P161 MEANING OF PAIN FOR PATIENTS WITH ADVANCED CANCER AND HOW IT INFLUENCES BEHAVIOUR: A QUALITATIVE RESEARCH STUDY

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Background Health related quality of life incorporates physical function and independence which are high priorities for patients with advanced cancer. These two inter-related domains can be compromised through the experience of cancer-related pain. Patient-held meanings of cancer pain may have potential to influence behaviours which determine functionality and quality of life.

Study aim To explore the meanings of pain among patients living with advanced cancer and to understand how these influence functional behaviours, with the aim of developing clinical recommendations to inform patient care.

Design Participants underwent in-depth, semi-structured, qualitative interviews. Data was analysed using Interpretative Phenomenological Analysis to identify emergent themes.

Setting/Participants: Ten patients with advanced stage cancer experiencing cancer–related pain were recruited from an Inner-London hospice palliative care service.

Results Meaning of pain in advanced cancer is inextricably linked with loss and bereavement. Meaning of pain is a dynamic, temporal process underpinned by the following themes: (i) nature of cancer-related pain, (ii) multidimensional impact of pain on patients’ function and behaviour, (iii) ‘Web of Loss’: a complex network of losses that perpetuates cycles of further loss and (iv) hope and appreciation of life. The data suggests meaning of pain has an indirect influence on behaviour mediated by the coping strategies patients adopt. Meaning of pain has potential to promote both constructive and maladaptive responses in functional behaviour.

Conclusions Findings further our understanding of the experience of cancer-related pain and inform bio-behavioural approaches to pain management in palliative care. Recommendations include (i) tailoring pain management to dedicate greater attention to the behavioural dimension of cancer-related pain (ii) timely identification and management of preparatory grief in patients with advanced cancer and (iii) promotion of constructive coping strategies to support patients to make sense of their pain and maintain functionality within the limitations of advancing disease.