



PALLIATIVE  
CARE

# Relief from Cancer Pain

National Clinical Programme for Palliative Care



For more information on the  
National Clinical Programme for Palliative Care, go to  
[www.hse.ie/palliativecareprogramme](http://www.hse.ie/palliativecareprogramme)

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## What is this booklet about?

This booklet is for adults with cancer. It is also for their carers. It is based on the recommendations from the national clinical guideline on how to look after patients with cancer who have pain.

### This booklet:

- explains what cancer pain is;
- discusses how you and your healthcare team can work together to treat cancer pain;
- talks about strong pain medications such as morphine;
- dispels some of the myths about using morphine; and
- talks about other strategies that you might use to manage pain.

It does not cover treating pain in children.

The Irish Cancer Society can give you further information and support (please see page 14 for contact details).

We hope that when you and your family understand more about cancer pain, it will help you to manage your pain and get on with life.

## What is cancer pain?

Pain is an unpleasant sensation, suffering or distress. It happens when cancer damages tissues in the body. Pain may sometimes be more than a physical condition. It can affect your emotions, your way of thinking, relationships and spirituality.

## What are the consequences of having pain?

**All pain hurts and wears you down. Pain can also:**

- make you irritable;
- make it hard to sleep;
- reduce your appetite; and
- make it hard to be active and enjoy life.

It's important to manage pain effectively to maximise your quality of life.

## Do all patients with cancer experience cancer pain?

No. Just because you have cancer, it does not mean that you automatically will have pain.

## Is every pain I feel caused by the cancer?

No. Unfortunately, other conditions can also cause pain, for example, arthritis or diabetes. Sometimes, treatments for cancer can also cause pain, although your healthcare team will try and prevent this whenever possible.

## Does how I feel affect my pain?

**Yes, your emotions and feelings can affect your pain and this is why it's important to take a broad approach to pain management. Keeping mentally, physically and socially active can help you feel better about yourself and you may feel less pain. You can keep active by for example:**

- reading
- exercising
- seeing friends.

If you are depressed or anxious, it can be difficult to stay active. Your healthcare professional can help you and you should talk to them about this.

## When do I tell someone I am in pain?

It is important that you, your family and carers have good communication with your healthcare professionals. Don't wait for the doctor or nurse to ask you about pain. If you are experiencing pain, you need to tell them right away. The earlier you tell your healthcare professional about the pain, the better they can help you.

## How will my pain be assessed?

Pain is different for each person. This is why it is important for the healthcare professional to find out about **your** pain.

**Your healthcare professional will find out more about your pain by asking you questions like:**

- Where is the pain (or pains)?
- How would you describe what the pain feels like?
- How long have you had the pain?
- Is the pain there all the time?
- How bad is your pain?
- What makes the pain worse?
- What makes the pain better?
- What treatments have you used in the past for the pain? (It can be very helpful if you bring a list of pain medications that you are taking or have taken in the past when meeting with a healthcare professional.)

## What are pain-assessment scales?

Often, healthcare professionals use pain-assessment scales to help decide how bad your pain is and how it is responding to treatment. A pain-assessment scale is a way of rating pain, using words, numbers or pictures.

### Examples of pain scales

#### Number scale

*This scale asks you to rate the pain using numbers, for example from 0 to 10.*

- 0 = 'no pain'
- 10 = 'severe pain' or the 'worst possible pain'



#### Word scale

*This scale asks you to rate your pain by using the words:*

- 'none'
- 'mild'
- 'moderate'
- 'severe'



#### Visual scale

*This scale shows a picture of a line usually marked 0 at one end and 10 at the other.*

- 0 = 'no pain'
- 10 = 'severe pain' or the 'worst possible pain'



## What treatments will I receive?

### Your treatment will be based on the:

- type of pain;
- cause of pain; and
- amount of pain you suffer.

The World Health Organisation (WHO) uses a diagram called the ‘three-step ladder’ to relate the level of pain to specific drug treatments. Your healthcare professional will use this as the basis for your pain-management plan.

