

Circle Of Life: Cancer Education and Wellness

for American Indian and Alaska Native Communities



American Cancer Society Circle Of LifeSM
Cancer Education and Wellness for American Indian and Alaska Native Communities

Wellness along the Cancer Journey:

Palliative Care

Revised October 2015

Chapter 3: Addressing Cancer Pain as a part of Palliative Care



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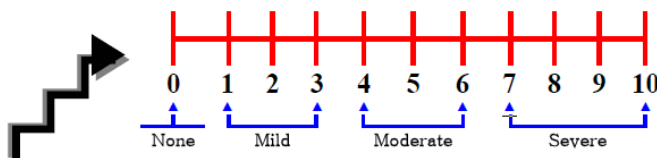
Addressing Cancer Pain as Part of Palliative Care

Group Discussion			
	True	False	Not Sure
1. Health care providers cannot assess cancer pain.			
2. Everyone with cancer experiences pain.			
3. Cancer pain can almost always be relieved or lessened.			

Not all people with cancer will experience pain. But some will need to have their pain managed by their health care provider. It is important to talk with a health care provider about any pain and find the best way to manage it. It may take a few tries to get pain under control, so report back to the health care provider on how well the pain treatment is working. A person's pain may change over time, so the medicines and methods may need to change, too.

Health care providers need enough information to correctly assess the level of pain. Many providers ask people to rate their pain on a scale from zero to 10. Zero means that you are experiencing no pain, and 10 means that a person is in the highest level of discomfort from pain.

0 – 10 Numeric Rating Scale (page 1 of 1)



A health care provider may also use this faces pain scale to illustrate the level of pain:

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Facts about Cancer Pain Treatment

Uncontrolled pain can keep you from doing things that are important to you and your family. Cancer pain can almost always be relieved or lessened. There are many medicines and methods that can be used to control cancer pain. You should expect your health care team to work with you to keep you as comfortable as possible. But no one health care provider can know everything about all medical problems, and sometimes pain is a subject they don't know as much about. Even though a lot of progress has been made, some health care providers do not know the best ways to treat cancer pain.

If you are in pain and your health care provider has nothing more to offer, ask to see a pain specialist or have your health care provider consult with a pain specialist. Pain specialists may be oncologists, anesthesiologists, neurologists, neurosurgeons, other health care providers, nurses, or pharmacists. A pain control team may also include psychologists and social workers.

If you have trouble finding a pain program or pain specialist, contact a cancer center, a hospice, or the oncology department of your local hospital or medical center. They should be able to recommend someone to you.

1. Controlling your cancer pain is part of your cancer treatment.

Your health care provider wants and needs to hear about what works for your pain and what does not. Knowing about the pain will help your health care provider know more about how the cancer and the treatment are affecting your body. Talking about pain will not distract your health care provider from treating the cancer.

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2. Keeping pain from starting and keeping it from getting worse are the best ways to control it.

Pain is best relieved when treated early. You may hear some people refer to this as “staying on top of the pain.” Do not try to hold off as long as possible between doses. Pain may get worse if you wait. Then it may take longer, or you may need larger doses, for your medicine to give you relief.

3. You have a right to ask for pain relief.

Talking about your pain is not a sign of weakness. Not everyone feels pain in the same way. There is no need to “tough it out” or be “brave” if you seem to have more pain than other people with the same kind of cancer. In fact, as soon as you have any pain you should speak up. Remember, it is easier to control pain right when it starts rather than waiting until it becomes severe.

4. People who take cancer pain medicines the way the health care provider tells them to rarely become addicted to them.

Addiction is a common fear of people taking pain medicine. Such fear may even keep people from taking the medicine. Or it may cause family members to encourage you to hold off as long as you can between doses.

Addiction is defined as uncontrollable drug craving, seeking, and continued use of a substance even though it causes serious problems for the person. When *opioids* (also known as narcotics) – the strongest pain relievers available – are taken for pain, they rarely cause addiction as defined here. When you are ready to stop taking opioids, the health care provider will lower the amount of medicine you are taking over a few days or weeks. By the time you stop using it completely, your body has had time to adjust. Talk to your health care provider, nurse, or pharmacist about how to take pain medicines safely and about any concerns you have about addiction.

5. Most people do not get “high” or lose control when they take cancer pain medicines the way they are told to.

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Some pain medicines can cause you to feel sleepy when you first start taking them. This feeling usually goes away within a few days. Sometimes you become drowsy because now that the pain is under control, you are able to catch up on the much-needed sleep you missed when you were in pain. Sometimes, people get dizzy or feel confused when they take pain medicines. Tell your health care provider or nurse if this happens to you. Changing your dose or type of medicine can often solve these problems.

6. Side effects from pain medicines can be managed and often even prevented.

Some medicines can cause nausea and vomiting, itching, constipation, or drowsiness. Your health care provider or nurse can help you manage these side effects. But some of these problems go away after a few days of taking the medicine. And many side effects can be managed by changing the medicine, the dose, or the times when the medicine is taken. Others, like constipation, can often be prevented with stool softeners and other measures.

7. Your body does not become immune to pain medicine.

Pain should be treated early, and stronger medicines should not be saved for later. It is important to take whatever medicine is needed when it is needed. Your body may get used to the medicine you are taking so the medicine may not relieve the pain as well as it once did. This is called *tolerance*. Tolerance is seldom a problem with cancer pain treatment because your health care provider can increase the amount of medicine you are taking or add other medicines. Some people are alarmed by this because they are afraid it means they are addicted, but it is not the same thing. It only means that your body has learned to adjust to the drug in your system over time. It is important to stick with the doses your health care provider prescribes, and be sure that your provider knows all the medicines you are taking. Some pain medicines (even those that you can buy without a prescription) can cause more serious or permanent effects if too much is taken.

When pain is not relieved, you may feel:

- Tired

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- Depressed
- Angry
- Worried
- Lonely
- Stressed

When cancer pain is relieved, you are more able to:

- Enjoy being active.
- Sleep better.
- Enjoy family and friends.
- Eat better.
- Enjoy sexual intimacy.
- Prevent depression.

Key Messages

- Pain management is an important part of a person's care.
- If a person has pain, they need to talk to their health care provider to find the best ways to manage it. It may take a few tries to get pain under control, so talk with your provider about how well your pain medicines are working.
- Make a note of all cancer-related pain and concerns to discuss with your health care provider.