CANCER PAIN MANAGEMENT

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How the Experts Treat Hematologic Malignancies
Las Vegas, NV
March 11, 2016
Disclosure Statement

The presenter of this lecture has no relationship with industry or any commercial interests that might affect their presentation, and therefore has nothing to disclose.
Objectives

• Increase understanding of the components and mechanisms of pain.
• Identify basic differences between acute and chronic pain.
• State three causes for altered pain perceptions.
• Verbalize understanding that effective pain management must be holistic.
Causes of Pain

- Anoxia of tissues
- Organ dysfunction
- Waste products from altered metabolism
- Invasion and compression of nerves
- Chemotherapy
- Radiation

(Fisch & Burton, 2007)
Components and Mechanisms of Pain

- Visceral pain
- Acute neuropathic pain
- Nerve dysfunction
- Cerebral dysfunction

(Pasero & McCaffery, 2011)
Acute Cancer Pain

- Need both a stimulus and an interpretation.
- Overstimulated nerves will change function and pain perception will become chronic.
- Pain interpretation is altered by
  - Culture
  - Perceived gains
  - Psychosocial factors
  - Gender
  - Metabolism
  - Peripheral and Cerebral nerve function

(Davis, et al, 2007; Fisch & Burton, 2009)
Chronic Cancer Pain

- Acute pain lasting longer than 6 months.
- Pain without evidence of tissue trauma.
- Chronic pain is a **DISEASE** of the nervous system.
  - Sustained stimulus
  - Loss of reset mechanism
  - Change in cellular function
  - Change in cerebral interpretation of signals

(Fisch & Burton, 2007)
Pain Management Pearls

- Pain is what ever the patient says it is.
- Pain is seldom just physical.
- The brain can only focus on one strong stimulus at a time.
- There is no maximum dose for opioids.
- Somnolence occurs before respiratory arrest.
- Rotating opioids will reduce tolerance.
- A steady blood level of opioids is the most effective way to manage chronic pain.
- All side effects of opioids resolve over time except constipation.

(Pasero & McCaffery, 2011)
References

