

PAIN CONTROL

WHAT IS PAIN?

Pain is a message from your body. It occurs when tissue is damaged and the nervous system sends signals to the brain. Pain is sometimes necessary and beneficial. Without it, we would have no way of knowing when our bodies are in trouble.

One of the major reasons why so many people fear cancer more than other diseases, is that they associate it with severe intractable pain. However, some cancer patients experience little or no pain and only about 40% have pain severe enough to require pain killers.

Cancer pain is caused either by pressure on nerve endings by tumors, penetration of nerves and blood vessels by tumor cells, or by an obstruction of hollow areas caused by tumors. Pain may be acute (brief and severe) or chronic (long-lasting, ranging from mild to severe). Acute pain is a useful symptom and directs attention to problems, whereas chronic pain no longer serves a useful purpose. Severe pain of either type can dominate a patient's life.

The oldest interpretation of pain is that it is the price paid for offending the gods, a concept that stems from a Greek myth. Many Americans have tended to view pain as a condition that should be endured. But, as the medical profession has made progress in supportive care, it has become clear that patients can be relieved from the burden of severe pain. Most patients now agree it is not a sign of personal weakness to want to be pain-free, especially in situations involving chronic pain.

WHAT CAN BE DONE TO ELIMINATE CANCER PAIN?

Of course, treating the cancer itself is the ideal means for getting rid of pain. Through surgery, radiotherapy, hormone treatments, and chemotherapy, the causes of cancer pain can be removed or reduced, even in cases where remission is no longer a goal.

But when there is pain, direct pain-relief methods are usually employed along with treatments for the cancer itself. The major methods for controlling pain are: non-narcotic and narcotic pain relievers, nerve blocks, neurosurgical operations, electrical stimulation, biofeedback, diversion and relaxation techniques and skin stimulation. Other methods such as acupuncture and hypnosis have been used with some success and are becoming more and more accepted for certain types of pain. (Descriptions of these pain control techniques.)

NON-NARCOTIC PAIN RELIEVERS

Medicines for pain relief, also called analgesics, are the most common means of controlling pain. These medicines work by depressing certain areas of the central nervous system and blocking the brain's ability to recognize pain.

Some pain requires narcotic pain relievers, but treatment for pain usually begins with a mild non-narcotic agent like aspirin, acetaminophen (such as Tylenol and Datril), or combination products (such as analgesic and the standard of comparison for all other drugs).

Although these medicines may be bought without a prescription, patients should check with their physicians before using them. In some circumstances, there are side effects from non-narcotics, or there may be effects from the interaction of these medicines with other cancer treatments.

Sometimes prescription drugs are given for mild pain. Darvon, which is technically not a narcotic but requires the same careful use, is one such drug.

NARCOTIC PAIN RELIEVERS

The analgesics which are presently most effective for moderate to severe pain are narcotics. These medicines may be obtained only with a doctor's prescription. They can be administered in a variety of ways.

Usually if non-narcotics do not provide adequate relief for a cancer patient, he is given one of several narcotics effective with moderate pain. The most widely used of these narcotics are codeine and oxycodone. Oxycodone is sold as Percodan and Percocet. For increased effectiveness, these drugs are frequently compounded with non-narcotic analgesics. (The drug Talwin, which is not a narcotic, but has some similarities to narcotics, is sometimes also used for moderate pain.)

For more severe pain, patients are given more potent narcotics. The most widely used are morphine (a common brand is Dilaudid), and the synthetic morphine-like drugs, Demerol and Methadone. Heroin is used in England, but is not available for use in the United States. Studies of heroin have not proved it to be more effective than morphine.

BROMPTON'S COCKTAIL

"Brompton's cocktail" and "hospice mix" are among the terms used to describe oral medication mixtures that have been developed to control pain in cancer patients. The most common ingredients of a Brompton's cocktail are: a narcotic, such as morphine or methadone; a stimulant, such as cocaine, to counteract drowsiness; an anti emetic, such as Compazine, to counteract nausea and vomiting; and a flavoring agent.

