

Reducing Pain in End Of Life Care

Introduction

Treating the symptoms of pain is a complex issue in End Of Life Care. To promote pain management the nurse requires an understanding of many factors.

Pain is Physical, Emotional, Psychological and Spiritual

The experience of pain intertwines with the overall suffering felt by the patient, both exacerbating and being exacerbated by depression, anxiety, grief and despair. (Auret & Shug, 2013)

How to Manage Pain

The WHO analgesic ladder is an important overall guideline to the symptomatic management of cancer pain.

Patients and caregivers should be encouraged to report their pain (Brown et al, 2011).

Limitations to the WHO Analgesia Ladder

It is highly biomedical, assuming that pain is largely physical and can be adequately addressed by analgesics (Fielding et al, 2013). The WHO guidelines (WHO, 2014) do not specifically address non-pharmacological approaches to cancer related pain (Fielding et al 2013).

Treating Pain (Gaertner and Siessl, 2013)

New pharmaceutical developments hold promising options for the treatment of cancer pain. Yet, it may be even more important to realise that the gold standard of cancer pain management has been identified to lie in the realisation of truly holistic care that acknowledges the different physical, psychosocial, and spiritual dimensions of suffering.

Alternative Treatments

Acupuncture is used for cancer pain. However a Cochrane review of randomised control tests concluded acupuncture is widely used to treat cancer related pain, but the available evidence is inconclusive or of low quality. (Paley et al 2011)

Patient Satisfaction with Pain Management

- Administering treatment in a respectful manner
- The provision of a safety net
- The efficacy of pain management
- The involvement of the patient as a partner (Beck et al 2010)
- Communication, planning and trust (Chou and Lin 2011)
- Skill in the assessment and management of cancer-related pain is key to achieving effective control of pain. (Fielding et al 2013)
- A systematic review emphasises the importance of screening all individuals with cancer for pain and assessing and reassessing cancer-related pain at regular intervals (Green et al 2010)
- Shofield (2006) advocates that the nurse needs to address the patient's fears on chemical/pharmacological interventions and improve the patient's awareness of potential pain-relieving strategies

Challenges to Pain Management

Help the Hospices, a UK non-governmental organisation, has collected anecdotal evidence that some cultures view pain and suffering as a test of faith, may be fatalistic about pain, which they cannot control, or value stoicism and may not disclose their pain (Anderson, 2010).

- Prescriber barriers, such as inadequate education around pain assessment and management, unwarranted concerns about the risks of respiratory depression or excessive sedation (Hanks et al 2001)
- Patient barriers, such as fear of addiction, the belief that 'good' patients do not complain about pain, worry that treatment implies the final stages of life and concern about side effects (Bennet et al 2012 and Ward et al 1993)
- Pain in the elderly cancer patient is frequent and will become more common as the population ages (Alcock 2008) pain needs to be regularly assessed
- The findings from a study into quality of end of life care given in the community-highlighted incidents when adequate support was not evident: for example the provision of equipment for the home. (Lees et al 2014) Equipment can support a patient with their pain management. For example: pressure relieving equipment can prevent and promote good pressure area care, moving and handling equipment can prevent carers from painful patient transfers. The lack of provision of equipment can be due to poor communication between services and/or due to time taken to deliver the necessary equipment.
- For 10-20% of patients with advanced cancer, adequate pain control cannot be achieved using WHO analgesia ladder owing to disease pathophysiology preventing administration/absorption of pain medications or intolerance due to opioid toxicities (McHugh et al 2012)

The Role of the Nurse

- Openness and honesty (Griggs, 2010; Brown et al, 2011)
- Conserving dignity (Brown et al, 2011)
- Comprehensive assessment (Hemming and Maher, 2005)
- Alleviating symptom distress from both a physical and psychological perspective (Hemming and Maher, 2005)
- Consistent and timely information-giving (Brown et al, 2011)
- Anticipation and preparation (Griggs, 2010)
- Managing symptoms, providing information, and supporting families (Pavlish and Ceronsky, 2009)

Conclusion

Most importantly, the nurse should not underestimate the value of listening to the patient and relatives to understand their beliefs and attitudes to pain.

Managing pain for cancer patients can be complex but by following the principles discussed the patient should receive a good level of nursing care and hopefully have their pain managed.

References:

- Anderson T (2010) Politics of pain. *British medical Journal* 34(1)
- Auret K & Shug S (2013) Pain management for the cancer patient – Current practice and future developments. *Best practice & research clinical anaesthesiology* 27(4): 545-561
- Beck SL, Towsley GL, Berry PH, Lindau K, Field RB & Jensen S (2010) Core aspects of satisfaction with pain management: cancer patient's perspectives. *Journal of Pain and Symptom Management* 20, 100-115
- Bennett M, Graham J and Schmidt-Hansen M (2012) Prescribing strong opioids for pain in adult palliative care: summary of NICE guidance. *British Medical Journal* 34(4): 1-3
- Brown H, Johnston B, Ostlund U (2011) Identifying care actions to conserve dignity in end-of-life care. *British Journal of Community Nursing* 16(5): 238-45
- Chou, P., & Lin, C (2011). A pain education programme to improve patient satisfaction with cancer pain management: a randomised control trial. *Journal of Clinical Nursing*, 20(13/14), 1858-1869
- Fielding, F., Sandford, T.M., & Davis, M.P. (2013) Achieving effective control in cancer pain: a review of current guidelines. *International Journal of Palliative Nursing*, 19 (12), 584-591
- Gaertner J & Schiessl C (2013) Cancer Pain Management: What's New? *Curr Pain Headache Rep* 17(1): 328
- Griggs C (2010) Community nurses' perceptions of a good death: a qualitative exploratory study. *International Journal of Palliative Nursing* 16(3): 140-9
- Green E, Zwaal C, Beals C (2010) Cancer-related pain management: a report of evidence-based recommendations to guide practice. *Clinical Journal of Pain* 26(6): 449-62

- Hanks GW, Conno F, Cherny N (2001) Morphine and alternative opioid in cancer pain: the EAPC recommendations. *British Journal of Cancer*, 84 (5)
- Hemming L, Maher D. (2005) Cancer pain in palliative care: why is management so difficult? *British Journal of Community Nursing* 10 (8): 362-7
- Lees, C., Mayland, C., West, A., & Germaine, A. (2014) Quality of end-of-life care for those who die at home: views and experiences of bereaved relatives and carers. *International Journal of Palliative Nursing*, 20 (2), 63-67
- McHugh, M, Miller-Sautz, D., Wuhrman, E., & Kosharsky, B. (2012) Interventional pain management in the palliative care patient. *International Journal of Palliative Nursing*, 18 (9), 426-433
- Paley CA, Johnson MI, Tashani OA, Bagnall AM Acupuncture for cancer pain in adults (Review) *Cochrane Database of Systematic Reviews* 2011 Issue 1
- Pavlish, C., & Ceronsky, L. (2009). Oncology nurses' perceptions of nursing roles and professional attributes in palliative care. *Clinical Journal of Oncology Nursing* 13 (4), 404-412
- Schofield, P. (2006) Pain management of older people in care homes: a pilot study. *British Journal of Nursing*, 15(9), 508-514
- Ward S, Goldberg N and McCauley V (1993) Patient-related barriers to management of cancer pain *Pain* 52 (3) 319-324
- World Health Organisation (2014) WHO's cancer pain ladder for adults Available from <http://www.who.int/cancer/palliative/painladder/en/> [accessed 21/07/2014]