Once your pain has been assessed and a treatment plan started, your healthcare professional will continue to monitor you to see if the treatment is working or if adjustments need to be made. Because every person is unique, it is important that time is taken to make sure that the particular treatment plan works for **you**. Sometimes it can take days or weeks of careful follow-up to find a plan that is right for you, but it is worth it to get your pain under control.

**Step 1 pain medications** are used to control mild pain. Common step 1 pain medications are paracetamol or anti-inflammatory pain killers.

mild

**Step 2 pain medications** are used to control moderate pain. Common step 2 pain medications are tramadol or codeine.

moderate

**Step 3 pain medications** are used to control severe pain or pain that hasn't responded to step 1 or 2 pain medications. Step 3 pain medications are called ‘opioid medications’ and common examples are morphine, oxycodone and fentanyl.

severe

Often, pain medications work better in combination than when used separately. For this reason, your healthcare professional may recommend that you take two or more pain medications at the same time.

It is important that you take medications to relieve pain exactly as they have been prescribed to you. Do not change the dose or the time schedule without discussing it with a healthcare professional.

### Step 3 pain medications, more information about opioids (morphine-like medications):

Step 3 pain medications come in two different forms.

#### Slow-release preparations

These are released gradually into your body. They take one to two hours to start reducing pain and they last a long time (usually about 12 hours). They are used as regular pain medications to keep your pain under control.

#### Immediate-release preparations

These act quickly but wear off faster, usually within a few hours. They are used as ‘rescue’ or ‘breakthrough’ pain medications in situations where the pain occurs even though you have taken the regular pain medication.

It is very helpful if you keep a careful record of how many ‘breakthrough’ pain medications you use. This is because your healthcare professional uses the number of ‘breakthrough’ medications as a guide to knowing how well your pain is controlled and how much regular pain medication you need.

If your pain is well controlled, then you shouldn't have to take ‘breakthrough’ pain medications. If you need to take a number of ‘breakthrough’ doses, then your healthcare professional will consider adjusting your regular pain medications.

## Myths about cancer pain management

Unfortunately there is a lot of misunderstanding about cancer pain and its management. It is important that you understand the facts about cancer pain and its management so that you can make an informed decision about the best care plan for you.

### Addiction

**Myth:** Patients using opioids frequently become addicted to them.

**Fact:** Addiction to opioids is very rare. Strong pain medications such as morphine are safe and effective when prescribed by a trained healthcare professional. Your healthcare team will be happy to discuss this further with you if you have specific worries or concerns about this matter.

### Everyday activities

**Myth:** I cannot work or do normal activities when taking pain medications.

**Fact:** Pain interferes with a person's ability to carry out day-to-day activities because it reduces energy, concentration and attention and can even cause the person to become irritable or depressed. Pain medications are actually associated with helping a person improve their ability to do their normal activities when pain is managed.

### Medication resistance

**Myth:** Opioids should be 'saved' for later stages of my illness.

**Fact:** Patients are often afraid that they will become resistant to the pain-sparing

effect of opioids if they use them too early. This is not typical and shouldn't stop you using pain medications when you and your healthcare team feel you need them.

**Myth:** If a person takes large doses of opioids early in their illness, the opioids will not be as effective later on.

**Fact:** There is no maximum dosage for opioids. A patient should get whatever dose is needed to provide pain relief. You should not focus on 'the numbers' because everyone is different and will need a different amount of pain medication. It depends on the individual circumstances of their own condition and treatment.

### Opioids do not hasten death

**Myth:** Giving opioids to a patient will hasten death.

**Fact:** Research shows that the use of opioids does not lead to a quicker death. Therefore, it is not appropriate to withhold pain medication when it is available to relieve pain and suffering. Pain management is an important part of palliative care practice. Studies show that palliative care improves the quality of life and can also lengthen life.

## Medication leaflets

**"I've been prescribed a medication for pain, but when I looked it up on the medication leaflet, I got confused because the medicine isn't described as a painkiller. Why is this?"**

Medications may have more than one action or effect. For example, amitriptyline was first used to treat depression. Gabapentin is usually used to treat epilepsy. However, both medications are also prescribed to control pain.

