

In Practice

A Simple Approach to Cancer Pain Management

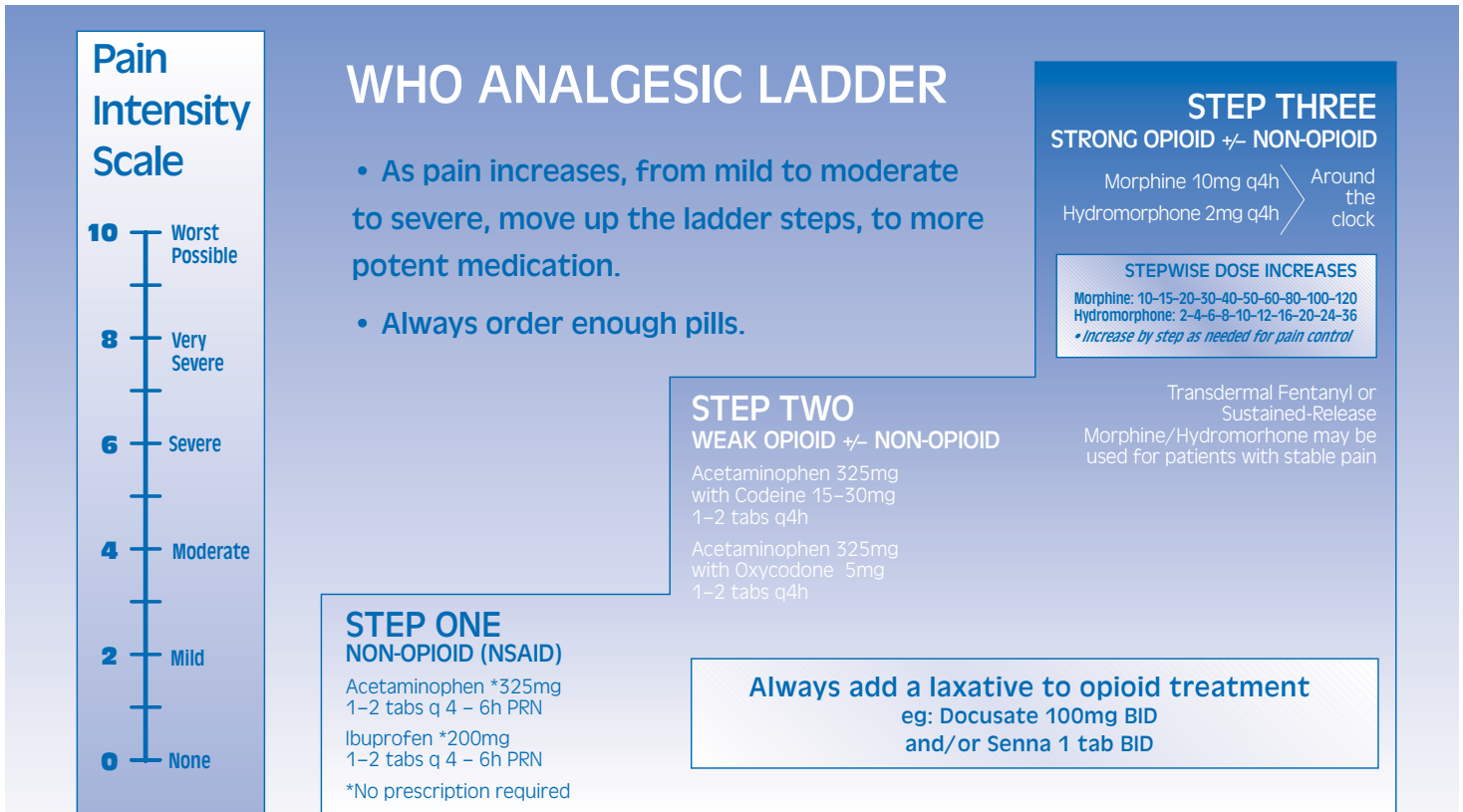


Figure a

Figure b

by Larry Broadfield, *Manager,
Provincial Managed Systemic Therapy Program*

Chronic severe pain is one of the most-feared complications of cancer. Most patients with advanced cancer will experience some degree of pain during the course of their illness. In most cases, pain can be well-managed or even completely blocked by the proper use of medications and other treatments. Narcotic analgesics remain the backbone of cancer pain management (except for some specific pain syndromes).

