Cancer pain management

Summary

- The pain of cancer is usually constant and needs well-managed relief.
- The foundation of cancer pain management is medication, including aspirin-like drugs, paracetamol and opioid drugs.
- Helpful relaxation therapies include meditation, massage, tai chi, yoga and hypnotherapy.

The pain of cancer is usually constant. A person with well-managed pain has an improved quality of life. They are likely to sleep better and have more energy during the day. Being as active as possible also reduces the risk of ailments like pneumonia, blood clots and bedsores, which are associated with immobility. The foundation of cancer pain management is regular medication, including paracetamol and opioid drugs, chosen to suit each person and to minimise side effects. Combining medications to gain maximum benefit is common. Radiotherapy, surgery, hormone therapy and chemotherapy – if successful in reducing tumour size – may also relieve pain. Other techniques that may be helpful include relaxation therapies and acupuncture.

Treatment choices for cancer pain

The type of pain experienced influences the choice of medications and their use. Some of the factors that influence the treatment choices include:

- The location of the pain
- The severity of the pain
- The type of pain – such as sharp, tingling or aching
- Whether the pain is persistent, or comes and goes
- What activities or events make the pain worse
- What activities or events make the pain better
- Current medications
- How much current medications ease the pain
- The impact the pain has on lifestyle, such as poor quality of sleep or loss of appetite.

Types of medications for cancer pain relief

Some people respond better to certain pain-killing medications than others, so treatment is always individual.

Pain relief can be provided by a range of medications, including:

- **Aspirin-like drugs** – these medications are used for bone pain, and pain caused by inflammation (such as pleurisy). Some people experience stomach problems, such as indigestion and bleeding, with this type of medication. Aspirin itself is generally avoided, because it is too hard on the stomach if taken regularly.

- **Paracetamol** – is important in cancer pain control. It is usually well tolerated, doesn’t affect the stomach and won’t thin the blood. It is helpful to reduce fevers and relieve bone pain, and is often used along with opioids.

- **Opioids** – such as codeine and morphine. Some of the side effects may include nausea, vomiting, drowsiness and constipation. There is no danger of addiction if taken for pain relief purposes. There are several newer opioids available, so one can usually be found to suit. Many people worry about taking opioids, because they are afraid to become addicted or think they should wait until they are very ill before they use these drugs. Evidence shows that it is far better to find a suitable opioid and use it regularly from the time when your pain becomes constant. This makes it easier to maintain the activities and interests you enjoy.

Different forms of pain-relieving medication

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Pain-relieving medication can be administered in different ways, including:

- **Tablets or syrups** – these can be taken by mouth and are simple to use. However, if nausea or vomiting is a problem, tablets or syrups may not be practical.

- **Injections** – injections into the skin are painless, effective and quick acting. Continuous infusions under the skin may be set up and maintained at home, using a small portable pump.

- **Intravenous injections** – medications are administered directly to the bloodstream via a slender tube (catheter) inserted into a vein. This method works quicker than tablets, syrups or regular injections, but it is inconvenient for long-term administration for people who are at home.

- **Spinal injections** – medications are administered though a small catheter in the back (epidural catheter). This procedure must be performed by an anaesthetist. Generally, this type of pain relief is offered when other methods fail.

**Managing cancer pain-relieving medication**

The pain caused by cancer is usually constant. It is best to take the prescribed doses of pain-relieving medications regularly, rather than wait for the pain to strike. If your pain is well managed, you are less likely to take large doses and the risk of side effects is reduced. Be guided by your doctor.

**General suggestions include:**

- Take your medications regularly, according to the advice of your doctor. Each type of medication has a different lifetime in the body and so must be taken at the frequency suited to that drug.

- Get to know your medication – how it works, how long it lasts in the body, what its side effects are and any other particularities.

- Always make sure you have an up-to-date record of your current medication and dose. Your doctor, nurse or pharmacist can help you with this.

- Always make sure you have enough medication on hand to last for at least one week.

- Take enough medication before bed to ensure an uninterrupted sleep. For example, if you are using a preparation that lasts for four hours, you might try taking a double dose before retiring at night, to allow you eight hours sleep, rather than having to disturb your sleep four hours later for the next dose.

- If necessary, you may need to set your alarm during the night so that you don’t miss a dose. If you are waking in the morning with significant pain, this may help improve your pain control.

- Have your medications reviewed regularly by your doctor. Dosages may need to be increased or decreased, depending on what is happening to your cancer and to you.

**Questions about opioid medications**

Most people have questions and concerns about taking opioid medications. These questions are best discussed with a pain specialist. Specialist nurses and doctors are available in most large hospitals, who can sit and discuss your concerns with you. They usually work in palliative care teams and can be contacted through the hospital switchboard. Some of the common questions asked include:

- Will taking regular painkillers prevent me from knowing if my cancer is getting worse?

- Will I become dependent on the drugs?

- If I take medication now, will that mean nothing will work later, when I really need it?

- My doctor tells me I should not use opioids unless I am in really bad pain, and then only a small amount. But this means that I have a lot of pain most days. What can I do?

- My family are upset that I am on opioids. How can I explain to them?

- Will taking opioids shorten my life?

**Relaxation and cancer pain management**

Deep physical and mental relaxation reduces anxiety and can help a person to better cope with pain. Your doctor may be able to recommend reputable therapists. Otherwise, ask friends or contact the professional association for your chosen therapy and ask for a list of members in your area.

Helpful therapies may include:

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• **Breathing and relaxation** – scientific studies have shown that correct breathing, using the diaphragm and abdomen, can soothe the nervous system and manage stress.

• **Hypnotherapy** – is the use of imagery to induce a dreamy, relaxed state of mind. Hypnotherapy can also help to ease some of the side effects of cancer treatment, such as nausea.

• **Massage** – the skin is the largest organ of the human body and is packed with nerve endings. Massage works by soothing soft tissue and encouraging relaxation.

• **Meditation** – is the deliberate clearing of the mind to bring about feelings of calm and heightened awareness. The regular practice of meditation offers many long-term health benefits, such as reduced stress and blood pressure.

• **Tai chi** – is a Chinese form of non-combative martial arts that consists of gentle movements to clear the mind and relax the body.

• **Yoga** – is an ancient Indian system of postures synchronised with the breath.

**Other pain management for cancer**

Other techniques that may be helpful to ease chronic pain include:

• **Acupuncture** – this ancient form of Chinese medicine involves inserting and stimulating fine needles into specific points of the skin. Scientific studies have proven acupuncture to be an effective treatment in some pain syndromes, but there is little research looking at cancer pain.

• **Transcutaneous electrical nerve stimulation (TENS) therapy** – a minute electrical current is passed through the skin via electrodes, prompting a pain-relieving response from the body.

**Where to get help**

- **Your GP (doctor)**
- **Cancer Council Victoria, Information and Support Service** Tel. 13 11 20
- **Multilingual Cancer Information Line, Victoria** Tel. 13 14 50
- **WeCan website** helps people affected by cancer find the information, resources and support services they may need following a diagnosis of cancer.
- **myCarePlan** - Plan your future after cancer. Create a personalised survivorship care plan, giving you a better understanding of life after cancer treatment. An initiative of the Australian Cancer Survivorship Centre and Peter Mac.

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