

Managing Cancer Pain



Here is information about cancer pain and how it can be controlled. Not everyone with cancer has pain. Those who may have cancer pain, can feel better with proper pain treatment.

Facts about cancer pain treatment

If you are being treated for cancer pain, you may have concerns about your medicine or other treatments. Here are some common concerns people have and the facts about them.

Concern: I can only take medicine or other treatments when I have severe pain.

Fact: You should not wait until the pain becomes severe to take your medicine. Pain is easier to control when it is mild than when it is severe. You should take your pain medicine regularly and as your treatment providers tell you. This may mean taking it on a regular schedule and around-the-clock. You can also use the other treatments, such as relaxation and breathing exercises, hot and cold packs, as often as you want to. These other treatments are described later.

Concern: If I take too much medicine, it will stop working.

Fact: The medicine will not stop working. But sometimes your body will get used to the medicine. This is called “tolerance”. Tolerance to a medication means you may need more of the medication to get the same effect after you have been taking it for a long period of time. Tolerance is not usually a problem with cancer pain treatment because the amount of medicine can be changed or other medicines can be added. Cancer pain can be relieved. Don't deny yourself pain relief now.

Concern: I will become “hooked” or “addicted” to pain medicine.

Fact: Studies show that getting “hooked” or “addicted” to pain medicine is very rare. Tolerance is not the same thing as addiction. Addiction is overuse of a medication for physical and/or emotional needs even if it can cause harm. This overuse could lead to many problems: legal, relationship, and/or work. Remember, it is important to take pain medicine regularly to keep the pain under control.

Concern: If I complain too much, I am not being a good patient.

Fact: Controlling your pain is an important part of your care. Tell your treatment providers if you have pain, if your pain is getting worse, or if you are taking pain medicine and it is not working. They can help you to get relief from your pain.

You may have concerns about your treatment that were not discussed here. Talk to your treatment providers about your concerns.

Why pain should be treated

Pain can affect you in many ways. It can keep you from being active, from sleeping well, from enjoying family and friends or from eating. Pain can also make you feel afraid or depressed.

When you are in pain or uncomfortable, your family and friends may worry about you. With treatment, most cancer pain can be controlled. When there is less pain, you will probably feel more active and interested in doing things you enjoy.

If you have cancer and you are feeling pain, you need to tell your treatment providers right away. Getting help for your pain early on can make pain treatment more effective.

What causes cancer pain?

There are many causes of cancer pain. Sometimes pain from cancer happens when a tumor presses on bone, nerves, or body organs. Cancer treatments (chemotherapy, surgery, radiation therapy) can cause pain, too. If you have more pain with cancer treatments, it does not always mean that the treatment is not working or that the cancer is worse.

You may also have pain that has nothing to do with your illness or its treatment. Like everyone else, you can get headaches, muscle strains, and other aches and pains. Because you may be taking medicine for cancer treatment or pain, check with treatment providers on what to take for these everyday aches and pains.

Other conditions such as arthritis can cause pain too. Pain from these other conditions can be treated along with cancer pain. Again, talk to your treatment providers about your medical history. They will be able to tell you how each condition can be treated and help find what works best for you.

Treating cancer pain

Cancer pain is usually treated with medicine. Surgery, radiation therapy, and other types of treatments can be used along with medicine to give even more pain relief. These treatments include progressive muscle relaxation, guided imagery, hypnosis, distraction, and cognitive restructuring. Your treatment providers may also speak to you about stress management and treatment for depression or anxiety. Stress and other intense emotions can make pain worse.

Choosing the right medicine

Pain treatments work differently for different people. Even when your treatment providers use the right medicines and treatments in the right way, you may not get the pain relief you need. While you are being treated for your pain, tell your doctors and nurses how you feel and if the treatments help. The information you give them will help them to help you get the best relief.

Your treatment providers will work to find the right pain medicine and treatments for you. You can help by talking with them about:

- Pain medicines you have taken in the past and how well they have worked for you.
- Medicines and other treatments (including health foods, vitamins, herbs and other “nonmedical” treatments) that you take. Your treatment providers need to know about other treatments you are trying and other medicines you take. This is important because some treatments and medicines do not work well together. Your treatment providers can find medicines that can be taken together.
- Allergies that you have. Be sure to include any allergies to medicines.
- Fears and concerns that you have about the medicine or the treatment. Talk to your treatment providers about your fears and concerns. They can answer your questions and help you to understand your pain treatment.

