Managing your Patient's Complex Cancer Pain

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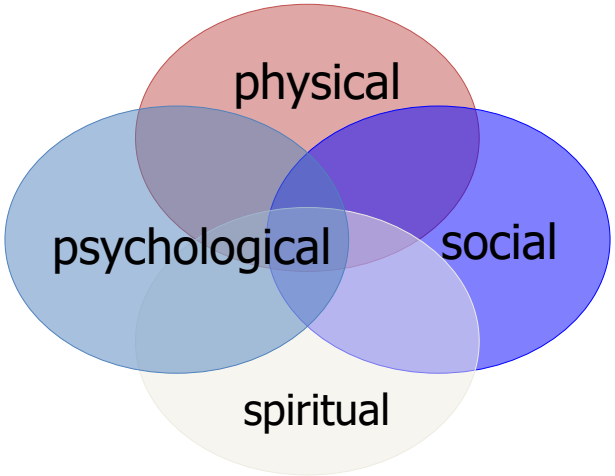
THIS IS MODERN MEDICINE

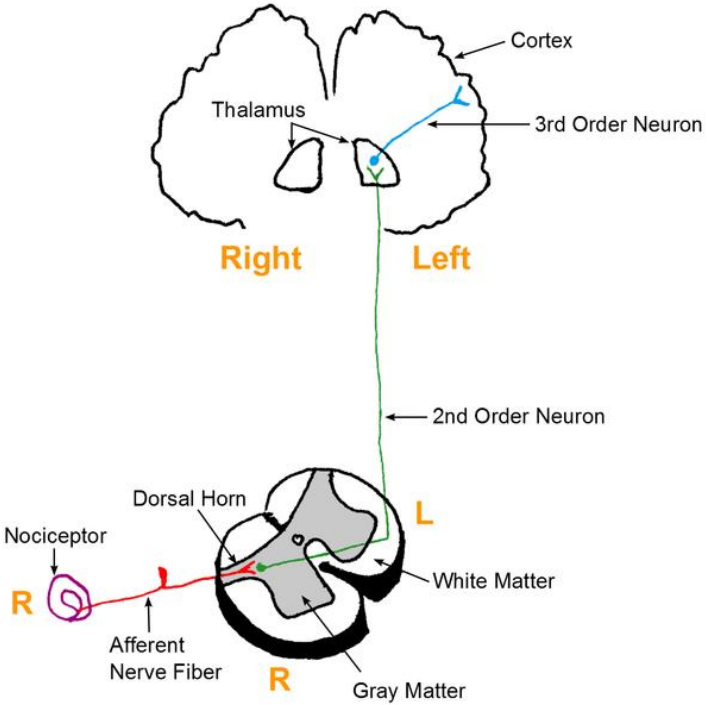
Total Pain



Pain and Cancer

- Pain and cancer are not synonymous
- Up to 50% of patients with cancer never experience significant pain
- It is very rare for pain associated with cancer to remain refractory to treatment, with appropriate involvement of specialists, particularly at end-of-life.
- Options and understanding improving all the time.

Diagnosis of Pain …… Nociceptive versus Neuropathic



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Pain Assessment …….. SOCRATES

		Nociceptive	Neuropathic
S	Site	Visceral v Somatic	
O	Onset		
C	Character	Aching, Throbbing	Shooting, Stabbing, Burning
R	Radiation		Dermatomal
A	Associations		
T	Time course		
E	Exacerbating/relieving factors		
S	Severity		

Pain Management Options

- Disease modifying treatments
- Analgesics
- Anaesthetic interventions
- Non-drug methods
- Psychological
- Modification of way of life and/or environment

Analgesic Options

Simple analgesic	Paracetamol	
NSAIDS	Ibuprofen, Diclofenac	COX2
Weak Opioids	Codeine	Tramadol, Tapentadol
Strong Opioids	Morphine, Oxycodone, Hydromorphone, Methadone	Burprenorphine, Fentanyl
Adjuvant Analgesics	Antidepressants	Anticonvulsants
Others	Ketamine	Cannabinoids

OPIOIDS in Cancer Pain – Principles of Administration

Choice of opioid

morphine/oxycodone/hydromorphone
tapentadol

Route of administration

buprenorphine/fentanyl patches
fentanyl buccal/intranasal

Mode of administration

"normal" release versus "slow" release
prn for "breakthrough" versus "incident pain" (and titration)
"Step-up, Step-down" of opioids

OPIOIDS in Cancer Pain - Cautions

SIDE EFFECTS

Constipation

- regular laxatives, Targin, Moventig

Nausea

- ensure availability of antiemetic

Sedation

- forewarn

Dry mouth

- mouthcare regimes

OPIOIDS in Cancer Pain - Cautions

TOXICITY

- Myoclonus
- Somnolence
- Delirium
- Hallucinations
- OIH (opioid-induced hyperalgesia)
- Respiratory depression

"Unexpected" toxicity in ORCP may herald sepsis

Retrospective Audit of Opioid Toxicity in Cancer Patients (D Waldron et al.)

- 150 patients on opioids, 53 developed unexpected opioid toxicity
- No signs of sepsis initially
- 100% had myoclonus as presenting feature of opioid toxicity
- Full blown sepsis within:
    - 24 hours in 63%
    - 36 hours 26%
    - 48 hours 11%
- Opioids reduced – occasional naloxone low-dose required
- 2 weeks post treatment of sepsis, opioid need reverted back to near pre-sepsis dose
- Recommendation:
- In context of unexpected opioid toxicity, **"check for and presume imminent sepsis".**

- Hypothesis: The body may be producing endogenous opioids in preparation for "*fight or flight*" of imminent sepsis, hence "*external opioids*" are temporarily redundant. Previous studies associate opioid toxicity occurring "*during*" sepsis.

OPIOIDS in Cancer Pain – Management of Opioid Toxicity

- Check for infection, hypercalcaemia, renal impairment
- Ensure adequate hydration
- If pain control is adequate, consider reduction in opioid dose
- If pain control is inadequate, consider rotation to an alternative opioid
- Seek specialist advice

- ***Pharmacological Management of Cancer Pain in Adults – NCEC Nov. 2015, www.gov.ie***

Refractory neuropathic pain

Pregabalin, gabapentin, amitriptyline
Tapentadol
Methadone
Ketamine
Lidocaine

Vicky Phelan Tells Government “allow me die with dignity”

Sun, 13 Sep, 2020.
Irish Examiner

“For those people who are opposed to assisted dying, I would ask them to put themselves in my shoes, and imagine what it is like to be me, for even one minute, and how frightening it is to know that I will most likely die in pain”.

Early Referral to Palliative Medicine

- Patients with lung cancer live longer with palliative care involvement from diagnosis

Temel et al. Longitudinal perceptions of prognosis and goals of therapy in patients with metastatic non-small-cell lung cancer: Results of a randomised study of early palliative care. Journal of Clinical Oncology. 2011; 29(11):2319-2326.

- The name "palliative care" is a barrier to early patient referral
- Medical oncologists are more likely to refer to patients at earlier stages of cancer illness to a service named "supportive" rather than "palliative"

Fadul et al. Supportive versus palliative care: what's in a name? A survey of medical oncologist and midlevel providers at a comprehensive cancer center. Cancer. 2009;115(9): 2013-2021.

Thank you

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