SOME THINGS TO REMEMBER ABOUT NARCOTIC PAIN RELIEVERS

Because of a variety of misconceptions about pain control, patients are often under treated with analgesics. For example, patients and their families are sometimes overly cautious because they are frightened of increasing dosages and the threat of addiction. In fact, dependence on narcotics is not a significant problem in treating cancer patients for pain. When pain is adequately covered, dosage needs do not increase, but level off. And when the pain disappears, the need for pain relievers goes away. Also, patients should know there is a range of medications available, enabling doctors to prescribe different, perhaps stronger, drugs if necessary.

There are other misconceptions about how active a role families and patients should take in the treatment process. Some patients and families are anxious about giving themselves medication at home, especially when the means of administration is injection. They sometimes feel uncomfortable monitoring the changes in degree of pain and communicating those changes to the doctor. Some patients wait until pain is intolerable before requesting medication. Health professionals, however, generally welcome active interest and participation from families and patients, and they prefer to be informed as soon as pain begins to worsen, rather than when pain has reached an intolerable point.

Conventionally, narcotics are administered on the p.r.n. schedule. This means the pain drugs are given upon request. Usually, the patient is given a drug only after he develops pain, waits for it to worsen, and calls a nurse or doctor. However, a current practice is that, for chronic pain, pain relievers should be given at regular intervals sufficient to keep a patient pain-free. Treatment begins by giving the patient the smallest dose of the weakest analgesic and then increasing the dose to the level where the patient is pain-free. The next dose of medication is given before the effect of the narcotic wears off. This method brings additional relief to the patient. By knowing that his medication is on a reasonable schedule, the patient is freed from the tension of anticipating pain.

NERVE BLOCKS

A nerve block is a commonly performed procedure in which a substance, such as alcohol or anesthetic is injected into a specific area of the body, blocking the pathway between nerve and spinal cord. A nerve block can be either permanent or temporary and is performed by an anesthesiologist.

NEUROSURGERY

Neurosurgery is used fairly frequently as a method for controlling pain. There are several neurosurgical procedures, but the most common is cordotomy. In this complicated though usually non-painful procedure, an electrified needle is used to destroy nerve fibers in the spinal cord.

ELECTRICAL STIMULATION

Transcutaneous nerve stimulation (also called TENS) is a commonly used, successful method for treating localized pain with direct electrical stimulation. This method is generally most effective with bone pain. The patient wears a small battery-operated activating box and can switch an electric current to block the pain temporarily. This can be used in conjunction with other treatments, it may be used continuously, and it leaves the patient free to move around, even in public.

There are other methods of electrical stimulation, such as electro galvanic stimulation (EGS), which have met with good results. EGS has been found to be effective with muscle and nerve pain.

BIOFEEDBACK

Biofeedback is based on the concept that body processes generate specific electrical waves that can be measured by electrical sensors. These signs are picked up by an indicator. By watching the indicator, a patient monitors an internal body system--such as heart rate, or a muscle that might be tense--and he learns to exert some control over it. Biofeedback is not used frequently for cancer patients but it is sometimes used to reduce muscle pain that is not caused by the cancer itself.

DIVERSION AND RELAXATION

Most people know what activities or situations help relax them. And even patients who experience severe pain can be diverted from being preoccupied with the pain--by means of conversation, humor, or recreation. In addition, health professionals may be able to help with special techniques, such as guided imagery. Without relaxation and diversion, the body and mind are more tense and, therefore, in more pain.

SKIN STIMULATION

Skin stimulation is a way to help reduce or even remove pain temporarily. Massage, as well as hot, cold, and menthol gel treatments, can be applied on or near the area when the pain is felt. However, patients who are receiving radiation treatment should check with their doctors before using skin stimulation.

OTHER METHODS

A number of studies are underway to develop or refine other methods of pain control. These techniques include hypnosis and acupuncture.