Types of pain medicine and their benefits and risks

Many medicines are used to treat cancer pain. Your doctor may order one or more of them for you to take. The list below describes the different types of medicine that you may take, the kind of pain they work on, and their possible risks and benefits.

Safety Tip

Do not start to take a new medicine without checking with your treatment providers first. Even aspirin can be a problem in some people who are taking other medicines or having other treatments.

Mild to moderate pain

- **Nonopioids:** Acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen and Celebrex. You can buy many of these over-the-counter (without a prescription). Others need a prescription.

Benefits: Control mild to moderate pain.

Risks: Some of these medicines can cause stomach upset. They can also cause bleeding in the stomach, slow blood clotting, and cause kidney problems at high doses. Acetaminophen does not cause these side effects, but high doses of it can hurt the liver.

Moderate to severe pain

- **Opioids:** Codeine, morphine, hydromorphone, methadone and oxycodone. A prescription is needed for these medicines. Nonopioids may also be used along with opioids for moderate to severe pain.

Benefits: These medicines control moderate to severe pain and do not cause bleeding.

Risks: May cause constipation, sleepiness, nausea and vomiting. Opioids sometimes cause problems with urination or itching. They may also slow breathing, especially when they are first given, but this is unusual in people who take opioids on a regular basis for pain.

Tingling and burning pain

- **Antidepressants:** Amitriptyline, doxepin, imipramine, trazodone. A prescription is needed for these medicines. These medications work well to treat this type of pain. This pain is called neuropathic pain.

Benefits: Antidepressants help to control tingling or burning pain from damaged nerves. They also improve sleep and mood.

Risks: These medicines may cause dry mouth, sleepiness, and constipation. Some cause dizziness and lightheadedness when standing up suddenly.

- **Anticonvulsants:** Carbamazepine, Gabapentin (Neurontin), phenytoin. A prescription is needed for these medicines. Taking an anticonvulsant does not mean that you are going to have convulsions.

Benefits: Help to control tingling or burning from nerve injury.

Risks: Some of these medicines may hurt the liver and lower the number of red and white cells in the blood. It is important to have regular blood tests to check for these effects. Neurontin causes none of those listed side effects.

Pain caused by swelling

- **Steroids:** Dexamethasone, prednisone. A prescription is needed for these medicines.

Benefits: Help relieve bone pain, pain caused by spinal cord and brain tumors, and pain caused by inflammation. Steroids also increase appetite.

Risks: May cause fluid to build up in the body. This leads to swelling. May cause bleeding and irritation to the stomach. Sometimes can cause confusion for some people.

Side effects

All medicines can have some side effects, but not all people get them. Opioid medicines can cause several side effects. Some people have different side effects than others. Most side effects happen in the first few hours of treatment and gradually go away. Some of the most common side effects of pain medicines are:

- **Constipation** (not being able to have a bowel movement). The best way to prevent constipation is to drink lots of water, juice, and other liquids, and to eat more fruits and vegetables. Exercise also helps to prevent constipation. Your treatment providers may also be able to give you a stool softener or a laxative.
- **Nausea and vomiting.** When this happens, it usually only lasts for the first day or two after starting a medicine. Tell your doctors and nurses about any nausea or vomiting. They can give you medicine to stop these side effects.
- **Sleepiness.** Some people who take opioids feel drowsy or sleepy when they first take the medicine. This usually does not last too long. Talk to your treatment providers if this is a problem for you.
- **Slowed breathing.** This sometimes happens when the dose of medicine is increased. Your treatment providers can tell you what to watch for and when to report slowed breathing. Slowed breathing is more likely to be noticed by a caregiver or family member.

More serious side effects of pain medicines are rare. As with the more common side effects, they usually happen in the first few hours of treatment. They include trouble breathing, dizziness, and rashes. If you have any of these side effects, you should call your treatment providers.

