

CANCERCARE[®] CONNECT BOOKLET SERIES

MANAGING

Cancer Pain



CANCER*care*[®]

WWW.CANCERCARE.ORG



CANCER*care*®

The CancerCare Connect Booklet Series offers up-to-date, easy-to-read information on the latest treatments, managing side effects and coping with cancer.

To order free copies of this booklet, please use the online order form on our website, www.cancercare.org.

CancerCare® helps individuals and families better cope with and manage the emotional and practical challenges arising from cancer. Our services—for patients, survivors, loved ones, caregivers and the bereaved—include counseling and support groups, educational publications and workshops and financial assistance. All of our services are provided by professional oncology social workers and are offered completely free of charge. CancerCare is a national nonprofit organization founded in 1944.

CancerCare relies on the generosity of supporters to provide our services completely free of charge to anyone facing a cancer diagnosis. If you have found this resource helpful and wish to donate, please do so online at www.cancercare.org/donate. You may also mail a check, payable to CancerCare, to CancerCare, Attn: Donations, 275 Seventh Avenue, New York, NY 10001. Thank you.

CancerCare®
National Office
275 Seventh Avenue
New York, NY 10001

Toll-Free 800-813-HOPE (4673)
Phone 212-712-8400
Fax 212-712-8495
Email info@cancercare.org
Web www.cancercare.org

Table of Contents

Introduction	2
Causes of Cancer Pain	3
Talking to Your Doctor About Pain	4
Treating Cancer Pain	6
Treating Breakthrough Pain	7
Managing Opioid Side Effects	9
Your Support Team	13
Frequently Asked Questions	14
Resources	17

Editors

Stewart B. Fleishman, MD

Founding Director, Cancer Supportive Services, Continuum Cancer Centers of New York, and Accreditation Surveyor, American College of Surgeons Commission on Cancer

Carolyn Messner, DSW, MSW

Director of Education and Training, CancerCare

Glenn Meuche, MSW

Oncology Social Work Coordinator, CancerCare

Pain is a symptom that can—and should—be controlled.

If you are experiencing pain as a result of your cancer or its treatment, you should know that managing this pain is an important part of your overall care.

Pain affects your quality of life: your ability to get a good night's sleep, your daily activities, your eating habits, even your outlook and how well you can interact with others. But your health care team can help control cancer pain. You are the expert on the severity of your pain and its impact on your daily life. Your doctors and nurses are there to help you find out what is causing it and how to treat it.

In this booklet, you will learn more about different types of pain, how they are treated and how you can work with your health care team to get the best possible pain control. There are effective ways to manage the different types of pain:

- Chronic pain, which is constant and persists for three months or longer;
- Intermittent pain, which occurs now and then, rather than continually, and is usually related to a particular event or activity;
- Breakthrough pain, which consists of intense flare-ups of pain that “break through” regular pain medication.

