PCAG
Weekly Newsletter

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Pain Management

One of the central pillars of palliative and hospice care is the reduction of pain and suffering for patients with life-limiting illnesses. As pain is the most common symptom for patients receiving palliative care, it is no surprise that comprehensive pain management is essential in improving their overall quality of life (Auret and Pickstock, 2006).

Medication is the mainstay of pain management and a comprehensive knowledge of various analgesics as well as their adverse effects is crucial for proper symptom control. It is also essential to address a patient's pain immediately and appropriately as withholding treatments may only intensify the pain, cause unnecessary harm, and further complicate pain management. After completing a total pain assessment, there are several categories of medications that may be utilized depending on the severity of pain, adverse effect profiles, and consideration of drug-drug interactions. The World Health Organization (WHO) recommends a stepwise approach to pain management beginning with non-steroidal anti-inflammatories (NSAIDs) such as ibuprofen and Tylenol, then progressing to weak opioids, such as hydrocodone, used independently or in conjunction with non-opioid analgesics, and finally considering stronger opioids, such as morphine, in cases of severe or intractable pain (Anekar and Cascella, 2022).

Fortunately, pain management is not limited to NSAIDs and opioid analgesics but may also include adjuvant or helper drugs that reduce pain in specific situations. These include, but are not limited to, steroids, antidepressants, local anesthetics, and muscle relaxants (see Table 1). When combined with appropriate adjuvant drugs, typical analgesics may show increased efficacy in pain reduction (Bennett, 2011). Furthermore, a combination of medications allows for fine-tuning of doses and creating a tailored fit for each patient. Finally, in rare circumstances, surgery may be a viable option for patients who have not responded well to or cannot tolerate common analgesics. In these cases, it is important to weigh the benefits of surgery and the need to reduce further pain and suffering.

Table 1: Commonly used adjuvant drugs

Indication	Preferred Drug
Tricyclic Antidepressants	
Continuous neuropathic pain. Pain complicated by depression or insomnia	Amitriptyline Doxepin Imipramine Nortriptyline
Anti-convulsants	
Lancinating (shooting) neuropathic pain	Carbamazepine Phenytoin Valproate Clonazepam
Oral Local Anesthetics	
Neuropathic pain	Mexiletine
Neuroleptics	
Pain complicated by delirium or nausea. Refractory neuropathic pain.	Fluphenazine Haloperidol Methotrimeprazine

Adapted from Texas Cancer Info
https://www.texascancer.info/gftocp/tableIX-1.html

References

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3. Bennett MI. Effectiveness of antiepileptic or antidepressant drugs when added to opioids for cancer pain: systematic review. Palliative Medicine. 2011;25(5):553-559. doi:10.1177/0269216310378546

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