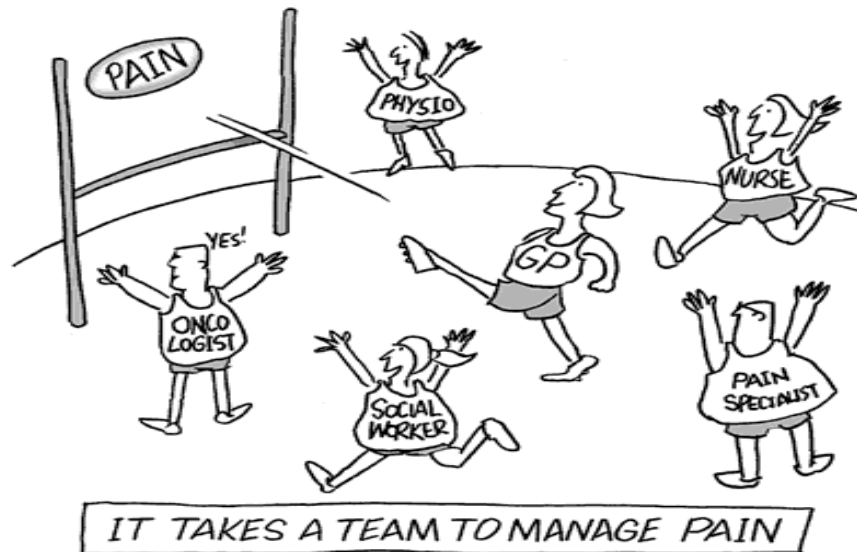


August is Palliative Care and Cancer Pain Awareness Month



What is palliative care?

Palliative care focuses on improving the quality of life for people living with chronic illnesses such as cancer. Palliative care, also called supportive care, includes the control of pain, symptom management, and support of psychological, social and spiritual well-being.

The focus of care is on the patient and family. The palliative care team members may include a doctor, chaplain, social worker, nurses, physical therapists, a dietitian, pharmacist, and breathing (respiratory) therapist. The team works together with your primary care providers to develop treatment plans, manage pain and other symptoms and give emotional support.

An important part of palliative care is pain control. Cancer-related pain is a major problem for cancer patients. More than half of all cancer patients have significant pain.

What is cancer pain?

Cancer pain can be caused by cancer itself or its treatment and can be controlled or lessened in most patients. Not everyone with cancer has pain. For those with pain, there are various ways to manage it.

Pain may improve with treatment, healing and time. If pain persists, it's important to realize that most of the time it can be relieved. Only you know how much pain you have. Pain is easier to treat when it first starts. It may get worse if you wait too long to treat it. Tell your healthcare team as soon as you start to experience pain.

When cancer pain is **not** treated properly, you may also feel:

- Tired
- Depressed
- Angry
- Worried
- Lonely
- Stressed

When cancer pain **is** treated properly, you may:

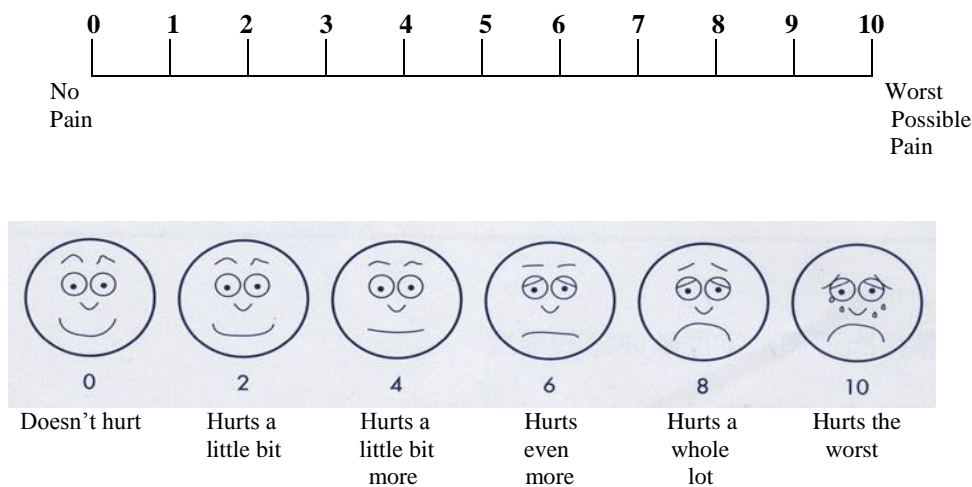
- Enjoy being active
- Sleep better
- Enjoy family and friends
- Improve your appetite
- Enjoy sexual intimacy

How is cancer pain treated?

To treat pain it must be measured. Pain levels are measured after starting cancer treatment, when pain is reported, and after starting any type of treatment for pain. To help your healthcare team treat your pain, communication is important. Your healthcare team will ask you these questions that will help decide how to manage your pain. Two examples of pain scales follow:

- Pain Score: You will be asked to describe your pain level using a pain score.

"On a scale of zero to ten, where zero means no pain, and ten equals the worst possible pain, what is your current pain level?"



If you have pain, your healthcare team will then ask you to:

- Show exactly where the pain is on your body or on a drawing of a body and where the pain goes if it moves.
- Rate the highest amount of pain using the pain score.
- Tell what level of pain is acceptable to you.
- Describe the quality of pain. Does it prick, burn, throb, pull, or ache? Is it sharp?
- Describe when the pain occurs and how long it lasts.
- Explain what makes the pain better or worse.

