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TRENDS IN PAIN MANAGEMENT FOR ELDERLY PATIENTS IN PALLIATIVE CARE: OPIOID USE IN HOME-BASED CARE

*Tendências no manejo da dor de idosos em cuidados paliativos: uso de opioides na assistência domiciliar**Tendencias en el manejo del dolor en personas mayores que reciben cuidados paliativos: uso de opioides en la atención domiciliar*Aline Mara Dutra¹ Julia Miola² Manuela Menezes Prudêncio³ Marconi José Soares Chaves⁴ Gabrielle Mascarenhas Canto⁵ Katia de Miranda Avena^{1,2} 

RESUMO

Objetivo: cuidados paliativos domiciliares são essenciais no manejo da dor em idosos, proporcionando conforto e qualidade de vida. O uso de opioides é frequente nesses contextos, exigindo prescrição individualizada. Este estudo investigou o uso de opioides no manejo da dor em idosos em cuidados paliativos domiciliares na quarta cidade mais populosa do Brasil. **Métodos:** estudo epidemiológico, observacional e transversal, com análise de prontuários eletrônicos de pacientes maiores de 18 anos com dor, excluindo prontuários incompletos. Foram analisados dados epidemiológicos e sobre o manejo da dor. **Resultados:** 80 prontuários foram incluídos; a maioria dos pacientes era do sexo feminino (58,8%), com média de idade de 77,2±10,8 anos, com doenças cardiorrespiratórias e vasculares (38,6%). O uso de opioides foi mais comum entre mulheres (55,2%), destacando-se o sulfato de morfina nas concentrações de 10mg/ml (39,1%) e 2mg/ml (35,9%). **Conclusão:** opioides, sobretudo o sulfato de morfina, foram amplamente utilizados no manejo da dor.

DESCRIPTORES: Dor crônica; Cuidados paliativos; Home Care; Opioides.

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ABSTRACT

Objective: home palliative care is essential for managing pain in older adults, providing comfort and improved quality of life. The use of opioids is common in such settings, requiring individualized prescriptions. This study investigated opioid use in pain management for older adults receiving home palliative care in Brazil's fourth most populous city. **Methods:** this was an epidemiological, observational, cross-sectional study based on electronic medical records of patients over 18 years old with pain symptoms. Records with incomplete data were excluded. Epidemiological and pain management data were analyzed. **Results:** a total of 80 patient records were included; most were female (58.8%), with a mean age of 77.2 ± 10.8 years, and were receiving home care due to cardiorespiratory and vascular diseases (38.6%). Opioid use was more frequent among women (55.2%), particularly morphine sulfate at 10mg/ml (39.1%) and 2mg/ml (35.9%). **Conclusion:** opioids, especially morphine sulfate, were widely used in pain management.

DESCRIPTORS: Chronic pain; Integrative palliative care; Home care services; Analgesics; Opioid.

RESUMEN

Objetivo: los cuidados paliativos domiciliarios son fundamentales en el manejo del dolor en personas mayores, brindando confort y mejor calidad de vida. El uso de opioides es común en este contexto y requiere prescripción individualizada. Este estudio investigó el uso de opioides en el manejo del dolor en adultos mayores en cuidados paliativos domiciliarios en la cuarta ciudad más poblada de Brasil. **Métodos:** estudio epidemiológico, observacional y transversal, basado en prontuarios electrónicos de pacientes mayores de 18 años con dolor. Se excluyeron los registros con datos incompletos. Se analizaron datos epidemiológicos y sobre el manejo del dolor. **Resultados:** se incluyeron 80 prontuarios; la mayoría eran mujeres (58,8%), con edad media de $77,2 \pm 10,8$ años, atendidas por enfermedades cardiorrespiratorias y vasculares (38,6%). El uso de opioides fue más frecuente en mujeres (55,2%), especialmente sulfato de morfina en concentraciones de 10mg/ml (39,1%) y 2mg/ml (35,9%). **Conclusión:** los opioides, en especial el sulfato de morfina, fueron ampliamente utilizados.

