Pain is an unpleasant physical or emotional experience. While not all cancer patients will experience pain, approximately two thirds of patients will have pain at some point during their illness.

**What is pain?**

Pain that is not relieved can interfere with your ability to sleep, eat and have quality time with family and friends. It is important to understand that pain relief is an important part of care.

Pain may be caused by many things, but particularly for people with cancer:

- Tumour involvement: tumour pressing against nerves or organs; cancer spreading to other areas of the body
- Cancer related procedures and treatment effects: biopsy procedures, surgery, and nerve damage related to chemotherapy
- Causes unrelated to cancer: this includes things such as low back pain, rheumatoid arthritis

**Factors that Affect People with Pain**

People respond to pain in many different ways. There are a host of things that make us individuals; thus we all make decisions and ask for help with pain control in different ways. Listed here are influences that affect the way people respond to pain:

- Religious beliefs
- Emotional status
- Culture (customs, way of life, background, traditions)
- Spiritual beliefs
- Tolerance level
- Age and gender
- Anxiety and/or fear
- Wanting to be a “good patient” (some patients don’t report their pain)

**Fears and Facts**

**Fear:** Cancer causes intolerable pain, which cannot be relieved.

**Fact:** Some patients with cancer never have pain. You can work with your healthcare team to minimize your pain.

**Fear:** Patients who use opioids (like morphine) will become addicted.

**Fact:** Patients who take opioids for pain rarely, if ever, become addicted. Only one in 10,000 patients will become addicted.

**Fear:** If strong medications like morphine are used too soon, they will not work later if the pain gets worse - patients can become tolerant.

**Fact:** Strong medications like morphine stay effective as long as they are needed. If pain increases, the medication dose can also be increased as much as needed. There are also more kinds of pain medications than before to help manage your pain.

**Fear:** Strong pain medications, such as opioids, have unpleasant side effects.

**Fact:** The most common side effects are drowsiness, nausea and constipation. Sleepiness and nausea usually go away after a few days. Simple treatments can control nausea and constipation.

**Fear:** Complaining about pain means you are not a “good” patient.

**Fact:** Doctors and nurses must know about all of a patient’s symptoms, including pain, in order to give good care. It is our goal to make you as pain-free as possible.

**Fear:** Talking about pain will distract the doctor from working to treat the cancer.

**Fact:** Pain relief is an important part of the cancer care. Pain can interfere with sleep and rest, which are important to the body’s ability to fight disease.

**Fear:** Pain means the cancer is getting worse.

**Fact:** Pain can be due to cancer or the effects of cancer treatment. Sometimes the pain is unrelated to the cancer.

**Fear:** “Shots” will be needed to control cancer pain.

**Fact:** At least 90% of cancer pain can be effectively relieved by simple medications that are taken by mouth. Other treatments can help the rest. “Shots” or injections are rarely necessary.
What to expect in your care
You are the only one who knows about your pain level. Unfortunately, we cannot tell by looking at you whether you are having pain or not. It is very important for you to be clear with your health care team when talking about your pain. Do not be afraid to talk with them, whether your pain is unrelieved, partly relieved or completely relieved.

Why pain happens is very much connected with how we treat it. You will find that your care team will ask you many questions about your pain:

- Location – where does is hurt?
- Intensity – how bad is it?
- Quality – what words best describe your pain – aching, throbbing, stabbing, burning, tingling?
- Other factors - what makes it better? what makes it worse?

Often people with cancer fear pain, but most patients can get relief with proper treatment. Control of cancer pain is achieved through many different methods and medicines. You should seek treatment when you feel that you need help to control your pain.

Understanding Pain
One of the key principles of good pain management is open and honest communication with your doctor, nurse or other healthcare professional.

Patients and families often don’t report pain because they don’t want to bother the doctor or nurse, and also because they may not want to appear to be complaining. Patients are often fearful of telling their health care team that they are having pain. They are afraid that if they use the strong medicines now there won’t be any other medicines left to use later.

Fear of addiction (an emotional need for pain medication because of the feeling that is received from the medicine) and tolerance (drug is no longer effective at the present dose because the body had adjusted and now needs a higher dose) may interfere with proper use of pain control medications for many patients. A good plan for pain management outlined by your doctor, pharmacist or nurse helps you better participate in your treatment and will also improve your quality of life.

Many pain medicines are available to relieve your pain. If the pain medicines do not provide the relief you need, the doctor can increase your dose, or change your present medication and try to find one that works better for you.

When using the medication morphine (or it’s relatives) referred to as opioids in other sections, it is important for you to know that there is no maximum amount of morphine that can be prescribed - if your pain gets worse, we can just increase your dose until you get the desired pain relief. It will be different for every person, so you cannot compare your amount of medication to someone else’s even if they have a similar situation as you.

When assessing your pain, your care team will use a pain scale. This tool is helpful to allow all parties to have the same “pain language” to describe the intensity of your pain.