If you know that one of your medicines is used for another condition and you are worried about this, talk to your healthcare professional or pharmacist. The usual answer is that the medication can help with more than one condition, even though it does not say this in the medication leaflet enclosed with your medication.

## What are common side effects of pain treatment?

Some pain treatments have side effects and it is helpful to know about these so that they can be managed early. If you start to have any side effects, you should talk to your healthcare professional. This is a list of the most common side effects.

### Constipation

Almost all patients taking medications for moderate to severe pain will develop constipation. Your healthcare professional will usually prescribe a laxative (a medication to help your bowels work) as well as your medication to relieve pain. If they do not, then you should ask for a laxative.

### Nausea (feeling sick) and vomiting

About one in three people feels sick when first prescribed a strong pain medication and some people vomit. For this reason, your healthcare professional will usually prescribe an anti-sickness medicine that you can take 'if needed'. However, these symptoms should spontaneously stop within two to three days. Only a few people need to continue taking anti-sickness medications in combination with their pain medications.

### Gastrointestinal bleeding

This is bleeding in your digestive system. You may have a higher risk of getting ulcers or bleeding in your digestive system if you are using anti-inflammatory pain medications. If you have any concerns about this, contact your healthcare professional.

## What if I can't take my medication?

“What should I do if I can't take my regular strong pain medications (for example, if I am nauseated or vomiting)?”

It is important to avoid abruptly stopping strong pain medications wherever possible because you can feel quite unwell if this happens. This is because your body has become used to taking the medication and if you suddenly stop taking the medications, you may get withdrawal symptoms such as chills, stomach pain or diarrhoea.

This is not the same as addiction. It is something that can happen with a number of medications (not just morphine), such as insulin, antidepressants and others.

If you are unable to take your regular strong pain medications, then talk to your health-care professional as soon as possible to find a solution and avoid becoming unwell.

## What are my other options for pain treatment?

In addition to the medicine used to treat cancer there are other therapies which may help you manage pain. Talk to your healthcare professionals to find out which pain therapy is right for you. The effects of different cancer interventions can vary widely from person to person.

### Rehabilitation

This may include physical and occupational therapy. A physiotherapist teaches you exercises to help improve movement and strength, and to decrease pain. An occupational therapist teaches you skills to help with your daily activities.

### Surgery

This may help to relieve cancer pain for some people. For example, if a tumour is causing a blockage or a swelling is causing local pressure.

### Anaesthetic procedures

Procedures like nerve blocks or epidurals can be very effective for some people.

### Radiotherapy

This can have very helpful pain-relieving effects for many people.

### Aromatherapy

This is a way of using scents to relax, relieve stress and decrease pain. Aromatherapy uses oils, extracts, or fragrances from flowers, herbs and trees. They may be inhaled or used during massages, facials, body wraps and baths.

### Biofeedback

This teaches your body to respond differently to the stress of being in pain.

### Meditation

This therapy teaches you how to focus inside yourself. The goal of meditation is to help you feel more calm and peaceful.

## How can I help myself?

Here are a few ideas that may help you control and cope with your pain.

### Keep a diary of your pain

**This should include the details of your pain and how much medication you are taking.**

**You should write down:**

- how bad your pain is each day;
- how many times you have taken your 'breakthrough' medication; and
- other medications that you have taken

This will help your healthcare professional to understand your pain and make any treatment changes you need.

### Monitored dosage system

If you have problems remembering to take your medication or don't know which medication to take on what day, a monitored dosage system may help. An example of this is a 'dosette box', or blister pack, which your pharmacist can arrange for you.

### Talk to other patients

You and your family may find it helpful to talk to people who have been through a similar experience. Many organisations offer information and support groups for people who are experiencing cancer pain (and their families). For information on cancer support services available to you in your local area, log on to [www.cancer.ie](http://www.cancer.ie). To talk to a specialist cancer nurse call the National Cancer Helpline on

**Freephone 1800 200 700.**

## Financial worries

Unfortunately, an illness such as cancer can put a financial strain on you or your family. You can get information about financial and care benefits that are available to you from your local social work department or citizen's information centre. You may also call to your local community welfare officer for assistance in your local health board.