DESCRIPTORES: Dolor crónico; Cuidados paliativos; Cuidados en el hogar; Opioides.

INTRODUCTION

Palliative care, also known as hospice care or palliativism, represents a holistic and compassionate approach to supporting patients in the advanced stages of incurable diseases, as well as those facing complex health difficulties. This form of care is provided by a highly qualified multidisciplinary team, whose main aim is not just to prolong life, but to significantly improve patients' quality of life and provide essential support to their families throughout the process.¹

Palliative care is not just limited to relieving physical symptoms, but also encompasses emotional, social, psychological and spiritual aspects, thus recognizing the complexity and integrality of the human being in the face of terminal illness. This proactive, patient-centered approach aims not only to prevent and relieve suffering, but also to ensure a thorough assessment for the effective management of complications and stressful symptoms related to treatment and disease progression.^{2,3}

Although the term "palliative" can sometimes be associated with a negative or passive connotation, it is essential to understand that palliative care should be seen as an active and proactive intervention, aimed at offering the

best possible support to patients with serious and advanced illnesses, regardless of whether they are terminally ill.⁴ Early implementation of this dynamic and active care is essential, especially given the diversity of physical, emotional and psychological symptoms faced by patients in palliative care, always ensuring respect for individual limits in the face of the incurable condition.⁵

In the Brazilian context, it is important to note that facing death is often neglected, either due to ingrained cultural prejudices or lack of knowledge, thus depriving many patients of the benefit of palliative care.⁶ It is essential to recognize and respect the cultural diversity associated with death and dying, ensuring that all patients have access to dignified and respectful care, regardless of their origin or social status.⁴

In this scenario, the Home Care service has emerged as an essential support tool, providing direct assistance to the patient in the comfort of their own home, while offering vital support to family members in basic care.^{7,8} The home environment is considered ideal for the provision of palliative care, as it offers a welcoming and familiar space that can significantly reduce the suffering associated with the disease and promote dignity in the dying process.^{9,10}

Additionally, considering that pain is one of the most prevalent and debilitating symptoms in palliative care patients⁷, especially in cases of chronic and oncological diseases¹¹, it is imperative to adopt a comprehensive and effective sedo-analgesic approach to ensure adequate relief of suffering. The careful and individualized administration of analgesics, taking into account the patient's clinical characteristics and the drugs in use, plays a crucial role in pain management.^{12,13}

Given the multidimensional complexity of pain, which encompasses physical, psychological and spiritual aspects, the intensity of pain not only impacts the patient's quality of life, but also directly influences therapeutic decisions and the level of functional interference perceived by the patient.^{14,15} Given this comprehensive and challenging context, this study set out to investigate the use of opioids in the pain management of elderly people in palliative home care in Brazil's fourth most populous city.

METHOD

This is an epidemiological, observational, cross-sectional study carried out in the largest home care company in the city of Salvador, Bahia, the fourth most populous city in Brazil.

The research setting consisted of a home care company that offers 24-hour care in more than 10 municipalities in Bahia, and has become the largest home care company in

Bahia. Care is provided to low, medium and high complexity patients at home.

The target population for this study included patients under palliative care, treated at home, who had pain symptoms. Patients aged 18 years or older, seen between 2019 and 2021, only in the city of Salvador, Bahia, were included. Patients whose medical records contained incomplete data that made analysis impossible were excluded.

As variables of interest, data on the epidemiological profile (gender, age, reason for home care) and pain management (use of analgesics, prescription) were collected from the electronic medical records.

Descriptive data analysis was carried out using the Statistical Package for the Social Science, version 25.0 for Windows (SPSS Inc, Chicago, IL). Categorical variables were presented using the frequency distribution of the categories, represented in absolute numbers (n) and percentages (%). As the numerical variables were symmetrically distributed, they were presented as arithmetic means (MA) and standard deviations (SD).

