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Controlling Cancer Pain: What You Need to Know to Get Relief

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Learn about:

- Causes and types of cancer pain
- Talking with your doctor about pain
- Methods of treating pain
- Managing side effects of pain medications



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Help and Hope



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CancerCare is a national nonprofit organization that provides free support services to anyone affected by cancer: people with cancer, caregivers, children, loved ones, and the bereaved. CancerCare programs—including counseling and support groups, education, financial assistance, and practical help—are provided by professional oncology social workers and are completely free of charge. Founded in 1944, CancerCare provided individual help to more than 100,000 people last year and had more than 1 million unique visitors to our websites. For more information, call 1-800-813-HOPE (4673) or visit www.cancercares.org.

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If you are a health care professional interested in ordering free copies of this booklet for your patients, please use the online order form on our website, www.cancercares.org.

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INTRODUCTION

page 2

FREQUENTLY ASKED QUESTIONS

page 13

RESOURCES

page 16

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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 quality of life: your ability to get a good night's sleep, your daily activities, 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” your 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 normal tissues that are sensitive to pain.

Treatment too can cause pain. Sometimes there is pain after surgery. Chemotherapy can also 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 your health care team and some of the questions they may ask you:

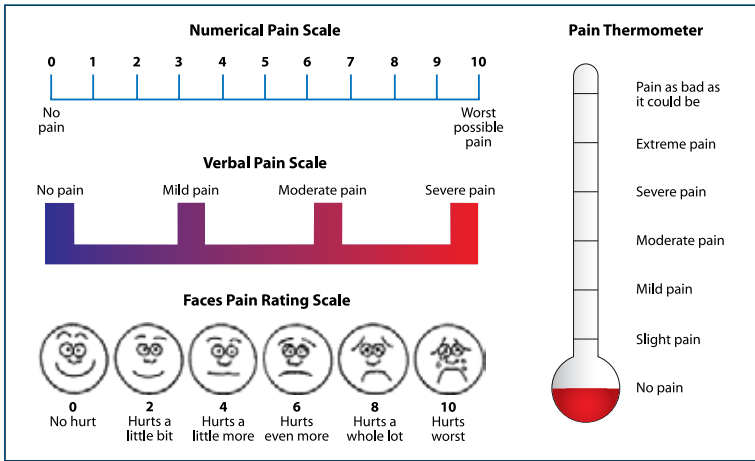
When and where your pain occurs. You may experience pain in more than one place in your body. Your doctor needs to understand the cause of pain in each place. Was there a particular event that led to the pain?

What the pain feels like. For example, is it dull, sharp, burning, pinching, 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 pain possible.
- 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.



Different types of scales used to measure pain intensity

Whether anything makes the pain worse. Does standing or sitting make it hurt more? Is it worse at night, for example, 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?

Whether you are having any breakthrough pain, even though your pain is usually well controlled. How many

Managing Pain With a Team

Many hospitals and medical group practices 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, hypnosis, or massage.



Your oncologist or primary care doctor can help you manage your pain. But if it's difficult to keep under control, ask your doctor for a referral to a pain management program.

such 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, these drugs can be delivered to the bloodstream through an injection, skin patch, or other technique. Your doctor or nurse practitioner can discuss this with you.

In addition, pain can sometimes be relieved by physical therapy, relaxation therapy, meditation, biofeedback, and 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 8 o'clock in the morning, but every afternoon at 4 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 you are using to manage your 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 these include drugs that can be delivered in nasal sprays or inhalers.

Managing Opioid Side Effects

Although opioids can cause a number of side effects, your health care team can manage them 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 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. In addition, your doctor may advise you to take laxatives. (Stool softeners may also 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.

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 it with a member of your health care team.

A newer medication that relieves constipation is called methylnaltrexone (Relistor). This drug has been approved by the U. S. Food and Drug Administration for some patients

with advanced illness and severe constipation who are receiving palliative (comfort) care. Given as an injection, methylnaltrexone reduces the constipating effect of opioids in the intestine and does not interfere with pain relief.

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 antianxiety 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. There are a variety of anti-nausea 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 itching 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 if 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. Help is available. 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.

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 help needed around the home.

To learn more about how CancerCare helps, call us at 1-800-813-HOPE (4673) or visit our website, 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, 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 alternative 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. That's 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 the drug docetaxel (Taxotere). 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

1-800-813-HOPE (4673)

www.cancer.org

American Academy of Pain Management

1-209-533-9744

www.aapainmanage.org/info/Patients.php

American Cancer Society

1-800-227-2345

www.cancer.org

American Pain Foundation

1-888-615-7246

www.painfoundation.org

Cancer.Net

Patient information from the American Society of Clinical Oncology

www.cancer.net

Gilda's Club Worldwide

1-888-445-3248

www.gildasclub.org

National Cancer Institute

Cancer Information Service

1-800-422-6237

www.cancer.gov

National Coalition for Cancer Survivorship

1-888-650-9127

See especially their Cancer Survival Toolbox

www.canceradvocacy.org

The Wellness Community

1-888-793-9355

www.thewellnesscommunity.org



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The material presented in this patient booklet is provided for your general information only. It is not intended as medical advice and should not be relied upon as a substitute for consultations with qualified health professionals who are aware of your specific situation. We encourage you to take information and questions back to your individual health care provider as a way of creating a dialogue and partnership about your cancer and your treatment.

All people depicted in the photographs in this booklet are models and are used for illustrative purposes only.

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