There are many guidelines for cancer pain management, but all agree with some common principles:

- Almost all cancer pain can be controlled with simple treatment approaches.
- Pain is subjective, so pain ratings must be made by the patient (a family member/friend may provide surrogate ratings if the

patient cannot communicate). A simple 10 point scale may be used to accurately measure pain. (Figure a, above)

- Patient ratings and descriptions must be accepted at face-value; likewise, the acceptable level of pain control is determined by the patient.
- Pain ratings must be measured routinely to identify any changes in the pain. Increased pain usually responds to increased analgesic dosage.
- Treatment with narcotic analgesics is dosed to a clinical response of pain control — there is no single dose effective for all patients.
- The WHO analgesic ladder (Figure b, above) is a useful tool to identify which group of drugs to use — as the severity of the pain increases, stronger agents should be used.

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Cancer Care Nova Scotia

is a program of the Department of Health. Its mandate is to evaluate, coordinate and strengthen the cancer system in Nova Scotia.

Cancer Care Nova Scotia

works with and supports professionals and stakeholders in the health care system to bring about patient-centred change. Its ultimate goal is to reduce the burden of cancer on individuals, families, communities and the health care system.

Contact us at:
(902) 473-4645,
or e-mail
cctmp@qe2-hsc.ns.ca



1278 Tower Road,
Bethune Building, 5th Floor
Halifax, Nova Scotia
Canada
B3H 2Y9



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- Fears about abuse and addiction should be discounted as barriers to appropriate analgesic therapy.
- There is no ceiling to the analgesic effect for the strong narcotics. If the pain escalates, the dose can escalate to compensate.
- Pain is a strong respiratory stimulant. Narcotic analgesics are almost never responsible for respiratory depression in the presence of severe pain, despite the dosing.
- All narcotic analgesics will cause constipation (regardless how they are administered) — a prophylactic regimen of laxatives must accompany the routine use of narcotic analgesics.
- Other side effects, like nausea and sedation, are usually temporary and will disappear 1–2 days after initiation of narcotic treatment or any dosage change.
- Other treatment modalities, such as surgery, radiotherapy, and chemotherapy can help manage cancer pain when used appropriately.

When doses are adjusted for equianalgesia (i.e. dosing for equivalent pain relief in most patients), and titrated for response in individual patients, most drugs will provide adequate pain relief. The choice of which agent to use generally reflects physician familiarity with specific products, and individual patient concerns. For instance, morphine is usually the narcotic of first choice, but hydromorphone may be preferred in elderly patients with some degree of hepatic dysfunction. A more-detailed description of narcotic analgesics will be presented in a future edition of *In Practice*.

FOR FURTHER INFORMATION

- Call the Palliative Care Service
QEII HSC at 473-3119
- Call the PMSTP office at 473-5845
(Larry Broadfield)
- or call your local hospital or
retail pharmacist

Welcome to “In Practice”

“In Practice” is an insert for *Cancer Care Nova Scotia’s* bi-monthly newsletter. We are writing this publication specifically for primary care practitioners with information we hope will make a difference to your cancer practice. Each issue will focus on a particular topic; our first “In Practice” tackles the basics of pain management for cancer patients. More coverage of symptom management will follow in subsequent issues.

Please call Anne Murray, Education Coordinator, *Cancer Care Nova Scotia* at (902) 473-3781 with comments or suggestions for future topics, or e-mail her at ccavm@qe2-hsc.ns.ca.

Dr. Andrew Padmos
Commissioner
Cancer Care Nova Scotia