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Cancer Pain Management: I

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I. INTRODUCTION

A. This manual is the first of 2 parts on cancer pain management. Part 1 focuses on etiology of cancer pain, assessment of pain, common cancer pain syndromes, nonpharmacologic therapy, invasive therapy, and pain management in patients with a history of substance abuse or who are elderly. Part 2 will focus on pharmacologic therapy and also provides review questions for self-assessment.

B. **General principles**

1. Suffering can be described as a state of severe physical or emotional distress associated with a prolonged threat to an individual's sense of feeling intact. In cancer patients, suffering results from the threat to life, the perceived loss of control, and the feeling of hopelessness.
2. Unrelieved pain contributes to suffering by reinforcing feelings of loss of control and helplessness in the presence of life-threatening disease.¹
3. The perception of pain is influenced by the psychological, sociocultural, and cognitive

status of the patient and is manifested by physiologic, psychological, and behavioral changes.

4. The term "total pain" describes the all-encompassing nature of pain as it affects quality of life, including the physical, emotional, social, and spiritual well-being of an individual (**Table 1**).²
5. Comprehensive pain management plans address the multidimensional aspects of pain. These plans may involve multidisciplinary teams, which include the patient in addition to the family, physician, nurses, social workers, pharmacists, psychologist or psychiatrist, and rehabilitation therapists.
6. Every patient with cancer should receive comprehensive pain management as an integral part of his or her care throughout the disease continuum.

C. **Definitions of pain**

1. Pain is a sensory and emotional experience associated with actual or potential tissue damage or is described in such terms.³