

Evidence: Standards: Outcomes
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Why evidence?

- Determine effectiveness of interventions and approaches
- Identify issues, needs and contexts
 - Inform clinical decision making
 - Inform policy and service decisions

What do we mean by evidence?

- Developed through research/study
- Study design suitable for question
- Best available evidence
- Evidence from multiple disciplines
- Relationship to literature
- Evidence as one component of evidence based practice

End point of evidence

- Purpose of research is not to complete the study
- To be valuable, relevant quality research must be used
- Emerging role of implementation science/knowledge translation

Palliative care's evidence base

- Diffuse nature
 - Searching challenges: Topics; Search terms; Databases
- Accessing literature
 - Not published, not indexed, in progress
- Assessing evidence
 - Generalisability (across diseases, populations and settings)
 - Significance/relevance to clinical practice
- Emerging and rapidly expanding
 - Can be hard to find
 - Soon may be hard to manage

A few findings

- Multiple databases
 - Unique contribution from Medline, CINAHL, PsycINFO and Embase
- Size of literature base/Number of journals
 - 56,000 palliative articles in Ovid Medline alone
 - In 2005 - 6,983 citations in 1,985 journals (or 19 per day).
- Searching for palliative is complex
 - Indexing is not precise
(9 MeSH terms and 3 textwords retrieved only 45.4% of the palliative care literature)
 - Not only in specialist journals
(4% of general biomedical journal articles relevant to palliative care)
- “Missing” literature
 - Conference conversion rate low
Approx 16% compared to average of 45%

Why CareSearch?

- Consolidate and develop evidence base
- Facilitate access to evidence and quality information
- Encourage use of evidence in palliative care
- Support interactions between groups



CareSearch, *palliative care knowledge network*

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Welcome to CareSearch. CareSearch is an online resource of palliative care information and evidence. All materials included in this website are reviewed for quality and relevance.

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Evidence: Standards: Outcomes

- What we know
- What our (shared) goal is
- What we do clinically

Evidence and quality improvement

- Evidence resources
 - Symptoms, interventions, approaches
 - Change management
 - Prevalence, population issues
- Working together in quality improvement
 - Participating in making evidence available
 - Supporting teams/projects
 - Sharing findings with community
 - Identifying gaps in evidence and in implementing evidence

Why pain?

- Frequent complication
- Most feared symptom
- Causes significant distress/disability
- Complex multi-factorial issue
- Core business for palliative care

Pain: Focus of work

- Most cursory search
pain AND palliative AND effectiveness in PubMed
- 448 items
- Topics that are being investigated/discussed
 - Patient characteristics (e.g. paediatric, female)
 - Disease specific factors
 - Patient experience
 - Management issues
 - Specific therapies: Conventional, complementary
 - Adverse effects
 - Site of care (e.g. hospice, community, aged care facilities)
 - Prevalence estimates
 - Assessment tools characteristics
 - And many others

Implications

- Complex symptom
- Considerations for:
 - Individual clinician
My knowledge and practice
 - Service
Our patients and our approaches
 - Discipline/Profession
Our role and recommendations
 - System
Our responsibilities and focus

CareSearch: Pain Resources

- **Clinical Practice Pages**
 - Pain; health services issues; assessment tools; opioid analgesics; radiotherapy and adjuvants; non pharmacological approaches
- **Finding and using evidence pages**
 - **CareSearch Review Collection**
 - 107 identified pain reviews
 - **PubMed Search Topics**
 - Choices by strongest evidence, everything, free full text
 - **CareSearch Grey Literature**
 - Hard to find, Australian contexts
- **GP pages**

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Clinical Practice

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Pain

Key messages

- > The majority of pain in palliative care patients can be effectively treated with available drugs and best practice management strategies, which includes regular assessment of pain with validated assessment tools. [1]
- > Strong evidence supports treating cancer pain with non-steroidals, opioids, radionuclides and radiotherapy. [2] Bisphosphonates are effective in the treatment of malignant bone pain. [3]
- > Whilst many opioid formulations are available and are effective, the recommended first line treatment for cancer pain continues to be oral morphine. [4]
- > Recent evidence-based guidelines for neuropathic pain [5,6] suggest that two groups of medications may be used as first line adjuvant treatment – of the antidepressants, either

