



Cancer Pain

*No prescription is more
valuable than knowledge.*

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ACS 2015 Quality of Life Goals

Measurable improvement in the quality of life from the time of diagnosis and for the balance of life for all cancer survivors.

Physical Effects and Pain Control: Assure that 90% of cancer survivors obtain appropriate care for symptom control (emphasizing pain, rehabilitation, and side effects of treatment) by 2015.



Survivorship

- ◆ In 2000, there were approximately 9.2 million cancer survivors (about 4% of the population) in the US
- ◆ There will be an estimated 11.3 million cancer survivors by 2015
- ◆ Long-term survivorship is a reality for 64% of those diagnosed with cancer today
- ◆ Many survivors are affected by long-term and late effects of cancer treatment



Cancer Pain Overview

- ◆ About one-third of cancer patients in the U.S. suffer from significant pain.
- ◆ Although pain is often thought of as happening in advanced stages of the disease, it may occur at any stage for many reasons:
 - ◆ Diagnostic procedures such as bone marrow biopsy
 - ◆ Surgery or other therapeutic procedures
 - ◆ Lymphedema
 - ◆ Side effects of chemotherapy or radiation
 - ◆ Tumor growth with compression on surrounding tissue or nerves
 - ◆ Limited mobility
 - ◆ Other illnesses or infections



Impact of Cancer Pain

- ◆ Nearly 75% of patients with advanced cancer have pain.
- ◆ Of the people with cancer who have pain, about 40-50% describe it as moderate to severe and another 25-30% describe it as very severe.
- ◆ Cancer Pain can have significant impact on the physical, emotional, and psychological aspects of life:
 - ◆ Suffering, decreased quality of life, feeling a lack of control
 - ◆ Reduced physical and social activity, appetite and sleep



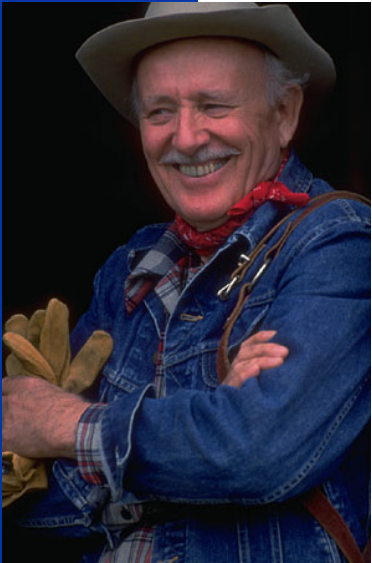
Impact of Cancer Pain

(continued)

- ◆ Cancer Pain can have significant impact on the physical, emotional, and psychological aspects of life:
 - ◆ Can further weaken the body; may make it difficult to follow through with scheduled treatments; may impair healing response
 - ◆ May prevent people from working productively, enjoying recreation or taking pleasure in their usual roles in the family and society.
 - ◆ Psychological tolls include depression and anxiety, which in turn can lower one's tolerance for pain or make the pain feel even worse.



The Good News



- ◆ About nine out of ten cancer patients can get effective relief.
- ◆ In situations where pain cannot be completely relieved, it can be reduced so the person can live with it and carry on most daily activities.
- ◆ Concern about effective pain management and other symptom relief is increasing.
- ◆ Survivor/family interest in quality of palliative care and quality of end of life care is increasing.

How is Cancer Pain Treated?



- ◆ Drug Therapy—one of the most effective methods. It uses medicines to change the perception of pain. Drug therapy brings significant relief in most cases.
- ◆ Other methods used to reduce the sensation of pain include: nerve blocks, nervous system surgery, acupuncture, cold/heat packs, massage, exercise or immobilization (*e.g.*, bracing a joint).

How is Cancer Pain Treated?



- ◆ Pain relief can also be achieved by reducing a person's reaction to pain. People can learn skills such as relaxation, imagery, meditation, distraction, biofeedback, hypnosis and other techniques to increase ability to cope with pain and remain as active as possible.
 - ◆ These complementary non-drug methods can also help people cope with the emotional and psychological impact of pain on their quality of life and well-being

The Challenge

- ◆ Many people with cancer pain do not get relief from the pain. Cancer pain is under treated for a variety of reasons, including:
 - ◆ Lack of knowledge on the part of patients or social/cultural beliefs;
 - ◆ Lack of knowledge among healthcare professionals about how to measure and adequately treat pain;
 - ◆ Myths and misconceptions about pain, addiction and tolerance all contribute to reluctance by patients to ask for and use pain medication; and
 - ◆ Fear of disciplinary action by licensing boards and criminal prosecution by drug enforcement agencies also inhibits professionals in actively pursuing pain control strategies with medicines.



Myths and Misconceptions

◆ MYTH: I will become addicted

◆ TRUTH:

◆ Drug addiction in cancer patients is rare, and almost never occurs in people who do not have a history of drug abuse prior to illness.

◆ Drug addiction is defined as dependence on the regular use of opioid analgesics to satisfy physical, emotional, and psychological needs rather than for medical reasons. Pain relief is a medical reason for taking narcotics. Therefore, if you take opioid analgesics to relieve pain you are not an ‘addict’ no matter how much or how often medicines are taken.



