PAIN MANAGEMENT

What is Pain?

Pain: "An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage." (*International Association for the Study of Pain*)

Pain: "Whatever the person experiencing it says it is, existing whenever he says it does." (McCaffery, 1999) "The mainstay of pain assessment is the patient's self-report" (Jacox, Carr, Payne et al, 1994, p.3).

Pain is a major symptom in those who are terminally ill.

Terms people use to describe their pain:
Hurt – Ache – Uncomfortable – Tingling – Burning – Shooting – Cramping – Pins and needles – Dull – Sharp – Stabbing

The experience and expression of pain is determined by personal and cultural values, gender, and age.

- Stoicism vs. Verbal and emotional expression: Some cultures value silent suffering, while others expect intense verbal and emotional response to pain.
- Women tend to be more communicative about their experience of pain than men
- Older persons may have grown up with the idea that pain is something to be expected as one ages, or with the belief that pain is something shameful or not to be "complained" about ("Mind over Matter")

The presence of pain is not necessarily demonstrated in the sufferer's behaviour. A person may report severe pain, yet have a calm facial appearance, may be talking and laughing with friends, or may be asleep (and only reports the pain on awakening). We should never disbelieve a person's report of pain, or a family member's insistence that the person is in pain, when the person cannot self-report.

Many people report less pain than they are actually having. There are several reasons for this. Often people fear that an increase in pain means the disease is worsening, or that feeling pain is to be expected when one has an illness and must be tolerated. Some people believe that pain is either punishment for past sins or a way to attain salvation in the after life. Fear of addiction to pain medication or fear that using a strong painkiller now will prevent good pain relief in the future when the pain gets worse may result in people not reporting the pain they are experiencing. Every patient should be encouraged to speak openly and honestly to the nurse and the doctor about the physical pain they are having, and to take their pain medicines as prescribed. Poorly controlled pain and uncontrolled pain increase suffering and diminish quality of life. At the same time it is important to respect the person's right to choose to not report pain or not take

pain medication. For some people, physical suffering is meaningful. The important thing is to ensure that patients and families know the facts about pain and pain management, in order that they can make informed decisions.

Cancer Pain

There are several different types of pain associated with cancer. Knowing what kind of pain a person is experiencing and where the pain is located helps the doctor determine how best to treat it, including the choice of pain medication. It is important to assess pain intensity and the level of distress it is causing the sufferer and whether the treatments are effective in relieving the pain. Since pain is subjective it is necessary to ask the person experiencing it to describe the pain, and to rate its intensity using some kind of scale. There are ways to assess pain in people, who are unable to communicate, but usually these scales are useful in only a general way and often their accurate interpretation depends on how well the observer knows the sufferer.

Acute Pain:
- starts suddenly and is usually relieved within days, but may last a few weeks
- may be related to surgery or radiation treatments; sometimes is the result of tumor growth (such as pain that occurs with bowel obstruction)
- usually is the result of tissue damage and inflammation is often present
- may or may not be obvious to an observer, and the patient may or may not appear anxious

Chronic Pain:
- pain that has been present for longer than 3 to 6 months, and that persists beyond the expected course of an illness or injury
- associated with a chronic disease process, such as arthritis or cancer
- may lead to depression
- often not obvious to an observer

***The longer pain persists, the more intense it becomes.

Nociceptive Pain: caused by tissue damage; can be acute or chronic.

Neuropathic Pain: caused by injury to nerves or to the central nervous system (following a stroke, for example); can be acute or chronic.

Mixed Pain: has both nociceptive and neuropathic features.

Total Pain
A person is made up of body, mind, and spirit and spends his or her whole life (usually) in relationship with other people. Therefore, when an illness such as cancer strikes, it affects more than just the individual and more than just the physical body. Cecily Saunders coined the term

"Total Pain" to capture the all-encompassing nature of the pain experienced by those with a terminal illness. Psychological, emotional, social, financial, and spiritual pain contribute to the experience of physical pain (See Total Pain graphic). Physical pain can be made worse when other sources of pain are not addressed. This is another reason that an interdisciplinary team is so important.

Management of Pain

I. Use of Medications

It is important to understand the source of the pain in order to treat it effectively, but it is equally important to have some way of determining how severe the pain is and whether or not the treatment is effective in controlling the pain. The best way of doing this is to use a scale, such as 0 = No Pain ---→ 10 = Worst Pain Imaginable, and ask the person to say where on that scale they would rate their pain. Pain intensity should be assessed before and after giving the person some form of treatment for the pain. Sometimes a person is willing to have *some* pain, but the goal of comfort should be negotiated between the patient and the doctor or nurse.