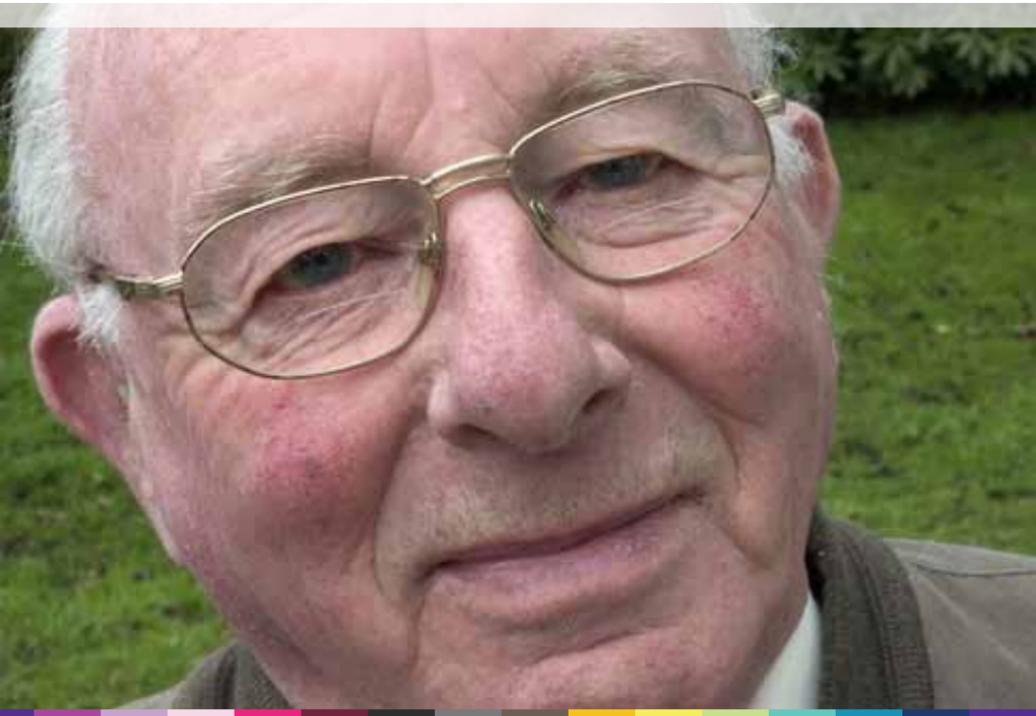
Causes of Cancer Pain

People with cancer can experience pain from different sources:

The tumor itself can cause pain when it presses on or grows into healthy tissues that are sensitive to pain.

Treatment can also cause pain. Sometimes there is pain after surgery. Chemotherapy can lead to pain as a result of mouth sores, for example, or numbness, tingling or burning sensations in the hands or feet.

You may experience more than one type of pain at the same time. Controlling these different types of pain may require different approaches, which is why it is so important for your doctor to understand the cause of your pain.



Talking to Your Doctor About Pain

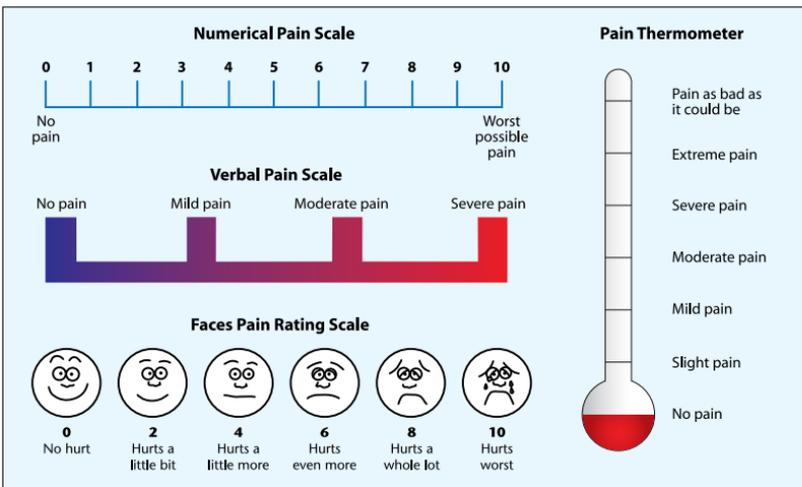
These are some of the things to discuss with members of your health care team and some of the questions they may ask you:

When and where your pain occurs. You may experience pain in more than one place in your body. Your doctor needs to understand the cause of pain in each place. Was there a particular event that led to the pain?

What the pain feels like. For example, is it dull, sharp, burning, pinching or stabbing?

The intensity of your pain. Different pain scales can help you rate your pain:

- The simplest scale goes from 0 to 10, with 0 equaling no pain and 10 equaling the worst possible pain.
- A verbal scale uses mild, moderate and severe as key words to describe pain levels.



- A series of cartoon-like faces shows differing degrees of discomfort from 0 to 10.
- Sometimes a thermometer-type scale is used.

Whether anything makes the pain worse. For example, does standing or sitting make it hurt more? Is it worse at night and better during the day?

Whether anything relieves the pain. Do you feel better if you apply ice or heat to the area or if you lie down or walk around?

How much relief you are getting from any pain medications or other methods you use. Does your pain medication provide you with enough relief? Does it wear off before it's time for your next dose? Are you having any unpleasant side effects? How long does your relief last?

Whether you are having any breakthrough pain, even though your pain is usually well controlled. How many episodes of breakthrough pain do you have? When do they occur? How long do they last? What makes them better?

How the pain is affecting your everyday life. Is pain disturbing your sleep or your ability to eat? Are you able to go about your day without being interrupted by pain?

If you write down your pain experience in a diary, you don't have to rely on your memory. Remember that specific information will help your medical team provide the best possible treatment. Having a written record makes it easier for you to discuss with your doctor or nurse any concerns you may have.