Your healthcare team will then ask if things like heat, ice, massages, or relaxation help relieve the pain. You will also be asked if the pain has made you unable to do your normal daily activities.

After you answer all of the questions about your pain, your healthcare team may need to gather more information about what is causing it. You may be examined or asked to have an X-ray or a scan of the areas where you hurt. Since pain can be caused by many things, such as tumor in the bones or tumor pressing on a nerve, it is important for the doctor to find out the reason for your pain. Your healthcare team will combine the information they have gathered and plan with you how to make you more comfortable.

What is used to treat cancer pain?

Medicines are one of the most common ways to control your pain. Most pain from cancer can be simply treated using medicines taken by mouth. The doses of these medicines often need to be changed to make you feel better. Pain medicines can be divided into three groups:

1. The first group is for mild pain.
 - You may have used some of these medicines in the past for problems such as headaches or sore muscles. Aspirin, Tylenol[®] and Advil[®] belong to this group.
2. The second group of medicines is for more severe pain.
 - You may have heard them called narcotics or opioids.
 - Examples include codeine, oxycodone, morphine, and hydromorphone.
 - Many patients are afraid to take opioids because they think they may become "hooked" or addicted. This problem is very rare, occurring in about 1 in 10,000 patients. If you are worried about addiction, talk to your doctor, nurse, or pharmacist.
 - Patients also worry about using strong pain medicines too soon. They fear that if the pain really gets bad, there may not be a medicine to use later to control it. In fact, it is best to treat your pain when it begins, even if strong medicines are needed. This will make it easier for the doctors to control your pain later.
 - Some patients also worry about side effects of medicines. Some side effects are very common but can be treated. These include sleepiness, nausea, and constipation. You should tell your doctor, nurse, or pharmacist if you are having these problems.
3. The third group is usually used to treat other medical problems, but is also effective for treating cancer pain.
 - For example, if you describe your pain as burning or tingling, you may have an injured nerve. Medicines used to treat depression (such as antidepressants) or seizures (anticonvulsants) may be helpful for this kind of pain.



What are some other ways to control cancer pain?

Treatments such as radiation therapy and chemotherapy can reduce pain by shrinking some tumors. This relieves pressure on bones, nerves, or other parts of the body. For some types of pain, your doctor may suggest a nerve block to help you feel better. A nerve block blocks or deadens the nerve so you do not feel the pain. If this is needed, a specially trained doctor will use a needle to place medicine directly near a nerve.

You can ask your healthcare team to teach you about other methods that do not involve medicines and that you can use on your own. Your family can help you with these, too.

Supportive care trials

Supportive care is another term that refers to treatments used to eliminate or reduce symptoms that interfere with the quality of your life. The aim of supportive care is to provide you with the best quality of life possible, so that you are able to participate in your treatment and do the things that bring you pleasure and happiness. More simply, the goals of supportive care are to maximize comfort and eliminate suffering.

Supportive care trials examine and address the long- and short-term physical, emotional, spiritual, practical, social and financial effects of cancer and its treatment among survivors of cancer. If you would like information about nationwide clinical trials for supportive care, you can call the National Cancer Institute at 1-800-4 CANCER or visit their Web site at www.cancer.gov.

Expert advice from Rutgers Cancer Institute of New Jersey

Michael P. Kane, RPh, BCOP, is an Oncology Board Certified Pharmacist and is the Director of Pharmacy at Rutgers Cancer Institute of New Jersey. Along with the support and guidance of physicians, nurses, social workers and patients, his department strives to make the achievement of our patient's pain management goals the mission of every staff member. Here are his thoughts on cancer pain:

“Rutgers Cancer Institute of New Jersey is committed to the prevention, identification and management of pain as an essential component of providing compassionate medical care. Optimal pain management improves patients' ability to cope effectively with cancer and its treatments, and enhances patients' quality of life. We recognize that the individual who is experiencing pain is the best person to identify and evaluate their pain. Early recognition and assessment of pain by patients, their healthcare team, and their caregivers are the critical first steps in optimizing pain relief tailored to each individual's pain experience. Rutgers Cancer Institute employs a multidisciplinary approach in providing pain relief through pharmacological and non-pharmacological treatment strategies that spans the continuum of care. We are committed to the ongoing education of the clinical staff, patients, and their supportive others to ensure optimal pain management for each patient.”

Where can I find further information?

The Resource and Learning Center

732-235-9639

<http://www.cinj.org/rlc>

Provides reliable, relevant and current information about all aspects of cancer.

The American Cancer Society

1-800-ACS-2345

www.cancer.org

Cancer Care, Inc., National Office

1-800-813-HOPE (1-800-813-4673)

<http://www.cancercare.org>

Cancer.Net

<http://www.cancer.net>

Cancer Survivors Network

<http://csn.cancer.org/>

Cancer Survivorship Research

<http://cancercontrol.cancer.gov/ocs/index.html>

National Cancer Institute

1-800-4-CANCER (1-800-422-6237)

<http://www.cancer.gov>

National Center for Chronic Disease Prevention and Health Promotion

800-311-3435

<https://www.cdc.gov/chronicdisease/index.htm>

National Coalition for Cancer Survivorship (NCCS)

1-877-NCCS-YES (1-877-622-7937)

<http://www.canceradvocacy.org>

National Institute of Health

301-496-4000

www.nih.gov



RLC website QR code.
Scan with smartphone / device.