The research project was approved by the Research Ethics Committee under Certificate of Submission for Ethical Appraisal (CAAE) No. XXXXXXXXXXXXXXXX, Opinion No. XXXXXXXXXXXX, in compliance with Resolutions No. 466/2012 and 510/2016 of the National Health Council.

RESULTS

From 2019 to 2021, 80 patients in palliative care with home care who had pain symptoms were followed up by analyzing their medical records. Of these, most patients were female

(58.8%), had a mean age of 77.2+10.8 years and were being monitored at home for cardiorespiratory and vascular diseases (38.6%) (Table 1).

Table 1 - Characteristics of home palliative care patients assisted in the period 2019-2021 in Home Care in the city of Salvador, Bahia (n=180).

CHARACTERISTICS	SAMPLE
Gender, n (%)	
Female	47 (58,8)
Male	33 (41,2)
Age, years (MA + SD)	77,2 + 10,8
Reason for home care, n (%)*	
Cardiorespiratory and Vascular Diseases	34 (38,6)
Neurological diseases and dementias	13 (14,8)

CHARACTERISTICS	SAMPLE
Respiratory Diseases	12 (13,6)
Oncological diseases	08 (9,1)
Renal Diseases	08 (9,1)
Osteomyoarticular Diseases	05 (5,7)
Metabolic Diseases	03 (3,4)
Gastrohepatic Diseases	03 (3,4)
Surgical	02 (2,3)

n: absolute frequency; %: relative frequency; MA: arithmetic mean; SD: standard deviation; *Relative frequency calculated considering n=88, bearing in mind that the same patient may have more than one underlying pathology.

With regard to pain management, the most frequently used opioid was morphine sulphate, in its two forms - 10mg/ml (39.1%) and 2mg/ml (35.9%). In general, opioid use was more common among women, accounting for 55.2% of the records.

Furthermore, when analyzing the opioid used according to the patient's gender, it was observed that the use of morphine sulphate was higher regardless of gender, although it was more common among men in both presentations (Table 2).

Table 2 - Opioids used by home palliative care patients assisted in the period 2019-2021 in Home Care in the city of Salvador, Bahia.

OPIOIDS USED	SAMPLE*		
	TOTAL (n=80)	MEN (n=33)	WOMAN (n=47)
Morphine Sulfate,, n (%)			
10mg/ml	144 (39,1)	76 (46,1)	68 (33,5)
2mg/ml	132 (35,9)	67 (40,6)	65 (32,0)
Tramadol, n (%)			
50mg - tablet	3 (0,8)	3 (1,8)	---
10mg/ml - drops	17 (4,6)	6 (3,6)	11 (5,4)
Loperamide hydrochloride, n (%)			
2mg - tablet	28 (7,6)	0 (0,0)	28 (13,8)
Codeine Phosphate, n (%)			
3mg/ml	10 (2,7)	1 (0,6)	9 (4,5)
Methadone hydrochloride, n (%)			
5mg - tablet	32 (8,7)	12 (7,3)	20 (9,9)
Fentanyl, n (%)			
25mcq/hoa - 4,2 mq	2 (0,6)	---	2 (0,9)
Total, n (%)	368 (100)	165 (44,8)	203 (55,2)

n: absolute frequency; %: relative frequency; *Relative frequency calculated considering the total quantity of opioids prescribed for each subgroup, bearing in mind that the same patient may have used more than one opioid.

DISCUSSION

An analysis of pain management in palliative care patients in home care in Brazil's fourth most populous city revealed a predominance of opioids, especially morphine sulphate, for pain relief.

Pain can be defined as an unpleasant emotional experience related to actual or potential tissue damage, and is classified as nociceptive and neuropathic. While nociceptive pain is related to the physiological activation of pain receptors due to injury to bone, muscle or ligament tissue, neuropathic pain is initiated by injury or dysfunction of the nervous system, resulting in abnormal activation of the nociceptive pathway.¹⁰ This distinction is crucial in pain management, especially in palliative care patients, where symptom relief is a priority.

