

# Effects of a pain consult and patient education and monitoring: a prospective study in oncology patients

<b>Submission date</b> 28/04/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 28/04/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 10/08/2009	<b>Condition category</b> Signs and Symptoms	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
NTR613; EMC 2005 - 257

## Study information

**Scientific Title**

**Study objectives**

It is hypothesised that a pain consult at the specialized pain clinic in combination with Patient Education Program is more effective in reducing average pain intensity compared to a pain consult alone. A pain consult at the specialized pain clinic is more effective in reducing average pain intensity compared to standard care.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Ethics approval received from the local medical ethics committee

**Study design**

Randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

**Health condition(s) or problem(s) studied**

Cancer pain

**Interventions**

1. Standard care
2. Second opinion pain consult at the specialist pain clinic
3. Second opinion pain consult combined with Pain Education Program and monitoring by nurse specialists

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome(s)**

Average pain reduction measured by numeric rating scale during the study period.

**Key secondary outcome(s)**

Effect of the interventions after 2, 4 and 8 weeks on:

1. Adherence to ATC analgesics
2. Worst pain reduction
3. Average pain reduction
4. Present pain reduction
5. Proportion of patients with clinically relevant pain reduction
6. Pain interference
7. Quality of life
8. Reduction of side effects

- 9. Adequacy of pain treatment
- 10. Pain knowledge

**Completion date**

31/12/2007

## Eligibility

**Key inclusion criteria**

- 1. Cancer-related pain or cancer treatment related pain for at least two weeks
- 2. Nociceptive pain
- 3. Average pain intensity score of 4 or more
- 4. Accessibility by telephone
- 5. A life expectancy of at least three months
- 6. Informed consent

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

- 1. Neuropathic pain
- 2. Residing in nursing home or retirement home
- 3. Pain not treated with oral medication
- 4. Radiotherapy in the past two weeks

**Date of first enrolment**

01/02/2006

**Date of final enrolment**

31/12/2007

## Locations

**Countries of recruitment**

Netherlands

**Study participating centre**

Erasmus Medical Center

Rotterdam

Netherlands  
3008 AE

## Sponsor information

### Organisation

Erasmus Medical Center (Netherlands)

### ROR

<https://ror.org/018906e22>

## Funder(s)

### Funder type

University/education

### Funder Name

Erasmus Medical Center (Netherlands)

### Alternative Name(s)

Erasmus Medical Center, Erasmus MC, Erasmus Universitair Medisch Centrum, Erasmus University Medical Center, Universitair Medisch Centrum Rotterdam, Erasmus Universitair Medisch Centrum Rotterdam, EMC

### Funding Body Type

Government organisation

### Funding Body Subtype

Universities (academic only)

### Location

Netherlands

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration