

PALLIATIVE CARE TIPS

Issue # 9 Pain Assessment (Related topics: # 8, #17)

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Case 1

As attending physician, you are asked by the family of a 65 year old man with advanced lung cancer and bone metastases to see him urgently in his home. They say he is in severe pain. He is very restless and is groaning and moaning. They have given him eight (8) breakthrough doses of morphine (in addition to his regular dose) in the last 24 hours, with little effect.

Consider the following:

- The pain exacerbation may be due to one of the following: 1) delirium (most likely); 2) complication of his cancer such as a pathological fracture or urinary retention; 3) a psychological crisis; and/or 4) development of tolerance to his present opioid (unlikely).
- Exclude delirium: ask about hallucinations and paranoia. Look for muscle twitching (myoclonus) or hyperalgesia. Assess cognition (MMSE may be useful). Do a comprehensive exam (looking for dehydration, hypoxia, infection etc.). Consider lab investigations to exclude factors such as hypercalcemia, uremia, etc. If delirium present, treatment involves managing the symptoms and underlying causes (if possible), rather than increasing the opioid dose further.

Case 2

A 38 year old man with renal cell cancer presents with back pain.

Consider the following:

- Always perform a comprehensive musculoskeletal and neurological exam on any cancer patient presenting with back pain.
- Exclude bone metastases to spine: local tenderness etc.; consider x-ray or bone scan.
- Exclude malignant spinal cord compression (MSCC): back pain and “girdle-like” pain is common. Assess muscle strength, sensation, bowel and bladder control, reflexes, rectal tone, tenderness over spine, etc. If any suspicion of MSCC, start dexamethasone 4 mg qid to 10mg bid PO or SC and get immediate referral to Cancer Center for assessment (MRI) and radiation therapy (if confirmed). It is uncommon to find multiple levels of MSCC.

Case 3

A 54 year old woman with advanced breast cancer presents with increasing pain in her right shoulder radiating down the right arm. She has been on an escalating dose of morphine.

Consider the following:

- Brachial Plexus involvement: brachial plexus involvement (\pm muscle weakness, lancinating pain, burning pain). She may benefit from the addition of an adjuvant analgesic such as gabapentin, a tricyclic antidepressant or a corticosteroid in selected cases. Radiation therapy may help if there is a tumor involving the brachial plexus.

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