

Guidelines for the relief of cancer pain in adults

These guidelines, based on the WHO analgesic ladder, have been produced by the Mid-Trent Cancer Services Network Palliative Care Group (0115 9627988) and are for use by all medical and nursing staff caring for adults with cancer pain. *If you have any questions or require clarification, please make use of the listed resources.*

Important keys to success include:

- accurate evaluation of the pain from the history (use a formal pain assessment tool), examination and appropriate investigation in order to diagnose the cause of the pain
- explanation to the patient and carers and discussing treatment options with them
- administer analgesics regularly
- individualize drug and non-drug approaches and the setting of realistic goals
- regular reassessment of the pain
- referral to the specialist palliative care team if the pain is not being progressively relieved.

Ask the patient to rate their pain as *none, mild, moderate* or *severe*

Mild pain

Non-opioids (step 1)
NSAID, paracetamol

± adjuvant analgesics
(see overleaf)

Pain not controlled

Moderate pain

Weak opioids (step 2)
Weak opioids, compound preparations of a
weak opioid/paracetamol
e.g. co-codamol 30/500 2 q.d.s.

+ non-opioid
+ laxative
± adjuvant analgesics

Pain not controlled

Severe pain

Strong opioids (step 3)
e.g. morphine
Use either normal-release solution/tablets
4 hourly or modified-release tablets
12 hourly. Allow also a p.r.n. dose
equivalent to the 4 hourly dose

+ non-opioid
+ laxative
+ anti-emetic (at least p.r.n.)
± adjuvant analgesics

Pain not controlled

Additional doses of morphine help
If ≥ 2 p.r.n. doses are required every 24h,
adjust the total regular dose upwards by about
30-50% every 24h (young) to 48h (elderly)

Additional doses of morphine do not help
Review the diagnosis, the use of adjuvant
analgesics and other treatments
Seek advice

Pain controlled

Convert to the equivalent dose of a modified
release preparation
Continue to provide p.r.n. doses, equivalent to
the 4 hourly dose
If several p.r.n. doses are needed regularly,
adjust the regular dose upwards by the amount
of p.r.n. used

Additional notes

For information regarding the use and dose of specific NSAIDs, weak and strong opioids see the Palliative Care Formulary (1998), Twycross, Wilcock and Thorp. Also available on the web <http://www.palliativedrugs.com>.

Morphine prescribing

- usual starting dose is 10mg 4 hourly, titrated every 24h; the elderly and/or those with renal impairment may only require a starting dose of 2.5-5mg 4-6 hourly titrated every 48h or more
- 50% of patients experience nausea, prescribe an anti-emetic for the first 3-5 days e.g. haloperidol 1.5-3mg immediately, at night and p.r.n.
- the dose for breakthrough pain is equivalent to the 4 hourly dose i.e. 1/6 of the total 24h dose
- regular laxatives are necessary, a preparation combining a stimulant and a softener is preferred e.g. co-danthramer.

Alternative strong opioids

Morphine is the strong opioid of choice. Alternative opioids, e.g. *oxycodone*, *hydromorphone*, *transdermal fentanyl*, *methadone* are generally used when there are unacceptable adverse effects with morphine. Each has its own advantages and disadvantages. *Seek guidance*.

Adjuvant analgesics, for use in

- *neuropathic pain*, e.g. anticonvulsants, antidepressants, corticosteroids
- *skeletal muscle cramp*, e.g. benzodiazepines
- *smooth muscle spasm/colic*, e.g. antimuscarinics
- *raised intracranial pressure*, e.g. corticosteroids
- *bone pain*, e.g. bisphosphonates (usually only after use of NSAID + strong opioid + radiotherapy).

Additional measures

- radiotherapy, particularly for bone pain
- nerve blockade, particularly for localised pain or neuropathic pain
- non-drug approaches, e.g. modification of lifestyle, aids for daily living, relaxation, distraction, addressing the psychological, social and spiritual dimensions of the 'total pain' experience.

If there is no progressive control of pain contact the Hospital Support Team for advice.

Resources

	Nottingham City Hospital	Queens Medical Centre
<i>Palliative care link nurse and resource file</i> , available on each ward		
<i>Hospital Support team</i> Macmillan Nurses	ext. 46619 or air call	ext. 44119
Palliative Medicine Consultants	Dr R Corcoran ext. 47087 Dr A Wilcock ext. 46450	Dr V Crosby ext. 42585
<i>Specialist Palliative Care Unit</i> (advice available all day, every day) Hayward House Macmillan Specialist Palliative Care Unit (0115) 9627619 or ext. 46619		
<i>Pain anaesthetists</i>	Dr A Ravenscroft ext. 45639	Dr Z Hussain ext. 41194 Dr F Campbell ext. 41194
<i>Other sources of drug information</i>	ext. 47164	ext. 44185

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