

Characterizing Pain Experiences

African American patients with multiple myeloma taking around-the-clock opioids

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BACKGROUND: Despite known disparities by race, studies to date have not focused on pain characterization among African American patients with multiple myeloma.

OBJECTIVES: This study aimed to characterize the pain experience, beliefs about pain and pain control, and additional symptoms among African American patients with multiple myeloma taking around-the-clock opioids.

METHODS: This study employed secondary analysis of baseline data from a completed longitudinal study of opioid adherence. Descriptive statistics were used to characterize the sample, pain experience, beliefs regarding pain and pain control, and related symptoms.

FINDINGS: Participants (N = 34) experienced everyday pain and additional symptoms, and half experienced depression. Pain management barriers included dislike of pills, fear of addiction, and bothersome side effects from pain and medication. Additional larger studies can incorporate multilevel factors contributing to high symptom burden.

KEYWORDS

multiple myeloma; cancer; pain; opioids; African American; supportive care

DIGITAL OBJECT IDENTIFIER

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IN 2020, MORE THAN 32,000 PEOPLE WILL BE DIAGNOSED with multiple myeloma (Siegel et al., 2020). Although considered relatively rare, multiple myeloma, a cancer resulting from abnormal proliferation of blood plasma cells, is the most common hematologic malignancy among African Americans (Surveillance, Epidemiology, and End Results Program, 2019). In addition, African Americans are two to three times more likely to be diagnosed with and to die from multiple myeloma as compared to Whites and are at risk for experiencing disparate care (Ailawadhi et al., 2019; Baughn et al., 2018; Ganguly et al., 2019; National Cancer Institute, 2019a; Surveillance, Epidemiology, and End Results Program, 2019). Patients with multiple myeloma experience notable physical symptoms related to their disease and treatment. Patients may experience treatment-related peripheral neuropathy, pancytopenia (e.g., infection, anemia), hypercalcemia, and renal failure, as well as pathologic long bone and vertebral compression fractures, leading to severe bone pain that can necessitate treatment with opioids (Colson, 2015; Kiely et al., 2017; Martin, 2013).

In part because of recent advances in supportive care and novel combination therapies, postdiagnosis survival for patients with multiple myeloma has doubled from three to four years to seven to eight years since the 1990s (Kumar et al., 2008; Surveillance, Epidemiology, and End Results Program, 2019). However, patients with multiple myeloma undergo repeated cycles of treatment, followed by an inevitable relapse until the patient's disease is resistant to available treatment. Similar to other cancers for which survival has improved, patients with multiple myeloma are now living longer (Kiely et al., 2017) but often live life with chronic pain, potentially necessitating the use of around-the-clock opioids.

Acute and/or chronic pain is a hallmark symptom for patients with multiple myeloma that can impede mobility and affect quality of life (Ramsenthaler et al., 2016). Pain among patients with multiple myeloma is primarily because of (a) osteolytic bone lesions due to plasma cell infiltration of bone and (b) treatment-related neuropathic pain. Eighty to ninety percent of patients with multiple myeloma experience pain related to bone involvement, and 60% of patients develop pathologic fractures (Rome et al., 2017).