
HNA Prompt Sheet: Pain and Pain Control

Pain is one of the most commonly reported symptoms as a result of cancer and its treatments. Pain can affect people in many different ways and in cancer is usually multi-factorial. Pain is a holistic symptom, the expression of which encompasses the physical, emotional, and psychological.

Physical includes the physical triggers of pain, the neuronal pathways, and the physical expression of pain. Emotional involves not only the emotional consequences of pain, but also the expression of that pain and the suffering experienced as a consequence. Psychological can include concerns about the meaning of the pain, implications for the future, fear of death, the unending nature of pain and can encompass a metaphysical domain.

The majority of pain is controllable if the three main domains are explored and managed. However exceptions exist, especially in chronic pain states (more than three months) where expert help should be sought and a goal of pain free should never be set.

Have you considered?

- Asking further questions about the nature, severity and pattern of the pain to exclude 'red flags'
- Whether deconditioning or reduced function is contributing
- Whether anxiety/fear of future/depression is contributing
- Whether movement is contributing
- Whether the pain has particular characteristics that would help in diagnosis and treatment
- Whether prescribed medications are contributing
- Pharmacological management: check which analgesics are already prescribed and how effective they are. Remember WHO ladder and co-analgesics
- Using information leaflets (for instance available on the Macmillan website) to discuss different aspects of pain, causes, management and treatment
- Referral to specialist services such as physiotherapy, occupational therapy or psychological support services, to minimise the impact of pain
- Referral to specialist services for persistent or moderate/severe pain, such as the palliative care team (hospital or community) or for chemotherapy induced neuropathic pain, chronic pain teams (GP referral required)
- Non-pharmacological management, such as TENS (transcutaneous electrical nerve stimulation)

Services which may be able to help

- Physiotherapy to assist with mobility and assessment of safe mobilisation
- Occupational therapy for task modification with day to day activities (including aids and adaptations), posture and positioning, pacing, relaxation, sleep hygiene and anxiety management
- Dietetics for nutritional support (pain reduces appetite)
- Hospital or hospice symptom rehabilitation programmes
- Complementary therapies for relaxation and mood
- Psychological support services for anxiety and pain management and mood
- Macmillan information centre
- Exercise programmes via the GP, e.g. exercise on referral
- Hospital-based review: consultant team, pain team, palliative care team

Patient information

Macmillan Cancer Support: <http://www.macmillan.org.uk/information-and-support/coping/side-effects-and-symptoms/>

British Pain Society: <https://www.britishpainsociety.org> search for cancer pain

Want to know more?

<http://www.sign.ac.uk> – search pat