

Pain and Pain Management



What is pain?

Pain is unpleasant sensation, suffering or distress of body or mind associated with injury and disease. Pain hurts. It is wearing and can cause immobility, tension and fatigue. Pain often accompanies cancer and other progressive diseases.

Why are we afraid of pain?

Many people living with a terminal illness are afraid of pain because of the false belief that pain cannot be controlled without awful side effects. Fear of pain adds to the total burden of pain. It is important to speak up about your pain and your fears about pain, so that you can be given accurate information. Not all people living with terminal illness experience pain.

Can pain always be controlled?

Most pain can be abolished completely or controlled to a level acceptable to the ill person. Bringing pain under control and keeping it there means assessing each aspect of pain and monitoring it. Some pain is very hard to control and the palliative care team will work with you to achieve the best possible control. These are core skills of palliative care (pc) doctors and nurses.

How can I help control my pain?

Good pain control requires good communication amongst patients, carers, medical and nursing staff. People report less pain than they experience because:

They value stoicism.

People interpret their pain according to their particular life experiences, values and beliefs. If you value stoicism for religious or cultural reasons you should discuss the matter with your religious leader or a pastoral carer. None of the major religions urges its followers to reject pain-killers (analgesics) in terminal illness. If you think that it is weak to 'give in' to pain, you might consider whether analgesia will free your energy for more important things.

They prefer not to think or talk about the significance of the pain since increasing pain might indicate a worsening condition.

Sharing your fears about your condition with the pc team can lessen your concern. Even if your situation is not good, discussing it should reduce your anxiety.

They think that unacceptable pain control measures will be implemented without their consent.

Control of your pain is negotiated between you and your doctor and nurses. Pain control plans are tailored to meet your particular needs, and are adjusted as your needs change. You have the say as to whether you want more or less pain relief.

They are afraid that if they have strong analgesics now, there will be nothing strong enough for them later.

There is no set limit to the amount of analgesic offered. You cannot 'run out'. Analgesia can always be increased or decreased according to your experience.

They are afraid of becoming addicted (see below).

How is pain controlled?

Medications are the mainstays of pain control. Analgesics, ranging from paracetamol through codeine to morphine and related drugs (opiates), are central. Other medications, including anti-inflammatories, antidepressants, and steroids also have a role for some patients and some sources of pain. The right mix of medications is part of the expertise of the palliative care team.

Must I take medication?

Medication is the core treatment of pain in terminal illness. Surgery, radiation and 'nerve block' (like a local anaesthetic) are used to control pain in some cases. Complementary measures include:

- hot packs, cold packs and other nursing measures
- careful positioning and repositioning, appropriate exercise or support for a painful body part
- special physiotherapy techniques such as laser therapy and ultrasound.
- therapies such as massage, relaxation, meditation, hypnosis, music therapy, aromatherapy, acupuncture and acupressure
- distraction – any activity that diverts and holds your attention will lessen your awareness of pain

Complementary measures are used as well as medical treatments. They increase the effectiveness of drug therapy, and may reduce the amount of medication required.

If I take opiates, will I become addicted?

People sometimes think that opiates must be addictive because they are derived from the same source (opium) as heroin. Heroin, injected into a vein, gives a rush of pleasure ('euphoria') which can be highly seductive. People who inject themselves in this way for no medical reason can become psychologically and/or physically dependent ('addicted'). They require increasing quantities to remain comfortable or to avoid withdrawal symptoms. Medically prescribed opiates are used in a quite different way. The dose neutralises the pain. It does not give a 'rush'. The analgesic effect is taken up by the pain so that any feeling of euphoria is very mild or not noticed. Medication is given in the easiest way, usually as a liquid, tablet or capsule. Sometimes it is delivered continuously by infusion under the skin, or by other means. Some patients remain on the same dose even though their disease is progressing. Others need increasing doses of opiates. This is not evidence of addiction. The correct dose is the one that abolishes the pain and makes the patient comfortable. People vary, pains vary and there is no one right dose for everyone.

What are the side-effects of opiates?

Morphine and similar drugs cause ongoing constipation, which is controlled with laxatives. Some people experience transitory nausea, sleepiness or confusion for the first day or two of treatment. These symptoms usually clear up when the person adjusts to the medication. A few people experience continuing, unacceptable side-effects. In such cases alternative drugs are used, or low doses of two or more drugs are combined to produce analgesia without unacceptable side-effects. Palliative care physicians are specialists in pain control. If your pain control is less than perfect, seek specialist advice.

Does morphine suppress respiration?

An overdose of morphine suppresses respiration. Properly prescribed it does not. Indeed, morphine can be used in low doses to ease difficult breathing and to suppress chronic cough.

What about breakthrough pain?

When regular (eg 4 or 12 hourly) pain medication has been prescribed for you, you must take it on time. Do not wait to experience pain. The schedule is designed to prevent pain from occurring, not to treat it after it arrives, since this type of pain tends to be with you continuously. There may be times, even if you receive regular or continuous analgesia, when you will experience pain. This is called breakthrough pain and is very distressing for you and your carer. Your doctor will probably have prescribed extra medication to be taken as required. In this case take the extra medication, make a record of it, and make sure you tell the nurse or doctor. If extra medication for breakthrough pain has not been prescribed, get help from your pc team or GP without delay. Sometimes breakthrough pain means that you need extra (or different) medication before some planned event such as showering. Often it means that your regular medication needs to be increased so that you remain comfortable. The goal of pain-management is to prevent pain, not to allow it to occur and then treat it.

Pain is a symptom most feared by people living with a terminal illness, but often it is not a source of worry for those receiving palliative care. Modern pain management means that patients can expect to remain virtually pain free throughout their illness.

Thank you to Palliative Care Victoria for the source material for this fact sheet.

For more information on Cancer Pain in particular, go to:
http://www.cancercouncil.com.au/html/patientsfamiliesfriends/livingwithcancer/cancerpain/downloads/overcoming_cancer_pain.pdf