Description or Measurement of Pain
Each person has a different response to pain. At different times and under different circumstances you may feel varying levels of pain with the same illness. Communication with your health care team and family is necessary for best pain control. The use of a consistent pain scale (0 = no pain, 10 = worst pain imaginable) helps to best communicate the intensity of pain you are feeling.

Pain Intensity Scale

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<th>0</th>
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<th>2</th>
<th>3</th>
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<tr>
<td>No Pain</td>
<td>Moderate pain</td>
<td>Worst Pain</td>
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Take your medicines as prescribed. If they do not relieve your pain, contact your doctor or nurse. It is important to let your healthcare team know about your pain. A helpful way of recording is to keep a journal of your pain level and treatment and medications. It is important to tell your healthcare team members:

- Where the pain is
- What it feels like: sharp, dull, achy, or tingly
- How long the pain lasts
- What helps the pain, what makes it worse
- What medications you are taking, how much and how long do they help for
- What things have you tried in the past that work for you (massage, heat, other medicines)
- All the medicines including prescriptions or over the counter medications you are taking (it is helpful to keep a written list in your wallet or purse)

Professional Management
If your pain is not relieved with the medicines ordered, let your health care team know as soon as possible. Many medicines are available and everyone responds differently to each medicine. You may need to try several medicines before finding the one most effective for you.
Also, tell your health care team if you are having trouble getting your medicines or if you cannot afford them. British Columbia’s Pharmacare Program has a Palliative Care Benefits category, which will cover the costs of symptom management medications if you are under sixty-five and being cared for at home, a hospice or a long term care facility. See BC Palliative Care Benefits Program for more information, or ask your care team about the program.

There are also many other resources available for information on cancer pain, including booklets, books, videos, and the internet. Ask your care team to direct you to these resources.

Control of cancer pain is available in many different methods and medicines. You should seek treatment from your health care professional (family doctor, nurse) when you feel that you need help to control your pain. If further expertise is needed please ask for a referral to the pain and symptom management/palliative care clinic located within each cancer centre.

**Medications and Resources**

Pain is managed using one or more medications and sometimes in combination with other non-drug therapies. The World Health Organization put forward a model for cancer pain management which classified cancer pain as:

- **Mild pain** – pain which can be managed with the use of non-opioid medications (i.e. Tylenol plain)
- **Moderate pain** – pain which is managed using combination medication involving non-opioid medication plus a narcotic (i.e. Tylenol #3)
- **Severe pain** – pain which is managed using pure opioid medications (i.e. morphine)
- At any point on this model, adjuvant medications can be added – these are sometimes pain medications themselves (i.e. ibuprofen) or medications that help boost the effect of your pain medicine (i.e. prednisone).

**Non-opioids**

Acetaminophen, aspirin or other nonsteroidals (anti-inflammatory drugs, NSAIDS e.g. ibuprofen) are commonly used to treat mild to moderate pain. Most anti-inflammatory drugs except for aspirin or 200mg ibuprofen will require a physician’s prescription. It is important for you to check with your healthcare team before taking these medicines. Aspirin and some nonsteroidal (anti-inflammatory drugs) can cause stomach irritation and problems with blood clotting or may interact with other medicine you may be taking.

Other non-opioid medications are used in combination with opioids or alone for specific types of pain.

1. **Nerve pain** (usually described as shooting, stabbing, pins and needles) is often treated using medication that is usually indicated for other conditions: Antidepressants are often used for nerve pain - among these medications are amitriptyline, nortriptyline and desipramine. The use of these medications does not mean you are depressed or mentally ill. Antiseizure medications such as gabapentin, carbamazepine and phenytoin can also be used to treat nerve pain. These drugs require a physician’s prescription.

2. **Visceral pain** (pain in a body organ usually described as dull and is hard to locate) is often treated using NSAIDS (ibuprofen, aspirin) or corticosteroids (prednisone) to reduce the pain due to swelling in the organ. This group of drugs has the added benefit of increasing appetite and producing a feeling of general well being. These effects are temporary, lasting only while the drug is being taken.

**Opioids**

Opioids are used to control moderate to severe pain. All opioid pain medications require a physician’s prescription.

**Morphine** is what is referred to as the “gold standard” in cancer pain management - it is literally the best medicine we have for this as it has no limit in terms of the amount we can give you. More pain can usually be handled by adding more morphine to the medication plan.

Morphine is available in short acting form, and as a long acting agent. With the long acting morphine, small, regular doses of morphine are released in your body after the drug is swallowed to provide control of pain. It is important for these medications to be taken on a regular schedule. Generally the schedule for the long acting morphine is every 8 to 12 hours based on your need. You should never stop these medications suddenly, and always discuss any changes with your healthcare team. These medications should never be chewed or crushed; they should always be swallowed whole.