The methods of analgesia used in the management of pain in palliative care patients act at different points in the pain pathways, reducing the activation of nociceptors, passing on the stimulus and altering the perception of pain. However, it is essential to understand the mechanisms of action, pharmacokinetics, latency and duration of analgesia, as well as the potential side effects of each medication for effective treatment.^{12,13}

The sample was made up of a majority of elderly women who were being monitored at home due to cardiorespiratory and vascular diseases, reflecting the evolutionary aging behavior of the Brazilian population, which experienced a gain of 2.6 years from 1991 to 2000, rising from 66 years to 68.6 years,11 reaching an average life expectancy of 76.6 years in 2019¹⁶. This ageing population brings additional challenges to pain management, including comorbidities, polypharmacy, patient functionality and physiological vulnerability, highlighting the importance of an individualized approach to improve results and reduce side effects.

With an ageing population and the consequent increase in life expectancy, pain management in elderly patients brings additional challenges, such as the presence of comorbidities, the need for polypharmacy to treat multiple medical conditions, the assessment of patient functionality and their physiological vulnerability at this stage of life. These aspects highlight the importance of an individualized approach to pain treatment, with the aim of improving therapeutic results and reducing the potential side effects associated with the use of analgesic drugs.¹⁷ In this context, the increasingly significant role of Home Care companies stands out, whose integrative and pharmacological approaches are increasingly incorporating the frequent use of opioid analgesics to ensure adequate pain relief in home palliative care patients.

This aspect was evidenced in the study conducted by Aijarapu et al.¹⁸, where the reports of both patients and their families emphasized the importance of the support offered by the palliative care team to individuals with special needs at the end of life. This support was described as being individualized and comprehensive in nature, highlighting the benefits of a holistic approach to patients' health. In addition, the active participation of patients in decisions regarding their treatment, in collaboration with a multi-professional team and their families, was identified as an essential element of this type of intervention. This shared approach resulted in greater adherence to treatment and a better understanding of palliative care, reinforcing the importance of a person-centered approach that considers not only the disease, but also patients' individual needs, values and preferences.¹⁸

The predominant use of opioids, especially morphine sulphate, in this study is in line with the global trend of prescribing these drugs to treat pain in palliative care. Although opioids are effective in relieving pain, there are concerns about addiction, side effects and unfamiliarity on the part of clinicians, which can lead to a reluctance to prescribe them.¹⁹ However, studies show that, when properly indicated, opioids can offer lower risk compared to other analgesics, especially in elderly populations with chronic pain.²⁰

The study carried out by Tsao et al.²¹ presented evidence of the positive impact of the education and training of doctors in the context of prescribing opioids for patients in palliative care. These results reinforce the urgent need to invest in training and continuing education programs in this area. On the other hand, it is important to emphasize that Brazil faces significant challenges related to the limited availability of opioids compared to more developed countries, as well as the scarcity of palliative care provision in relation to existing demand. These factors combined contribute to additional difficulties in promoting quality of life at the end of life for terminally ill patients with specific needs, highlighting the urgency of policies and strategies aimed at improving access to these therapeutic resources and palliative care services.^{6,22}

An extremely important factor in the treatment of patients with chronic pain is the tolerability of opioids, since adverse events such as dizziness and sedation are related to an increase in the incidence of falls and, consequently, the risk of fractures²³, especially in the elderly, the most prevalent profile in this study.

Considering pain as the primary symptom and therefore the main target of intervention in palliative care, studies indicate a tendency for doctors specializing in this field to prescribe opioids more frequently, based on their prior preparation.⁹

The results of this study corroborate this trend, showing the prevalence of the use of these drugs and highlighting the importance of specialized knowledge to ensure the quality of treatment. It is undeniable that the adequate preparation of the palliative care team has a significant impact on therapeutic results, emphasizing the need to invest in training and qualification in this specific clinical context.²⁴

