within the British Army culture.

Conclusions: Current supportive service provision for people affected by cancer appears sub-optimal and fragmented. Ongoing work to create a comprehensive supportive care pathway which better meets the needs of British Military Personnel and their families affected by cancer will also be discussed in this presentation.

These findings have important implications for those providing supportive care for patients and carers in multidisciplinary teams and from different cultures.

Joint EONS/IPOS symposium

(Thu, 27 Sep, 09.00−11.00)

Psychosocial care across the cancer continuum

8089 INVITED

Patient needs and psychosocial interventions in oncology

M. Die-Trill. *Spain*

Abstract not received.

8090 INVITED

Good communication skills as psychosocial care

L. Travado. *Centro Hospitalar de Lisboa, Lisbon, Portugal*

The importance of communication in oncology has been repeatedly underscored as the cornerstone of patient-provider relationship. Communication Skills (CS) is a fundamental competence for creating a trusting, supportive, empathic relationship with patients and families essential for comprehensive care in oncology. Good communication skills facilitate addressing patients' concerns and needs, provide basic emotional support, detection of emotional problems and a patient-centered care model. It has been reported as having positive outcomes on various patient health measures, including adjustment to illness and satisfaction with care. Therefore CS can be considered a basic essential tool in health care, transversal to all health care professionals, critical for the provision of psychosocial care across the cancer continuum and quality care outcomes. The first therapeutic technique available to any health professional, if