

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**

Main Menu

- What is Palliative Care?
- For Patients and Families
- Finding Services
- Clinical Practice**
- Finding Evidence
- Education
- Research Resources
- Professional Groups
- About CareSearch
- Contact CareSearch
- Home

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- Physical
  - > Appetite Problems
  - > Breathing
  - > Constipation
  - > Delirium
  - > Fatigue
  - > Nausea
  - > **Pain**
- Health Service Issues
- Assessment Tools
- Opioid Analgesics
- Radiotherapy and

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You are here: Clinical Practice » Physical » Pain

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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)

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

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<< First < Prev Page 1 Next > Last >>

- [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.](#)  
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](#)  
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- [Clear cell carcinoma of the pancreas -a case report and review of the literature-.](#)  
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](#)  
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- [The evaluation of psychiatric drug therapy on oral lichen planus patients with psychiatric disorders.](#)  
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.  
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Turn Off



Main Menu

What is Palliative Care?

For Patients and Families

Finding Services

Clinical Practice

Finding Evidence

Education

Research Resources

Professional Groups

About CareSearch

Contact CareSearch

Home

Finding Evidence

About Evidence

Finding Evidence

Appraising Evidence

Applying Evidence

Generating Evidence

Communicating Evidence

Reducing Evidence-Practice Gaps

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CareSearch Review Collection

> Procedures

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You are here: Finding Evidence » CareSearch Review Collection » Review Collection: Pain

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## Review Collection: Pain

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.

### 2009

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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