Usually the comfort goals are:

1. First, to be comfortable during the night and to get a good sleep.
2. Next, to be comfortable during the day while at rest.
3. Finally, to be comfortable during the day when one is moving around and doing the things that are important to the person.

Mild, Moderate, and Severe Pain
The World Health Organization developed a simple model to guide health professionals in choosing the most appropriate pain medication for the severity of pain being experienced. (See WHO Analgesic Step Ladder) There are two basic types of pain medicine: non-opioid (for mild pain) and opioid (for moderate and severe pain). Opioids are drugs such as codeine and morphine.

Mild Pain

- Aceteminophen (Tylenol)
- Anti-inflammatory drug, such as ibuprofen
- Tylenol #3 (codeine) or MOS (morphine syrup)

Moderate

- Codeine
- Morphine
- Hydromorphone (Dilaudid)
- Fentanyl patch

Moderately Severe and Severe Pain

- Morphine

- Hydromorphone (Dilaudid)
- Fentanyl patch
- Methadone

***Methadone is a very effective drug for people with severe pain, especially when the pain is both from the cancer and from nerve injury. If a person is taking methadone it does NOT mean that he or she is a recovering addict.

Myths about Morphine (and other opioids)

- MYTH: "You need to save strong pain medication for when the pain gets worse."
  - FACT: Treating pain early can prevent worse pain and loss of function.
  - FACT: There is no limit to the amount of opioid that a person can take.

- MYTH: "Taking strong pain medication will cause a person to become addicted."
  - FACT: Less than 0.1% of patients taking opioids for pain control become addicted.
  - FACT: Addiction is a compulsive desire to take a drug such as morphine in order to experience the "high". People with pain take the drug in order to relieve the pain.

Side Effects of Opioids

1. Constipation – This always accompanies the taking of opioids, and can be prevented or treated by the regular use of a laxative. Stool softeners alone are rarely effective in preventing constipation.
2. Nausea, with or without vomiting – This is commonly seen when people first start taking an opioid, and can be prevented or treated by several kinds of medication. Nausea can also be caused by constipation.
3. Drowsiness, decreased mental alertness – This side effect usually decreases or disappears within a few days, but will re-occur whenever the drug dose is increased; this is also a natural occurrence as people come closer to death.
4. Itchiness, especially an itchy nose.
5. Difficulty with urination – This sometimes occurs in elderly people who are taking opioids.
6. Respiratory depression – This is rarely a problem when a person has been taking an opioid for some time.

II. Other Ways of Managing Pain

1. Surgery
2. Radiation
3. Chemotherapy
4. Nerve blocks
5. Acupuncture

6. Massage, positioning
7. Heat/Cold

Remembering the concept of Total Pain, there are a number of other important ways to control pain. Hospice volunteers are able to provide some or all of the following helpful interventions:

- Listening, companionship
- Use of Imagery
- Relaxation techniques
- Therapeutic touch, Healing touch
- Distraction (games, music, watching TV or movies, outings, arts and crafts, creation of a legacy)
- *If the person requests*: reading of scriptures, singing of hymns, prayer.

Counselling for the person and family members, assistance with putting affairs in order, and making final arrangements are other services that the interdisciplinary team can offer, and that will have an impact on Total Pain.

Total Pain Concept

The dying person's perception of and response to pain has emotional, social,, spiritual and psychological components. All components are inter-related and can increase sensation of pain

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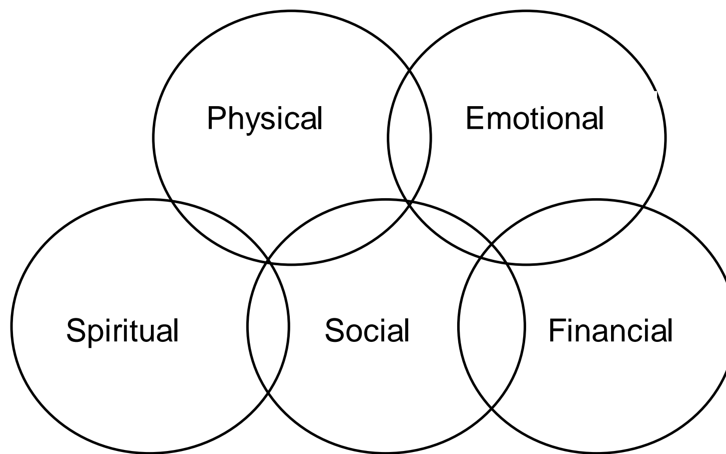
The Components of Pain



Multifaceted Components of Pain
Source: Amenta and Bohnet, (1986)