Immediate release morphine is available in tablets, liquids, suppositories or injections. If you have to use immediate release morphine frequently, you should check with your healthcare team. The long acting morphine may need to be increased or there could be another problem causing the pain.

**Oxycodone** is also available in short and long-acting formats. This long acting oxycodone is available in tablet form and lasts for eight to twelve hours. This drug also requires a physician’s prescription. This drug should not be broken or split, but swallowed whole.

Short acting oxycodone lasts for three to four hours. Forms available are tablets, liquid, and suppositories.

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Hydromorphone is a synthetic opioid, like morphine but much more potent. Hydromorphone also comes in short and long-acting formats.

Methadone is another opioid used in cancer pain management. You may also recognize it as the medicine that is used to treat heroin addiction. The uses in these two cases are not the same at all. If your doctor has advised you use methadone for your pain, remember, s/he is treating your cancer pain, not a drug habit. Methadone is available in tablets, liquid and injection. This medicine often needs quite a bit of adjustment to maintain pain control. This medication requires a physician's prescription, and not all doctors have the special license needed to prescribe it.

Fentanyl is another opioid medication commonly known as “the patch.” The mechanism is that the drug is absorbed through your skin. The patch may last up to three days. Fentanyl is only ever used for cancer pain that is stable, as it is difficult to change patches and keep up with an unpredictable pain pattern.

Meperidine also known as Demerol® is a poor choice for cancer pain. The use of this drug for longer than three days can often be associated with agitation, irritability, restlessness, and seizure activity. These symptoms should be reported to the healthcare team immediately. This drug is only given with a physician's prescription, and is usually used for short term surgical or procedural pain for cancer patients.

Some people decide to use natural supplements for pain relief. For more information about safe use of natural supplements visit the CAMEO program's list of useful websites or resources they have developed.

What you can do for yourself

Please contact your healthcare team if you experience:

- A sudden increase in your pain level or controlled pain with a sudden unexplained onset
- Pain accompanied by a fever
- Numbness or tingling in extremities
- Loss of bladder or bowel function

Prevention

The best method to treat pain is to prevent it from recurring. Sometimes we cannot know when the pain will start, but we can try to prevent it from returning once it starts.

The following are a few rules of thumb to assist you in preventing pain:

- Be sure you take your pain medicines as prescribed. The best way to take pain medicines is on a schedule (e.g. every 4 hours, or 12 hours). Waiting until the pain returns means you will have to play “catch up.” You may even need to take more medicine than if you treat the pain before it becomes a problem.
- Take pain medicines before any activity you know will bring on pain. This will allow you to be more active with less pain.
- Let your doctor, pharmacist, or nurse know if you are having side effects to the pain medicines. Most side effects can be easily treated.

You also can prevent some of the expected side effects to opioids:

- Most patients taking opioids will develop constipation. Take a laxative every day to prevent constipation. As the dose of the opioid increases, so must the dose of the laxative. See the section on constipation for further understanding of this uncomfortable symptom.
- Many patients taking opioids will have nausea and feel drowsy, particularly at the beginning of the use of the medication, or at the time that the dose is increased. Usually the nausea or drowsiness experienced disappears after a couple of days. Advise your health care team if these symptoms are severe and cannot be managed, or persist beyond two-three days of change in medication.
- Add more fruits (including prunes) and juices to your diet, if you can tolerate these, to help prevent constipation and bloating from your pain medicines.

Complementary Therapies

- Relaxation and guided-imagery exercises can be very helpful in addition to your pain medicines. Many tapes and books are available to help you learn these exercises. Ask your doctor or nurse for more information.
- Distraction can be a complement to your pain medicines. Music, a funny movie or videotape, or a computer or video game can help distract you from the pain. These can be especially useful when you have periods of increased pain.
- Massage can help reduce muscle tension and relieve pain. Ask your doctor or nurse for information on massage techniques. You may want to ask your family and friends for back rubs or massage of painful muscles. They may appreciate being able to help you feel better.
- Heat, cold, vibration, and other treatments can provide relief for some patients. Ask your doctor or nurse for assistance.
- Sharing your feelings – Pain can affect all parts of our lives. Many people find that talking about the pain can be very helpful. Support groups can also provide the opportunity to talk with others in your situation and learn what has helped them.
Online Learning Session

Cancer Pain Management & You (24:22min, 2012):
http://mediasite.phsa.ca/mediasite/Play/8c70a524ad11402e987bcb851510b7001d
(Microsoft Silverlight required to view – no cost)

This online session aims to teach cancer patients how to communicate effectively about their pain. Another goal is to give a greater understanding and awareness of cancer-related pain management approaches, including medication therapy, and how to anticipate and manage side effects in order to optimally manage their cancer-related pain. Presented by Stephanie Soon, Pharmacist and Jennifer Finck, RN (BCCA Vancouver Island Centre Pain & Symptom Management program).