PubMed Searches (Pain)

Free full text only
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All citations
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Search: PubMed

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(((pain[majr:noexp] OR hyperalgesia[majr:noexp] OR headache[majr:noexp] OR **Search** Clear

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- [Palliative care from the beginning of treatment for advanced pancreatic cancer. Highlights from the "2010 ASCO Gastrointestinal Cancers Symposium". Orlando, FL, USA. January 22-24, 2010.](#)

Lazenby JM, Saif MW.

JOP. 2010 Mar 5;11(2):154-7.

PMID: 20208326 [PubMed - in process] **Free Article**

[Related citations](#)

- [Social Work Role in Pain Management with Hospice Caregivers: A National Survey.](#)

- 2. Oliver DP, Wittenberg-Lyles E, Washington K, Sehrawat S.

J Soc Work End Life Palliat Care. 2009 Jan;5(1-2):61.

PMID: 20126431 [PubMed] **Free PMC Article** [Free text](#)

[Related citations](#)

- [Clear cell carcinoma of the pancreas -a case report and review of the literature-.](#)

- 3. Lee HY, Lee DG, Chun K, Lee S, Song SY.

Cancer Res Treat. 2009 Sep;41(3):175-81. Epub 2009 Sep 29.

PMID: 19809568 [PubMed - in process] **Free PMC Article** [Free text](#)

[Related citations](#)

- [The evaluation of psychiatric drug therapy on oral lichen planus patients with psychiatric disorders.](#)

- 4. Delavarian Z, Javadzadeh-Bolouri A, Dalirsani Z, Arshadi HR, Toofani-Asl H.

Med Oral Patol Oral Cir Bucal. 2010 Mar 1;15(2):e322-7.

PMID: 19767711 [PubMed - in process] **Free Article**

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- ▶ Clear cell carcinoma of the pancreas -a case report **and** review of [Cancer Res Treat. 2009]
- ▶ Balloon kyphoplasty in malignant spinal fractures: a systemati [BMC Palliat Care. 2009]

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107 reviews

2010

Flemming K. [The use of morphine to treat cancer-related pain: a synthesis of quantitative and qualitative research.](#) J Pain Symptom Manage. 2010 Jan;39(1):139-54. Epub 2009 Sep 24.

Myers J, Chan V, Jarvis V, Walker-Dilks C. [Intraspinal techniques for pain management in cancer patients: a systematic review.](#) Support Care Cancer. 2010 Feb;18(2):137-49.

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Anderson KO, Green CR, Payne R. [Racial and ethnic disparities in pain: causes and consequences of unequal care.](#) J Pain. 2009 Dec;10(12):1187-204.

Bennett MI, Bagnall AM, José Closs S. [How effective are patient-based educational interventions in the management of cancer pain? Systematic review and meta-analysis.](#) Pain. 2009 Jun;143(3):192-9. Epub 2009 Mar 12.

Pain: Research/evidence considerations

- Generalisability, applicability
 - Populations studied
 - Tools and measures
 - Intervention processes, mechanisms
- Implementing research evidence
 - Gap between what is known and what is done
 - Testing whether research findings work in practice
 - Identifying barriers, modifiers
- Not linear but circular/iterative

CareSearch's role in pain

- Consolidating evidence and promoting use
- Supporting researchers generating new evidence
- Updating resources and disseminating new evidence

- Working together in Quality Improvement
 - Participation in benchmarking (PCOC)
 - Supporting data collection (NSAP)
 - Supporting virtual engagement
 - Identifying relevant evidence
 - Sharing findings from NSAP/PCOC
 - Identifying needed areas for research/evidence

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