Treating Cancer Pain

Finding the best treatment plan for pain depends on understanding the cause of the pain. That is why your doctor or nurse will ask you so many questions about what you are experiencing. A variety of pain-relieving drugs are available to help people with cancer. Some drugs you might recognize:

Opioids, the strongest pain relievers available, such as morphine (MS Contin, Oramorph and others), oxycodone (OxyContin, Roxicodone and others), fentanyl (Duragesic patch and others) and methadone.

Non-opioids, such as acetaminophen (Tylenol and others), aspirin or aspirin-like pain relievers (such as Advil, Motrin, Nuprin or Aleve).

Medicines designed to treat depression or seizures are also effective against pain in some situations.

Although most people can take pain medication in pill form, if you find it difficult to swallow pills, these drugs can be delivered to the bloodstream through an injection, skin patch or other technique. For your pain management to be effective, it is important to stick to the treatment plan your doctor prescribed for you.

In addition, pain can sometimes be relieved by physical therapy, relaxation therapy, meditation, biofeedback or acupuncture. Radiation treatment is often used to manage bone pain caused by a tumor.

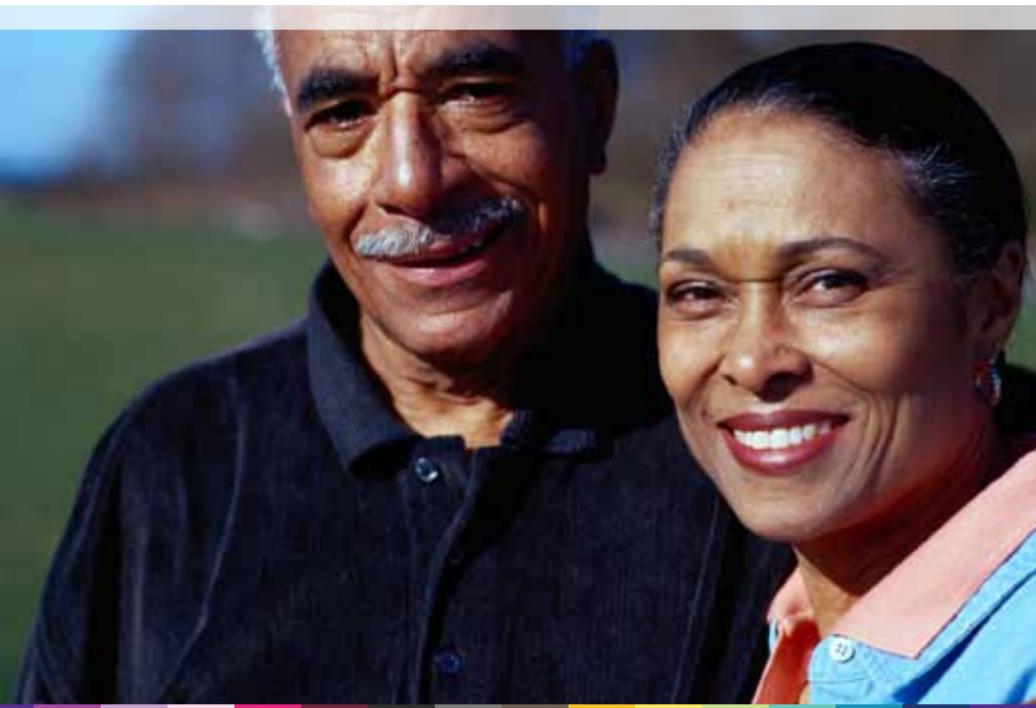
Treating Breakthrough Pain

Even when chronic pain is well controlled most of the time by long-acting opioids, breakthrough pain can flare up. Episodes of breakthrough pain can occur quickly, within three to five minutes, or more slowly. The discomfort can last for a few minutes or for hours.

Most patients rate breakthrough pain as moderate to severe in intensity (4 or greater on a scale of 0 to 10). This type of pain can occur several times a day. People having four or more episodes of breakthrough pain a day may need to have their long-acting opioid dose adjusted.

There are different types of breakthrough pain:

Incident pain is caused by an activity. For example, a person



with a hip problem may be comfortable sitting, but pain occurs when he or she rises out of a chair.

Spontaneous pain occurs for no obvious reason. This sort of pain can come on very suddenly, even if a person isn't doing anything.