Ways to take pain medicine

Most pain medicine is taken by mouth (orally). Oral medicines are easy to take and usually cost less than other kinds of medicine. Most oral medicines are in tablet form, but sometimes they are liquids that you drink. If it is hard for you to swallow and you cannot take a tablet or liquid for some other reason, there are other ways to get these medicines. These include:

- **Patches that are filled with medicine and placed on the skin** (transdermal patches).
- **Injections.** There are many kinds of injections to give pain relief. Most injections use a tube or needle to place medicine directly into the body. These include:
 - ▶ **Subcutaneous injection** -- medicine is placed just under the skin using a small needle.
 - ▶ **Intravenous injection** -- medicine is placed directly into the vein through a needle that stays in the vein.

- ▶ **Epidural or intrathecal injections** -- medicine is placed directly into the back using a small tube. Most of these injections give pain relief that lasts for many hours.
- ▶ **Subdermal and intramuscular injections** -- commonly known as “shots.” These are injections that are placed more deeply into the skin or muscle using a needle. These injections are not recommended for long-term cancer pain treatment. Constantly having shots into the skin and muscle can be painful. Also, shots take longer to work, and you have to wait for them.
- **Rectal suppositories** (medicine that dissolves in the rectum and is absorbed by the body).

When to take your pain medicine

To help your pain medicine work best:

- **Take your medicine on a regular schedule (by the clock).** Taking medicine regularly and as your doctor tells you will help to keep pain under control. Do not skip a dose of medicine or wait for the pain to get worse before taking your medicine.
- **Ask your treatment providers how and when to take extra medicine.** If some activities make your pain worse (for example, riding in a car), you may need to take extra doses of pain medicines before these activities. The goal is to PREVENT the pain. Once you feel the pain, it is harder to get it under control.

Treating pain is important, and there are many medicines and treatments that can be used. If one medicine or treatment does not work, there is another one that can be tried. Also, if a schedule or way that you are taking the medicine does not work for you, changes can be made. Talk to your doctors and nurses --they can work with you to find the pain medicine that will work best for you.

Keeping track of how pain treatments work for you can help. You can use a record like the **“Pain Control Record”** at the end of this handout. Then share this information with your treatment providers. This is the key to working together to find the best pain control plan for you.

Other treatments

Your treatment providers may recommend that you try other treatments along with your medicine to give you even more pain relief. Relaxation exercises like the one at the end of this handout can help reduce pain. Many people find that cold packs, heating pads, massage, and rest help to relieve pain. Music or television may distract you from the pain. Your family members may want to help you to use these treatments. These treatments will help to make your medicines work better and relieve other symptoms, but they should not be used instead of your medicine.

Nondrug treatments of pain

Here are a few examples of treatments that can help to relieve your pain. Your treatment team will be glad to help you learn these methods.

- **Progressive muscle relaxation (PMR)** is the relaxing and tensing of your muscles around the area of pain
- **Deep breathing** is learning to breath using the muscle below your ribs (diaphragm)
- **Stress management** is learning to understand better what causes you to have stress and how to cope with it
- **Guided imagery** is learning to focus on a pleasant image you have chosen using all of your senses; sight, sound, touch, smell, and taste
- **Cognitive restructuring** is learning to change the way you think about pain
- **Counseling or psychotherapy** is learning better ways to cope with the losses you may have because of your pain

Talk to your treatment providers for more information about these treatments. Also, the counseling and support groups listed near the end of this handout may be helpful.

When more treatment is needed

Some patients have pain that is not relieved by medicine. In these cases other treatments can be used to reduce pain:

- **Radiation therapy** This treatment reduces pain by shrinking a tumor. A single dose of radiation may be effective for some people.
- **Nerve blocks** Pain medicine is injected directly around a nerve or into the spine to block the pain.
- **Neurosurgery** In this treatment pain nerves (usually in the spinal cord) are cut to relieve the pain.
- **Surgery** When a tumor is pressing on nerves or other body parts, operations to remove all or part of the tumor can relieve pain.

Talk to your treatment providers about other pain treatments that will work for you.