Myths and Misconceptions

◆ MYTH: I won't be able to handle the side effects of analgesics.

◆ TRUTH:

◆ Not everyone has side effects from analgesics.

◆ Common side effects are drowsiness, constipation, nausea, and vomiting. For people who experience side effects, they can usually be treated successfully.



Myths and Misconceptions

◆ MYTH: Pain is an inevitable consequence of cancer.

◆ TRUTH:

◆ There are many cancer patients who never experience pain.

◆ Most cancer pain can be relieved safely and effectively.



Myths and Misconceptions

◆ MYTH: I should be able to tolerate the pain.

◆ TRUTH:

◆ Religious, moral, cultural, or family background can lead a person to think that needing pain medication makes them weak.

◆ It is actually pain that can make a patient weak. Not only can pain weaken the body, it can also weaken the spirit.



Myths and Misconceptions

◆ MYTH: My doctor won't understand my pain.

◆ TRUTH:

◆ It is the patient's right to receive assistance in pain management.

◆ If your doctor or nurse does not understand and adequately control your pain, you may need to seek further assistance.



Myths and Misconceptions



- ◆ MYTH: If I complain, I am not being a good patient.
- ◆ TRUTH:
 - ◆ Understanding how bad the pain is helps the health care professional decide how to treat it.
 - ◆ You are the best judge of your pain, and the better you can describe it, the more helpful it will be.

Myths and Misconceptions

◆ MYTH: Pain means my cancer is getting worse.

◆ TRUTH:

◆ Pain may occur at any time during the course of an illness, for any number of reasons.

◆ Pain may even occur for people whose condition is stable and whose life expectancy is long.



Myths and Misconceptions

◆ MYTH: If my doctor focuses on pain control, it will distract him/her from treating my cancer.

◆ TRUTH:

◆ Working on managing the pain will actually help improve your quality of life

◆ Chronic unrelieved pain may cause patients to reject their treatment programs.



Myths and Misconceptions

◆ MYTH: I will not be able to afford pain medication.

◆ TRUTH:

◆ Most health plans cover partial costs for prescription medications that are medically necessary.

◆ Use of a generic medication is an option in some situations for lowering costs.

◆ Many pharmaceutical companies have patient drug assistance programs to help with the costs associated with pain medication.



Myths and Misconceptions

◆ MYTH: I have too many pills to take as it is.

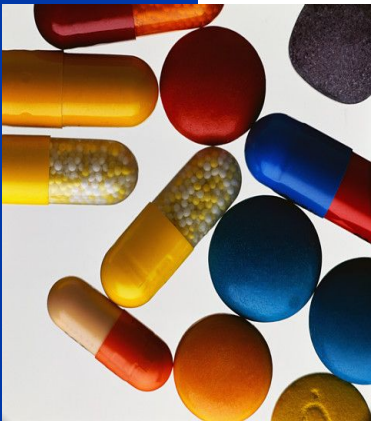
◆ TRUTH:

◆ While some people find it hard to remember to take all of their medications, it is important to take pain medication on a regular schedule.

◆ Regular use of pain medication will help prevent the pain before it starts or gets worse.

◆ Return of the pain is not the best reminder to take pain medication

◆ If pain begins, do not wait for it to get worse before doing something about it.



What is ACS Doing About Pain?

- ◆ Providing information to patients and healthcare providers
 - ◆ through publications, call center, website, and Patient Navigators,
- ◆ Working to create public awareness about pain management
- ◆ Conducting Research
- ◆ Public Policy and Legislation



What is ACS Doing About Pain?

- ◆ Collaborations
 - ◆ Governor's Compassionate Care Task Force
 - ◆ The Ohio State University James Cancer Hospital to establish the Arthur G. James, MD Pain Management Fellowship Program
 - ◆ Hospice and Palliative Care Organization
 - ◆ Ohio Pain Initiative
- ◆ Providing education to healthcare providers
 - ◆ National Pain and Palliative Medicine Summit (Fall, 2003)
 - ◆ 2005 Pain Management Conference



What Can You Do?



- ◆ Let cancer patients know they don't have to take the pain
- ◆ Let people know about pain myths and misconceptions
- ◆ Encourage patients to access needed resources
- ◆ Encourage patients to talk with their doctor or nurse

Next Steps

- ◆ Increasing awareness among community members
- ◆ Expanding offerings of the Managing Cancer Pain Workshop throughout Ohio
- ◆ Continuing collaborations to expand outreach and education on pain management to patients, families, caregivers, and healthcare providers



Additional Resources



- ◆ American Cancer Society
 - ◆ 800-ACS-2345
 - ◆ www.cancer.org
- ◆ American Pain Foundation
 - ◆ 888-615-4111
 - ◆ www.painfoundation.org
- ◆ National Cancer Institute
 - ◆ 800-4-CANCER
 - ◆ www.cancer.gov
- ◆ American Chronic Pain Association
 - ◆ 800-533-3231
 - ◆ www.theacpa.org

