ANALGESIC EFFECTIVENESS TOWARD PATIENTS WITH CERVICAL CANCER IN X HOSPITAL SAMARINDA

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Background:

Cervical cancer is one of the women's health problems in Indonesia, with 41 new cases and deaths found every day, and with an estimation of 40,000 new cases found every year (Rasjidi, 2007) and belongs to the second highest level in East Kalimantan. WHO states that two of three people with cancer will die because of their illness and along the way, 45.0-100.0% of them would experience light until severe pain intensity. The use of analgesic in overcoming pain intensity of cancer is the most important thing in the therapy of cervical cancer patients. The research aims to analyse the appropriateness of analgesic selection and effectiveness toward patients of cervical cancer undergoing inpatient care facility in X Hospital Samarinda. **Methods:**

The data collection is conducted through using the retrospective method from the patients' medical records from January 2011 until December 2014 which will be descriptively analysed. The accuracy of analgesic selection is compared with WHO's 3 stage analgesic ladders. The degree of the pain is measured with the method of Verbal Rating Scale (VRS) and analgesic effectiveness is measured through the reduction degree of pain with the Visual Analogue Scale (VAS).

Results:

Among 47 data of medical records, there are 30 patients who received analgesic therapy. 36.7% experienced Pain Intensity grade I and the rest were grade II, 60% of patients received single analgesic therapy and the rest were combination (Table 1). 71.2% received NSAID (single and combination) while the rest Opioid (Tabel 2).

	Amount of Analgesic (%)			
Degree of Pain (VRS)		2 Analgesic	3 Analgesic	Total
	Single	Combination	Combination	
Grade 1	10(33.3)	1(3.3)	0	11(36.7)
Grade 2	8(26.7)	8(26.7)	3(10.0)	19(63.3)
Total	18(60.0)	9(30.0)	3(10.0)	30(100.0)

Table 1 Degree of Pain (VRS) vs Type of Analgesic

Degree of Pain	Analgesic Category (%)			
(VRS)	NSAID	Opioid	NSAID + Opioid	Total
Grade 1	10 (33.3)	0	1 (3.3)	11 36.7)
Grade 2	8 (26.7)	6 (20.0)	5 (16.7)	19 (63.3)
Total	18 (60.0)	6 (20.0)	6 (20.0)	30 (100.0)

Table 2 Degree of Pain (VRS) vs Analgesic Category

The analgesic appropriateness was 23.3% (Table 3) and the effectiveness was 53.3% of complete remission (Table 4).

Table 3 Degree of Pain (VRS) vs Analgesic Appropriateness

Degree of Pain	Analgesic Appro		
(VRS)	Not Appropriate	Appropriate	l otal
Grade 1	4 (13,3)	7 (23.3)	11 (36.7)
Grade 2	19 (63.3)	0	19 (63.3)
Total	23 (76.7)	7 (23.3)	30 (100.0)

Table 4 Degree of Pain (VRS) vs Analgesic Effectiveness

Degree of Pain	Analgesic Effectiveness (%)		_
(VRS)	Not Effective	Effective	Total
Grade 1	5 (16.7)	6 (20.0)	11 (36.7)
Grade 2	9 (30.0)	10 (33.3)	19 (63.3)
Total	14 (46.7)	16 (53.3)	30 (100.0)

Conclusions:

It needs to be enhanced in order to increase quality of life, improve the functions, adherence and give patients the means to focus on something worthwhile in their lives. Un thorough treated pain leads to request for physician-assisted frustration also leads to unnecessary hospital admission to emergency departments.