

Cancer Pain and Current Theory for Pain Control

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KEYWORDS

- Cancer pain • Opioid therapy • NMDA antagonists
- Splanchnic nerve blocks opioid pharmacogenetic testing

KEY POINTS

- Although the diagnosis of cancer has been stereotyped as a disease to end all, treatment of pain in cancer is showing hopeful prospects.
- A strong background in anatomy and physiology is the foundation on which to approach pain in cancer patients, with multiple options accessible.
- Use of new medications geared at enhancing the descending inhibitory pathways in combination with classic pharmacologic treatment can improve a patient's quality of life and reduce side effects.
- Reducing pain has been reported to enhance patients' quality of life and has been associated with longer survival rates.
- Being diligent in the reassessment of treatment is the answer to effectively managing complicated cases of cancer pain.
- Pain is always changing and, therefore, an astute physician will know how to address the treatment of patients at any time by understanding how pain works.

INTRODUCTION

Cancer is a disease that many people prefer not to talk about. Patients with a diagnosis of cancer are met with fear and thoughts of a life-ending illness. During their treatment they suffer significant pain. Various studies have looked at the prevalence of cancer pain, with one study reporting that 50% to 60% of all patients with cancer will experience pain, and other studies reporting a range of anywhere from 19% to 95% of patients with cancer have had or are still having pain. Although studies vary in the reported prevalence of pain in patients with cancer, approximately 70% of patients who die from cancer experience unrelieved pain. Despite national efforts by the Joint Commission on Accreditation of Hospitals and health organizations in the Agency for Healthcare Research and Quality, World Health Organization, and the International Association for the Study of Pain, pain continues to be a significant problem in patients with cancer.

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In a European study, the prevalence of pain based on the type of cancer has been well documented (Fig. 1). The most painful cancers appear to be pancreatic, bone, and lung.

In 2011, Marcus and colleagues¹ reported the prevalence of cancer pain to be consistent, with 56% of patients in their study suffering from pain. Thirty-three percent had pain after they underwent treatment, 59% had pain during treatment, and 64% had pain secondary to metastatic disease. All patients suffered functional limitations related to their cancer pain. Patients with head and neck cancer, gynecologic cancer, gastrointestinal cancer, and breast cancer appeared to suffer the most pain. The most consistent barriers to effective treatment of pain were concerns about addiction, cost of therapy, or lack of endorsement by health care providers.²

This article discusses pharmacologic management, interventional treatment, and specific cancers that seem to have the highest prevalence of pain, and how interventional treatment and medications can help.

PAIN IN CANCER

Treating cancer pain needs to be systematically evaluated. The etiology of cancer pain is related to either direct neoplasm involvement, side effects of chemotherapeutic agents, or radiation-induced plexopathies. The clinician must determine whether the cause of pain is neuropathic, nociceptive, or a combination of both, after which effective treatment can be decided upon.

The OPQRSTU mnemonic will help assess a patient's pain (Table 1).³

PHARMACOLOGIC MANAGEMENT OF CANCER PAIN

Opioid Therapy

The most common medication used to treat cancer pain is opioids. Although opioids have been used for many years, their efficacy in alleviating cancer pain is questioned.⁴

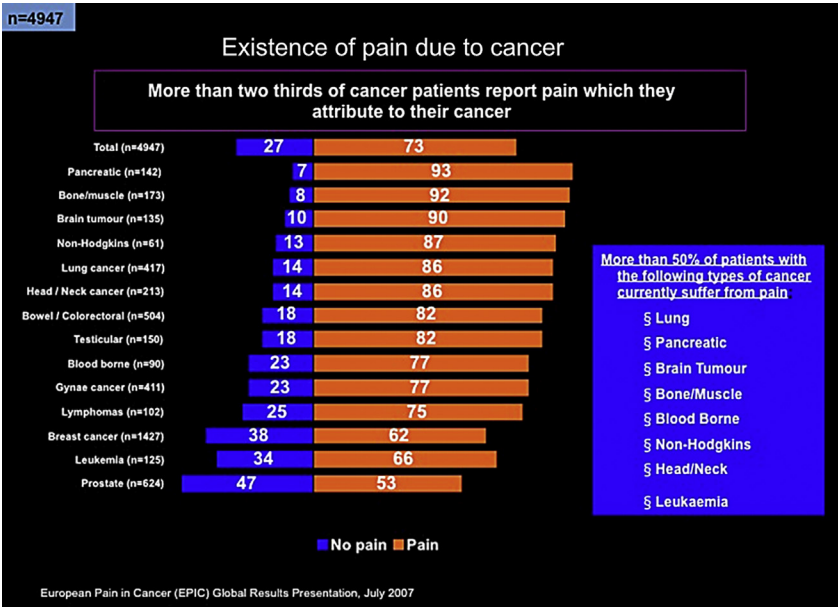


Fig. 1. Existence of pain due to cancer, reported by patients when asked “have you suffered any pain due to cancer?”

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