End-of-dose failure occurs when a long-acting drug wears off before the next dose is due. For example, someone takes a 12-hour drug at eight o'clock in the morning, but every afternoon at four o'clock, the pain tends to begin. This suggests that the drug is providing relief for only eight hours instead of the expected 12. To avoid this problem, your doctor may recommend a change in dose or the time between doses.

Doctors may prescribe a short-acting or "immediate-release" opioid for breakthrough pain. The choice usually depends on which long-acting opioid is being used to manage chronic pain. These short-acting drugs may take up to 45 minutes to relieve the pain. Because of this, the best time to use these breakthrough medications is:

- Before any activity that usually leads to pain;
- Whenever an activity leads to pain;
- When pain occurs between doses of long-acting opioids, which are used for pain that persists 12 hours or more each day.

Researchers are working on a number of other breakthrough pain products that may be available in the future. Some of them include drugs that can be delivered in nasal sprays or inhalers.

Managing Opioid Side Effects

Although opioids can cause a number of side effects, they can be managed with medications and other strategies. Here are some of the things to be aware of when taking opioid pain medications:

Constipation is one of the most common and distressing side effects of opioids. It is often the reason patients either cut back or stop taking their pain medication. Generally

Teaming Up to Manage Pain

Many hospitals and treatment centers use a pain management team—a multidisciplinary group of health care providers who work together to manage a patient's pain. These teams include:

- Pain specialists
- Physical therapists
- Nurse practitioners
- Pharmacists
- Psychologists or psychiatrists
- Health care providers who specialize in “complementary care”—techniques such as meditation, acupuncture, biofeedback, hypnosis or massage.

Your oncologist or primary care doctor can help you manage your pain. But if your pain is difficult to keep under control, ask your doctor for a referral to a pain management program. Remember, pain management is most effective when you and your doctor work as a team.

defined as fewer than three bowel movements a week, constipation can lead to abdominal or back pain, rectal discomfort, nausea, vomiting and a decreased appetite. Severe constipation may even cause mental confusion and difficulty urinating.

To prevent constipation while taking opioid drugs, it's important to drink plenty of water and eat foods high in fiber such as beans, green and leafy vegetables, fresh fruits and bran. If you are experiencing constipation, your doctor also may advise you to take laxatives. (Stool softeners may help, but they aren't enough to promote daily bowel movements.) Pharmacies carry a variety of over-the-counter laxatives, such as senna products and Milk of Magnesia. When using "bulk formers" such as Metamucil, drinking lots of fluids is especially important. Without enough water, bulk formers can increase constipation. An over-the-counter powder laxative



called MiraLAX can help, without the need for large amounts of liquid.

Another effective prescription drug is lactulose, the generic name for a product with several brand names. This liquid is generally taken three times a day.

Methylnaltrexone (Relistor) has been approved by the U.S. Food and Drug Administration for some patients with advanced illness and severe constipation who are taking opioids for palliative (comfort) care. Given as an injection, methylnaltrexone reduces the constipating effect of opioids and does not interfere with pain relief.

If you are having a problem with constipation, talk with your doctor, nurse practitioner or pharmacist. Do not take over-the-counter medications without first discussing them with a member of your health care team.

Excessive daytime sleepiness and/or feeling some mental “fuzziness” can also occur when either starting a new opioid medication or increasing the dose. Often, the sleepiness will disappear within several days. If it persists, it may be related to another cause. Medications such as anti-anxiety drugs and antihistamines can cause sleepiness. Or, it may be due to a more serious problem in the kidneys or liver or an infection. Sometimes, sleepiness or fatigue is a sign that the cancer is growing. If you are experiencing persistent daytime sleepiness, talk with your doctor about ways to relieve it.

Nausea may occur when taking an opioid drug for the first time. Generally, the nausea goes away within several days. If you experience nausea, there are a number of medications your doctor or nurse practitioner can prescribe. It’s important to work with them so they can pinpoint the cause of your nausea.



Itching of the face, scalp, head and neck is a much less common side effect of opioids. The itchy feeling is not a rash or an allergy, and it will generally disappear within a short time. But if you are itching and it persists for more than a few days, you may need to switch to a different opioid.

Don't be tempted to prescribe over-the-counter drugs for yourself for any of these side effects. If a new symptom occurs or an existing symptom gets worse, talk with your doctor or nurse practitioner.