The first step

The key to getting the best pain relief is talking with your treatment providers about your pain. They will want to know how much pain you feel, where it is, and what it feels like. You can use the questions below to prepare to communicate clearly about your pain. You may wish to write your answers in the space after each question.

Where is the pain? You may have pain in more than one place. Be sure to list all of the painful areas.

What does the pain feel like? Does it ache? Throb? Burn? Tingle? You may wish to use other words to describe your pain.

How bad is the pain? Health Care Professionals will ask you to rate your pain. One easy way is to use a number scale and rate your pain from 0 - 10. Zero means no pain and 10 means the worst pain you can imagine. One of these pain intensity scales is printed at the end of this handout. You can also describe pain with words like none, mild, moderate, severe or worst possible.

What makes the pain better or worse? You may have already found ways to make your pain feel better. Using heat or cold, or taking certain medicines may help. You may have also found that sitting or lying in certain positions or doing some activities affects the pain.

If you are being treated for pain now, how well is the treatment working? You may want to describe how well the treatment is working by saying how much of the pain is relieved all, almost all, none, etc.

Has the pain changed? You may notice that your pain changes over time. It may get better or worse or it can feel different. For example, the pain may have been a dull ache at first and has changed to a tingle. It is important to report changes in your pain. Changes in pain do not always mean that the cancer has come back or grown. Describe how the pain was before and how it is now.

After talking with you about your pain, your treatment providers may want to examine you or order x-rays or other tests. These tests will help them find the cause of your pain.

Having a plan and making it work

You can work with your treatment providers to write a pain control plan to meet your needs. In a pain control plan, you and your treatment providers plan your pain control activities. This will include when to take your medicine, how and when to take extra medicine, and other things you can do to ease and prevent your pain. Your treatment providers may also list the medicines and other treatments you can use to help you with any side effects or other aches and pains, such as headaches.

Making the plan work

Some people find that the first pain control plan does not work for them. You and your treatment providers can change your pain control plan at any time. Here are some questions to ask yourself about the pain plan:

Is the pain plan hard to follow?

Is there any part of the plan that is hard to understand?

Are you pleased with the pain control?

Are you having trouble getting the medicine?

Are you having trouble taking the medicine?

Are you having side effects from the medicine?

Is the medicine or the treatment causing a problem for you or your family?

Are the nondrug treatments working for you?

Other questions for the doctor or nurse:

For further information

- Talk to your treatment providers. To contact the Cancer Pain Service at The OSU Medical Center call (614) 293-6040.
- Ask your treatment providers for patient education handouts on specific types of interventions for pain.
- Talk to the team psychologist about types of non-medical pain relief methods (use of heat, cold, imagery, and cognitive restructuring).
- You may also ask for a handout entitled “**Cancer-related Internet Resources.**”
 - ▶ See or request a copy these brochures:
 - ▶ “**Understanding Cancer Pain**” available through the National Cancer Institute
 - ▶ “**Pain Control: A Guide for People with Cancer and Their Families**” available from National Cancer Institute and American Cancer Society.
- See or request a copy of the National Comprehensive Cancer Network and American Cancer Society Brochure “**Treatment Guidelines for Cancer Pain.**”

- Or, you may contact:
 - ▶ National Cancer Institute 1-800-4-CANCER Internet:
<http://www.nci.nih.gov>
 - ▶ American Cancer Society 1-800-ACS-2345 Internet:
<http://www.cancer.org>
 - ▶ American Pain Foundation 201 North Charles Street, Suite 710,
Baltimore, Maryland 21201-4111 <http://www.painfoundation.org>

Cancer pain relief is of interest to many organizations and there is information in many publications. You may visit or call the Library for Health Information in the Atrium OSU Medical Center. They can assist you free of charge to get further references or resources about managing cancer pain. That phone number is: (614) 293-3707, or you may email requests to health-info@osu.edu

Acknowledgement: The information in this booklet was taken from the Clinical Practice Guideline on Management of Cancer Pain. The guideline was written by a panel of private-sector experts sponsored by the Agency for Health Care Policy and Research. Other guidelines on common health problems are being developed. This information has been adapted and included into the Ohio State University Medical Center Patient Education Inventory with permission of Agency for Healthcare Research and Quality.