In the context of palliative care, opioids represent a class of pharmacological compounds that act by binding to opioid receptors present in the central nervous system and peripheral tissues, performing both agonist and antagonist functions.²⁵ Among the most commonly used opioids are fentanyl, methadone, morphine, tramadol, codeine and loperamide. Recognition of the role of these drugs in the treatment of neuropathic pain has grown significantly. In addition, studies have shown the frequent need for higher doses of opioids for the management of neuropathic pain compared to nociceptive pain.²⁵ This finding highlights the importance of associating the appropriate use of medications with humanized practices in the context of palliative care, promoting not only symptomatic relief, but also establishing bonds, fostering a good relationship with the healthcare team and providing open dialogue and attention to both family members and patients. This integrated approach contributes to more comprehensive, patient-centered care, in line with the principles of palliative medicine.^{18,26}

In addition to the physical aspects of pain, it is essential to consider the psychosocial aspects of patients in palliative care, including their mental health, degree of independence and cognitive function. The therapeutic approach must be holistic, taking into account not only pain relief, but also the patient's psychological and social well-being.^{27,28}

The patient's mental health is an essential factor to be assessed, especially considering that age is correlated with rates of depression, which can contribute to the precipitation and perpetuation of chronic pain.²⁸ In addition, the degree of independence and cognitive functions of patients must be taken into account, as they influence the manifestation of pain complaints,²⁷ as well as the therapeutic approach and communication techniques adopted by the palliative care team. This integrated approach, which takes into account the physical, psychological and social aspects of pain, is essential for providing comprehensive and effective care to patients in palliative care.

Finally, social determinants, such as access to medication and treatment, play a key role in the management of pain in palliative care patients. The high cost of many analgesics can represent a significant obstacle to adequate treatment,

highlighting the need for health policies that guarantee equitable access to quality palliative care for all patients.⁶

In summary, the approach to palliative care requires a comprehensive and holistic vision, which encompasses not only the control of physical pain, but also the consideration of patients' psychosocial aspects. The appropriate use of opioids, combined with humanized practices and the training of the healthcare team, plays a fundamental role in the management of pain in terminally ill patients. However, it is crucial to address the challenges related to the limited availability of opioids and the scarcity of palliative care services, particularly in developing countries. In addition, the assessment and treatment of psychosocial aspects, including patients' mental health, degree of independence and cognitive function, are essential for an effective, patient-centered therapeutic approach. Therefore, continuous investments in education, resources and health policies are necessary to guarantee quality palliative care that is accessible to all those who need it, thus promoting a better quality of life at the end of life.

Finally, considering the complexities inherent in the use of electronic medical records as a data source, it is essential to recognize and address the potential limitations that may impact on the robustness and generalizability of the results of this study. One of these limitations lies in the possibility of inconsistencies or incomplete information in the records, culminating in a possible information bias. Specifically, the lack of detail in the electronic medical records made it difficult to obtain comprehensive sociodemographic data characterizing the profile of the patients studied, as well as detailed information on pain, including its location, intensity and duration, and the length of time prescribed drugs were used. In addition, the absence of records on the use of combined therapies, both pharmacological and non-pharmacological, although not the focus of this study, limited the comprehensive understanding of the pain management approaches adopted in clinical practice. It is crucial to emphasize that, despite these shortcomings, meticulous analyses of the data collected were carried out in order to guarantee the quality and reliability of the results presented. Despite the potential limitations, this study makes a significant contribution to advancing knowledge about pain in palliative care patients.

CONCLUSION

In a sample of predominantly elderly people in palliative care and reporting pain due to cardiorespiratory and vascular causes, pharmacological therapy with opioids has been widely considered to relieve these symptoms, with morphine

and methadone being the most commonly prescribed drugs. It is important to note that, when approaching a patient suffering from persistent pain, a careful assessment of the risk-benefit ratio, based on both current guidelines and evidence derived from clinical observations, should guide a consistent approach to the use of opioid therapy. In this sense, the integration of medicinal and humanized approaches becomes essential to offer adequate support for pain management in patients under palliative care, aiming not only at symptomatic relief, but also at promoting the patient's quality of life and overall well-being.

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