Hypnosis is a procedure that involves teaching the mind to ignore involuntary body responses such as pain, and to replace suffering with a more positive feeling. Physicians and psychologists who use hypnosis feel its advantages are that it reduces pain without side effects, it does not affect a patient's normal functions, and it can be used in combination with conventional pain control techniques.

Acupuncture is a technique reported to relieve chronic pain in patients suffering from a variety of illnesses. Thin needles are inserted into the body at specific pain-relief points. Patients do not feel pain during acupuncture treatments and there are no side effects. The length of time of each treatment varies. Usually, there is a series of treatments.

GOOD COMMUNICATION

If you have cancer, or you have a close relationship with someone who has cancer, you may tend to hold in your feelings or hide the strain you feel. This might work for a short while but, in the long run, you will need the benefits of good communication or even counseling.

Pain is a complex thing. People differ greatly in their tolerance of pain. Also their personal reactions to the fact of having cancer affect how they deal with pain. Keeping the lines of communication open helps to reduce anxiety and that can also lessen the pain.

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MISCONCEPTIONS ABOUT PAIN

1. The cause of pain can always be determined, if not it is imaginary.

CORRECTION: The cause of pain cannot always be determined and calling such pain imaginary serves no purpose. ALL PAIN IS REAL!!!!!!!!!!

2. Everyone perceives the same intensity of pain from the same stimuli.

CORRECTION: Comparable stimuli in different people do NOT produce comparable sensations of pain.

3. The patient who can be distracted from his pain usually does not have as high an intensity of pain as he indicates.

CORRECTION: The patient uses the distraction as a form of pain relief, thus we cannot determine his degree of pain in this fashion.

4. Narcotic addiction (daily use of narcotics for non medical purposes) probably occurs in a least 15% of patients who receive injections of narcotics several times a day for 10 days or more.

CORRECTION: Using narcotics for pain does not contribute to the addicted population. The majority of persons stop taking narcotics when the pain is over.

5. The patient with pain would be encouraged to endure as much pain as possible before resorting to the use of a pain relief measure.

CORRECTION: The patient with prolonged acute or chronic pain should be relieved of pain and further pain prevented with accurate doses of medication to induce pain relief and maintain alertness. Must stay on top of the pain. Pain relief is a legitimate goal.

6. If a placebo relieves the patient's pain, then he probably was faking the pain anyway.

CORRECTION: There is no basis to believe a patient doesn't have pain only because the placebo relieved the pain. Studies being done to prove this ENDORPHIN effect.

7. All pain is purely physical.

CORRECTION: Pain has three facets: Somatic, Anxiety and Depression. Each of these factors effect the degree and intensity of pain the person experiences. Rare that we would see purely physical pain or pure psychological pain.

8. Potent narcotics (Morphine or Dilaudid) should be saved until the last, when the pain is really severe. This will prevent addiction and respiratory depression.

CORRECTION: Analgesic dose is usually NOT LETHAL in a drug tolerant patient because he also develops tolerance to respiratory depression and sedation about the same time he develops tolerance to analgesia. There is no documentation to prove that there is a ceiling on the effect of morphine or other potent narcotics.

9. If the patient is “snowed” during the first 24-48 hours after the initiation of Hospice Mix or Brompton Solution, it should be discontinued. (Snowed: very sleepy, lethargic, difficult to arouse, extremely restful.)

CORRECTION: During this period of time it is critical that the family, patient, nurse, doctor or caregiver be encouraged to continue the medication. Snow is a usual reaction to the dose of medication that will eventually be titrated or regulated to the patient needs. It will provide pain relief while allowing the patient to remain alert, after the body adjusts to the initial doses.

10. All patients who are terminally ill with cancer suffer a great deal of pain.

CORRECTION: 40-50% of terminal cancer patients never have pain.

11. The patient is an unreliable source of information regarding his pain.

CORRECTION: The effectiveness of pain relief measures is enhanced through anxiety reduction when the patient knows that others around him believe he has pain. BELIEVE THE PATIENT!!!!

12. The only way to relieve pain is through the use of medications.

CORRECTION: There are many forms of pain relief, including both invasive and noninvasive.