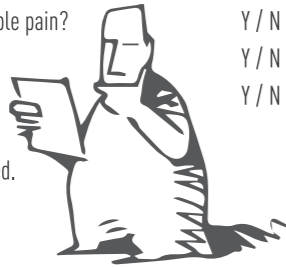


WHEN TO START PAIN THERAPY (PT)

- Is pain present in most part of the day? Y / N
- The patient try to resist to pain as long as possible? Y / N
- Pain killing drugs are used only for unbearable pain? Y / N
- Is pain accompanied by depression? Y / N
- Is pain associated with insomnia? Y / N



Even if **one** answer is yes, PT should be started.

PT AND ITS RULES. A STRATEGY LIKE IN A BATTLEFIELD

Frequently, pain bearing patients believe that its treatment is something difficult and misterious, as pain itself: nothing is more erroneous. PT is the intensity calibrated and timely use of all means available to fight pain.



Therefore the delivery of a correct PT relays on the

- knowledge of the available therapies
- use of the most easy usable at lowest dosage needed to control pain and to avoid their side effects
- choice of timing and dosages to be able to treat all types of pain (acute, chronic etc..) in a patient tailored way
- monitoring of the pain intensity to continuously validate the efficacy of the treatment

MEANS TO DELIVER A PT

- Pain controlling **drugs** are the primary largely available and deliverable resources.
- The methods to **block the nerves** conductivity should be used only in Specialized Centers

CONCLUSIONS

Being pain of no benefit to patients during or following cancer treatment it should be treated since its appearance.

Thus patients should be encouraged not to be afraid to discuss about their pain. Available therapies which have been developed through basic and clinical research will be able to diminish or block pain when customized to the patients' clinical situation, his family and the living environment.

We hope that this booklet may help patients and the managing team to establish a proficous alliance to maximize the therapeutic benefical outcomes freeing the highest number of patients from pain.



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TUMOR ASSOCIATED PAIN



A GUIDE TO HELP
PATIENTS, DOCTORS AND CAREGIVERS
TO FIGHT PAIN JOINTLY

PAIN AND TUMORS

Informing patients about strategies to control the pain which is often associated with their disease is of primary importance from the therapeutic point of view. Indeed, this will free patients from the frequently associated anxiety, and it will be conducive to a two ways constructive relationship with the therapy team.



This booklet is meant to help patients to build up this relationship by understanding that pain can be controlled to the point of being eliminated, thus unabling them to face pain fearlessly and actively.

WHERE, HOW AND WHY PAIN OCCURS?

Pain which originates from sick parts of the body is funnelled through the nerves as through electric cables to the brain being the outcome the feeling by the patient of discomfort of variable intensity and invariably distress and anxiety. If pain is somehow helpful to alert that therapies should started for an underline disease, its persistence (chronic pain) is useless since it represents a second illness. Thus its relief resulting in an improved quality of life gives patients strength, hope to recover and confidence in the adopted therapies.

THE SIDE EFFECTS OF PAIN

Long lasting pain produces discomfort and anxiety as well. This often prevents movements thus making patients inactive and dependent from somebody's help. Frequently chronic pais is associated with insomnia, fatigue, irritability, depression.

As a result, the patient may live with resentment ("why it happend to me?") and with diminishing will to fight the disease to the point of refusing medical advice and even the help and support from friends and the family.

Treating pain and its worsening therefore, helps to prevent all or a significant part of the above not secondary associated ailments.



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THE DRUGS

As a rule, drugs therapy is initiated with pills containing aspirin derived substances (**NSAIDS**) which are capable of controlling pain within 30-40 min, for a 4-5 hours time. Since they may produce gastro-intestinal pain and bleeding even if given by injection they are administered together with drugs which protect the stomach.

In the event of persisting pain, opium deriving drugs (opioids) will be given starting from the less potent medication (codeine, tramadol) and moving if needed to the more efficacious (oxycodone, morphine, fentanyl, methadone) At the beginning of the treatment it is advisable to use the combination of a weak opioid and paracetamol.

No alcohol should be consumed when on opioids treatment. Cortisone a drug produced by our own body is often associated with the above drugs to reduce anxiety, insomnia, depression and the "burning pain". In case pills cannot be taken because of impaired swallowing, Fentanyl containing patches can be applied for a pain relief lasting 2-3 days. Acute pain attacks can be rapidly treated with Fentanyl nasal sprays or sublingual pills. Main guideline is to restrict aggressive therapies in cases of resistant pain.

WHAT DOSAGE AND WHEN?

Since pain treatment may require the use of more than one drug

a) medications should preferably be taken by mouth. Though the relief from pain starts slowly its duration is prolonged. Intramuscular injections should not be used for prolonged therapies

b) drugs should be taken at established hours. The best therapy is the one that anticipates the onset of pain. When dealing with acute recurrent pain during the day, it is advisable to use fast acting drugs by the sublingual route

To be remembered!

A frequent failure of the PT derives from the use of suboptimal dosage of the medications and not from the opposite. Further, the drug should be used before the onset of pain and not waiting its worsening. Anticipating treatment allows to "behead pain".



HOW TO PREVENT OR REDUCE THE SIDE EFFECTS OF THE PAIN KILLING DRUGS?

Stomachache and heartburning

Often arising during uptake of anti-inflammatory drugs (NSAIDS) and cortisone are frequently relieved by stomach-protecting drugs.

Nausea and Vomiting

Frequently accompany the uptake of opium-derived drugs, radio/chemotherapy, and occur in patients with impaired liver functions. Appropriate remedies are available.

Loss of appetite

Pain-killing drugs may not only increase the loss of appetite due to the disease but may lower the taste of food. In this event, it is advisable to eat small servings repeatedly during the day.

Constipation

To overcome this side effect anti-constipation compounds are frequently present in pain-controlling drugs especially in the opioids. A diet rich in vegetables seasoned with olive oil may be of help. An abundant daily uptake of water may reduce constipation and increase the disposal of drugs from the body. The use of laxatives and rectal enema should be resorted to only in case of constipation lasting 2-3 days.

Sleepiness

This may occur during the day when taking opioids. In older patients with some degree of memory decline this may result in woolliness. The moderate use of coffee and tea may be of help.

Insomnia and grumpiness

During prolonged therapies for chronic pain which are accompanied by insomnia some drugs such as cortisone may induce grumpiness. The patient believes that his condition is misunderstood thus refusing advice and attention from family members, relatives and friends. Since sharing pain may contribute to its forbearing, patients should be helped to accept any manifestation of affection, concern and care.



FREQUENT QUESTIONS FROM PATIENTS

Aren't so many pain-killing pills dangerous?

NO!! Since PT may require the combination of pain-killing drugs and medications to overcome their associated side effects it is not uncommon that a number of pills, drops, syrups even 4-5 times a day are taken. Patients should be encouraged to keep a daily record of the various medications in order to help the caring team to change the schedule of treatment according to pain duration and severity.



Can the use of opioids induce dependence?

Opioids when properly used according to established doses and schedules do not induce dependence. On the contrary, prolonged treatments can produce loss of efficacy of the drug the so-called "tolerance" and a decrease of their associated untoward side effects (short breath, constipation, nausea). In this case therapy should be rescheduled.



It is possible to interrupt the use of pain-killing drugs?

YES, PT can be suspended provided it does not occur abruptly but in few days and only when pain is significantly decreased or disappeared.

BONES PAIN

Pain that arises in bones especially in the spine may be very intense to the point that even simple movements cannot be done. The treatment of this pain which makes the patient helpless requires the combined effort of different specialists (oncologist, radiotherapist, orthopedist, physiotherapist and neurosurgeon).

The main available therapies are:

- Periodic administration** of drugs that prevent bone loss and help the production of new bone
- Radiotherapy** which by curing the diseased bone may relieve pain
- Orthopedic supports** that by limiting movements may ease pain



NEUROPATHIC PAIN

When the disease and/or its treatment damage the nerves a characteristic type of pain develops. Patients complain of burning, electric shocks, pricks, numbness. These sensations are often referred to as arising from surgically removed diseased tissues (breast, intestine, limbs). This pain called "phantom pain" is often insensitive to standard pain-killing therapy but may be diminished by anti-epileptic drugs and eased by anti-depressants.

TUMOR ASSOCIATED DEPRESSION

The disease and the associated pain especially if long-lasting may induce depression and anxiety. Patients should be encouraged to discuss the status of their mood helping them to understand that "talking of their pain" is not a sign of weakness. Discussing about their psychological distress will help them to cure the "pain of the soul" and to start adequate treatment before worsening of the symptoms.

BLOCKING THE PAIN

In case the above described treatments should fail it will be necessary to block or decrease the transmission of the pain through nerves to the brain. This therapy which should be discussed with the doctor will require the direct injection of pain-killing drugs into the nerves, as it is done in women during labor.

HOSPITAL BASED PT CENTERS

In these referral centers a continuous management of pain is taken care of by a team of specialists (anesthesiologists, neurologists, radiotherapists, oncologists, psychologists etc). Pain will be therefore carefully monitored in terms of intensity, duration, response to applied therapies which could then be varied accordingly with a personalized strategy.

PSYCHOLOGICAL SUPPORT

Psychological support should when possible accompany patients and families to fight the discomfort of pain and the side effects of the disease and therapies. Please refer only to licensed professionals.

ALTERNATIVE THERAPIES

A number of therapeutic/supportive interventions (acupuncture, dietary regimens, herbs, homeopathy, Qi-gong lessons, meditation training etc) outside current official guidelines are advertised by uncensored sources offering relief for the tumor-associated pain.

They are very often offered with unproven efficacy according to strict scientific assessment and may be harmful and of unjustified high costs.

Sometimes the patients are also encouraged to abandon the standard therapies with the result of disease and/or pain worsening.

It is advisable that none of these alternative therapies should be undergone without consulting the treating physician or team.

Music, art, dance and any activity that "distracts" patients from their difficulties during standard therapies may improve their quality of life.