Your Support Team

When you are diagnosed with cancer, you're faced with a series of choices that will have a major effect on your life. Your health care team, family members and friends will likely be an invaluable source of support at this time. You can also turn to these resources:

Oncology social workers provide emotional support for people with cancer and their loved ones. These professionals can help you cope with the challenges of a cancer diagnosis and guide you to resources. CancerCare® offers free counseling from oncology social workers on staff who understand the challenges faced by people with cancer. We can work with you one-on-one to develop strategies for coping with pain and other side effects of cancer and its treatment. Oncology social workers can help you talk to your doctor about pain management and finding a treatment plan that is right for you.

Support groups provide a caring environment in which you can share your concerns with others in similar circumstances. Support group members come together to help one another, providing insights and suggestions on ways to cope. At CancerCare, people with cancer and their families can take part in support groups in person, online or on the telephone.

Financial help is offered by a number of organizations to cover cancer-related expenses such as transportation to treatment, child care or home care.

To learn more about how CancerCare helps, call us at 800-813-HOPE (4673) or visit www.cancercare.org.

Frequently Asked Questions

Q. I've heard that taking too much Tylenol can harm the liver. How much is too much?

A. It's true that too much acetaminophen—the active ingredient in Tylenol—can cause liver damage. People who are healthy can usually take up to 4,000 milligrams a day. However those who are frail or elderly or whose liver is not working well should take no more than 2,000 milligrams per day. It's important to talk to members of your health care team who will advise you about your particular situation and the dose that is safe for you.

Carefully check the labels on bottles of acetaminophen pills. Some “extra-strength” formulations contain 500 milligrams per tablet. If you are taking other medications, check to see whether they also contain acetaminophen. Some drugs, such as Percocet or Vicodin, contain a combination of both an opioid and acetaminophen, which you need to factor into your daily tally. Even some cough and cold medications contain acetaminophen. Your total intake of acetaminophen from all sources should not exceed the dose your health care team has recommended.

Q. My husband resists taking his pain relievers until the pain becomes excruciating. I keep trying to tell him that he should take his medication regularly to get a jump on the pain before it becomes unbearable, but I can't seem to get through to him. What can I do?

A. Sit down with him and try to find out why he doesn't want to take his pain relievers. People often have false beliefs about pain medications: "If I take my medication now, it won't work later." "If I take opioid drugs, I'll become an addict." Once you identify the concern, you and your husband's doctor or nurse practitioner can address it with him. For example, your husband may need reassurance that even if a particular drug stops working, there are a number of other pain-relieving drugs and different ways of delivering them. If his pain persists, his health care team can tailor these drugs and methods to his needs.

If your husband fears addiction, his health care team can explain that addiction among drug abusers is a psychological dependence on a drug. This is different from needing drugs to relieve physical pain caused by cancer. Someone with no history of substance abuse is unlikely to misuse medications



prescribed for pain. In addition, your husband's doctor or nurse practitioner will be monitoring him to make sure that his pain is controlled and he is not running into difficulty with his medications.

Q. I have had a tingling and numbness in my feet for a long time, and it seems to have gotten worse since I had chemotherapy with Taxotere (docetaxel). What kind of medications might help me?

A. What you are experiencing is probably peripheral neuropathy—a type of nerve damage that can result from some chemotherapy treatments, including docetaxel. As you describe, it often feels like tingling, weakness or numbness in the hands and feet. In addition to using opioids for neuropathy, doctors have used medicines designed to treat depression and seizures. These medicines are also effective against pain in some situations. Which of these drugs or combination of drugs is most appropriate for managing your pain depends on your particular situation and current use of other medications. A number of new drugs have been developed and are being tested for their effectiveness against peripheral neuropathy pain. It's important to work with your doctor or nurse practitioner to see whether different medications might provide relief for you.

Resources

CancerCare

800-813-HOPE (4673)

www.cancer.org

American Academy of Pain Management

209-533-9744

www.aapainmanage.org

American Cancer Society

800-227-2345

www.cancer.org

Cancer.Net

Patient information from the American Society of Clinical Oncology

www.cancer.net

National Cancer Institute

Cancer Information Service

800-422-6237

www.cancer.gov

National Coalition for Cancer Survivorship

See especially the Cancer Survival Toolbox

877-622-7937

www.canceradvocacy.org

This booklet has been made possible by grants from Teva Oncology and Purdue Pharma L.P.



CANCERcare®

for Help and Hope, visit or call:

WWW.CANCERCARE.ORG

800-813-HOPE (4673)