

MANAGEMENT OF CANCER PAIN



Ministry of Health
Malaysia



Malaysian Association for
the Study of Pain



Academy of Medicine of
Malaysia

KEY MESSAGES

1. Pain occurs in over 50% of cancer patients and at least 1/3 of these patients experience moderate to severe pain. In Malaysia, less than 20% of patients with moderate to severe cancer pain receive opioid analgesia.
2. Successful cancer pain management requires comprehensive assessment, a multidisciplinary approach and participation of patients and their family members/carers.
3. Management of cancer pain should follow the WHO Analgesic Ladder.
4. Morphine is the opioid analgesic of choice for moderate to severe cancer pain.
5. Common side effects of opioid analgesics should be addressed to ensure compliance and effective pain control.
6. Difficult pain syndromes particularly neuropathic pain may require the use of adjuvant analgesics and other interventions.
7. Paediatric cancer pain is managed based on similar principles as adults although assessment tools and drug dosages may differ.
8. The concept of “Total Pain” includes psychological, social and spiritual issues which may modulate the perception of pain in cancer patients.
9. Education of healthcare providers, patients and family members is important to overcome the barriers to effective pain management.

CLASSIFICATION OF CANCER PAIN

<p>Nociceptive Pain</p> <ul style="list-style-type: none"> • Somatic Pain • Visceral Pain 	<ul style="list-style-type: none"> - Character is aching, stabbing or throbbing, and usually well localised. - Examples: bone metastases, ulcers - Character is cramping or gnawing when due to obstruction pain of hollow viscus; aching, sharp or throbbing when due to tumour involvement of organ capsule. - Pain is usually diffuse and difficult to localise and may be referred to somatic structures. - Examples: intestinal obstruction, liver metastases
<p>Neuropathic Pain</p>	<ul style="list-style-type: none"> - Character is burning, pricking, electric-like, shooting or stabbing, and sometimes may have a deep aching component. - Pain is often associated with loss of sensation in the painful region. - Allodynia or dysaesthesia may be present.

This Quick Reference provides key messages and a summary of the main recommendations in the Clinical Practice Guidelines (CPG) Management of Cancer Pain (July 2010).

Details of the evidence supporting these recommendations can be found in the above CPG, available on the following websites:

Ministry of Health Malaysia : <http://www.moh.gov.my> Academy of Medicine Malaysia : <http://www.acadmed.org.my>