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Cancer Pain Management: II

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Cancer Pain Management: II

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I. INTRODUCTION

- A. This manual is the second of 2 parts on cancer pain management. Part 1 focused on the etiology of cancer pain, assessment of pain, common cancer pain syndromes, nonpharmacologic pain management, invasive techniques for pain management, and pain management in patients with substance abuse problems or in those who are elderly. Part 2 focuses on pharmacologic therapy and also provides review questions for self assessment.
 - B. Comprehensive cancer pain management recognizes and treats the physical, psychological, social, and spiritual distress evoked by pain.
 - C. The patient's self report of pain provides best indicator of pain's existence and extent.
 - D. Successful pain management begins with assessment and formulation of the pain diagnosis.
 1. Assessment includes location, intensity, and quality of the pain as well as information about factors that intensify or alleviate the pain, including medications and other therapies.
 2. Pain diagnosis includes the etiology of pain and type of pain (eg, somatic, visceral, and/or neuropathic).
 - E. Rational pain management includes treating causes of pain when possible, optimizing analgesic medications, using nonpharmacological interventions for function and comfort, and using invasive procedures when appropriate. Cancer pain can be successfully managed in 75% to 90% of patients using relatively simple interventions.
 - a. Use of oral medication
 - b. Use of scheduled analgesic administration
 - c. Consideration of individual needs
 - d. Attention to timing, dosing, effectiveness, and side-effect management
3. This approach is effective in relieving 75% to 90% of cancer-related pain.¹
 4. Breakdown of the 3-step analgesic ladder
 - a. Step 1: Patients with mild-to-moderate pain who have not taken any analgesic therapy are treated with nonopioid medications (nonsteroidal anti-inflammatory drugs [NSAIDs] or acetaminophen); use of appropriate adjuvants is optional.
 - b. Step 2: If pain persists or worsens despite maximum doses of nonopioids, add an opioid for mild-to-moderate pain.
 - 1) Clinically, the use of a nonopioid on a scheduled basis and short-acting opioids on an as-needed basis is effective.
 - 2) Products containing a combination of acetaminophen with codeine, hydrocodone, or oxycodone are often used at this step.
 - 3) The daily doses of combination products are limited by acetaminophen because doses of acetaminophen greater than 4 g per day are not recommended.
 - 4) Tramadol, a weak mu agonist that inhibits reuptake of serotonin and norepinephrine, acts an opioid and nonopioid.²⁻⁴
 - a) Tramadol, 50 mg orally, provides analgesia equal to oral codeine, 60 mg.
 - b) Tramadol may be useful in patients who cannot tolerate NSAIDs or who wish to defer use of traditional opioids.⁴
 - c) Tramadol reaches ceiling effect (ie, increased doses will not

II. PHARMACOLOGIC MANAGEMENT

- A. **World Health Organization (WHO) analgesic ladder (Figure 1)**
 1. The WHO 3-step analgesic ladder is a guide to rational use of analgesic medications.
 2. The WHO approach emphasizes: