

PALLIATIVE CARE TIPS

Issue # 8 Pain Management

Original contributor: Fainsinger R, MD. Clinical Director, Regional Palliative Care Program, Director, Tertiary Palliative Care Program, Grey Nuns Hospital; Shukoor A, MD. Community Team- Regional Palliative Care Program; Editor: Tarumi Y, MD. Palliative Care Program, Royal Alexandra Hospital.

Pain Management is required in about 70% of cancer patients; however, some cancer patients will never require analgesics

Analgesics in Common Use

1. Mild to moderate pain: Acetaminophen; Codeine
2. Severe pain: Morphine; Hydromorphone, Oxycodone; Transdermal Fentanyl; Methadone
3. Adjuvant analgesics: NSAIDS; Tricyclic antidepressants, anticonvulsants, steroids, oral local anesthetics

Alternate Routes: Oral; subcutaneous; rectal; transdermal; intravenous

Other Modalities

1. Anesthetic procedures, eg: celiac plexus block
2. Radiotherapy
3. Surgery, eg: stabilize the pathological fracture
4. TENS, acupuncture, biofeedback/relaxation therapy, Physio/OT, etc.
5. Bisphosphonates

Basic Management

1. PRN dosing alone often appropriate for intermittent pain, initial dose titration, or renal failure
2. Continuous pain use regular around the clock regimen with rescue dose available (10% of 24 hour dose)
3. Use short-acting opioid for titration until pain control stabilized
4. Only use long-acting opioids when pain control achieved
5. Regular laxative regimen almost always essential
6. Metoclopramide/Domperidone for opioid-induced nausea

Common Issues/Complications

1. Understand tolerance and addiction as separate and uncommon problems
2. For opioid-induced myoclonus/confusion switch opioids
3. Use conversion table to calculate dose for opioid switch
4. Avoid misdiagnosis of delirium as increasing pain (especially if opioid-induced as vicious cycle soon escalates)
5. Avoid polypharmacy - adjuvant analgesia unnecessary if opioid alone effective and vice versa
6. Avoid Meperidine due to side effects with chronic use
7. Avoid agonist-antagonists, eg: Pentazocine

High Risk Factors in Pain Control:

- Neuropathic Pain Syndrome
- Incident Pain
- Psychosocial and Spiritual Distress
- Chemical coping with alcohol or substance abuse
- Cognitive Impairment

REMEMBER: For referrals, questions, or telephone consultations call 496-1300 weekdays and weekends.

Palliative Care Tips are now available on our Website: www.palliative.org