

# Complex Cancer Pain Assessment



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## KEYWORDS

- Cancer pain • Pain assessment • Breakthrough pain • Pain syndromes • Barriers
- Pain behaviors

## KEY POINTS

- Approximately 40% of all cancer patients report moderate to severe pain (defined as  $\geq 5$  on a 0-10 numeric rating scale).
- 60% of patients with cancer experience breakthrough cancer pain.
- Patients must be routinely screened for pain at each time of contact.
- If new, worsening, or persistent pain is present, a comprehensive pain assessment and reassessment should be performed, occurring at regular intervals, individualized, and documented.
- For patients unable to self-report, clinicians should follow the hierarchy of pain assessment framework to guide pain assessment approaches.

## INTRODUCTION

Cancer pain is widespread, multidimensional, and not adequately managed despite the availability of evidence-based practice guidelines and multiple position papers.<sup>1-3</sup> Barriers to optimal pain management exist; inadequate pain assessment is one of the most important barriers identified. Pain assessment is the foundation to optimal pain management. This article reviews cancer pain epidemiology; pain definitions, types, and syndromes; pain assessment parameters for patients who can self-report and those who are nonverbal and/or cognitively impaired; populations requiring special consideration; and barriers to pain assessment.

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## EPIDEMIOLOGY OF PAIN

Pain is one of the most common and most distressing symptoms described by patients with cancer. A recent systematic review and meta-analysis of 122 articles published since 2005 found that pain prevalence rates are 39.3% after curative treatment; 55% during anticancer treatment; 66.4% in advanced, metastatic, or terminal disease; and 50.7% in all cancer stages.<sup>4</sup> Approximately 40% of all patients with cancer report moderate to severe pain (defined as  $\geq 5$  on a 0–10 numeric rating scale). Lower pain prevalence rates (52%) are documented in urogenital cancers (prostate, bladder) compared with head and neck (70%), gynecologic (60%), gastrointestinal (59%), lung (55%), and breast (54%) cancers. Therefore, pain in persons with cancer remains a major problem.

## PAIN DEFINITIONS

According to the International Association for the Study of Pain, pain is “a sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.”<sup>5</sup> This definition not only encompasses the physical aspect of pain but also acknowledges the emotional experience associated with the experience. The definition reinforces the need for health care professionals to conduct a comprehensive assessment that includes all aspects of the pain experience.

Consistent nomenclature is essential in the assessment and diagnosis of pain. How pain is classified (eg, acute vs chronic) and described (eg, allodynia) provides information about the cause of the pain and aids in an appropriate pain management plan. In addition, substance use disorders have skyrocketed in the last few years. Confusion still exists around definitions, such as opioid misuse, abuse, diversion, and addiction. Misinterpretation of these terms can lead to inaccurate assessment, misdiagnosis, and undertreatment of pain. A list of pain assessment–related terms and their definitions is included in [Table 1<sup>2,5–8</sup>](#) (also see Joseph Arthur and David Hui’s article, “[Safe Opioid Use: Management of Opioid-Related Adverse Effects and Aberrant Behaviors](#),” in this issue).

## TYPES OF PAIN SYNDROMES

Cancer pain can be classified as acute or chronic. Acute pain is self-limiting and usually resolves within 3 months. Examples of acute pain include postsurgical pain and mucositis. Most cancer pain is chronic, persisting for greater than 3 months, and may be related to cancer treatment or the disease itself. Patients with cancer can also experience chronic noncancer pain, such as pain related to arthritis or another comorbid condition.<sup>4,9</sup>

Breakthrough cancer pain (BTCP) is also common among patients with cancer. BTCP is defined as an exacerbation of pain in the presence of well-controlled background pain. It is usually described as severe peaks within 1 to 10 minutes and lasts between 15 and 60 minutes. A systematic review of 19 studies found that approximately 60% of patients with cancer experience BTCP.<sup>10</sup> Of those, 44% report it related to an incident, 41.5% complained of insidious pain, and 14.5% had a combination of both.<sup>11</sup> BTCP is often underrecognized and underreported. The assessment requires a detailed patient interview to differentiate BTCP from uncontrolled background pain. Studies have shown that using a specific tool to measure BTCP is essential in its identification and management.<sup>12–14</sup>

## ASSESSMENT

Pain is not only a physical experience, it is also multidimensional. To describe the all-encompassing nature of pain within a “whole person” framework, Dame Cicely

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