Pain Management in Palliative Care

STEP 1 : Mild Pain

PARACETAMOL *or* **NSAID** **+/- ADJUVANT**
1g, 4 times daily

Pain should be fully assessed before treatment with analgesics is started
Continue to ask the patient about their pain regularly.

STEP 2 : Mild to Moderate Pain

OPIOID **+ PARACETAMOL** *or* **NSAID** **+/- ADJUVANT**

e.g. codeine 30-60mg,
or dihydrocodeine 30-60mg
4 times daily

1g, 4 times daily

(if not contraindicated)

Best given as a combined preparation
e.g. co-codamol 30/500, 2 tablets, 4 times daily

Prescribe a **regular laxative** when opioids are being taken regularly (see step 3).

Discuss and resolve any concerns about taking opioids e.g. addiction, tolerance, opioids only for advanced disease etc.

STEP 3 : Moderate to Severe Pain

OPIOID **+ PARACETAMOL** *or* **NSAID** **+/- ADJUVANT**
(if not contraindicated)

Start with **normal release oral morphine**,
(e.g. oramorph) 5-10mg, 4 hourly **and** as required for **breakthrough pain.** Stop step 2 opioid.
(A 2.5mg dose may be enough in the elderly or those with renal impairment)
A full dose of Step 2 opioid ≡ 30mg morphine / 24hours

N.B. **Pethidine** is not recommended in palliative care.

Regular laxative
e.g. codanthramer
(if prognosis is limited)
or docusate + bisacodyl

Prophylactic antiemetic
Prescribed as required, for 7-10 days
e.g. metoclopramide 10mg tds
or haloperidol 1.5mg nocte

Breakthrough pain

- Prescribe normal release morphine at 1/6th of 24 hour oral morphine dose, as required
- Assess 30 - 60 minutes after a breakthrough dose
- If pain persists → give a second prn dose
- If pain is still not controlled → **seek advice**
- Some types of movement related or episodic breakthrough pain are best controlled with a dose of short acting opioid → **seek advice**

Dose Titration in STEP 3

- Increase regular oral morphine dose each day in steps of about 30% (or according to breakthrough doses used) until pain is controlled or side effects develop.
- Increase laxative dose as needed

Convert to controlled release morphine

- Calculate 24 hour dose of normal release morphine and divide by 2
- Prescribe this dose as controlled release oral morphine (e.g. MST Continus), 12 hourly
- Prescribe breakthrough analgesia at the correct dose.

Adjuvant Therapies

NSAID– e.g. diclofenac – bone pain, liver pain, soft tissue infiltration, inflammatory pain
+ omeprazole or lansoprazole if risk of GI side effects or if combined with steroids

AMITRIPTYLINE – nerve pain – 10-25 mg nocte and titrate (watch for sedation, confusion, dry mouth)

ANTICONVULSANT - nerve pain – e.g. sodium valproate 100-200mg bd or carbamazepine 100-200 mg bd : start at these doses and titrate. Gabapentin if recommended by a specialist.

STEROIDS – e.g. dexamethasone - raised intracranial pressure (8-16 mg/day), nerve pain (8-16 mg/day), liver pain (4-6 mg/day). Give before mid afternoon, reduce to lowest effective dose.

TENS, NERVE BLOCK, RADIOTHERAPY, BISPHOSPHONATES

Parenteral Analgesia

- Convert to SC diamorphine
- Calculate the 24 hour dose of oral morphine and divide by 3
- This is the 24 hour SC diamorphine dose which is usually given in a syringe driver
- Prescribe 1/6th of the 24 hour diamorphine dose, SC, as required, for breakthrough pain

Opioid Toxicity

- Increasing drowsiness
- Vivid dreams / hallucinations
- Muscle twitching / myoclonus
- Abnormal skin sensitivity to touch

→ **Reduce opioid dose by 1/3 and ensure patient is well hydrated using SC/IV fluids, if necessary.**

- Consider adjuvant therapies and/or alternative opioids

Seek advice

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