Touch of Tender Loving Care:

Pain management in Palliative Care Patients in the community

The College of Palliative Medicine of Sri Lanka

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Touch of tender loving care:
Pain management in Palliative Care Patients in the community

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Message from the Secretary, Ministry of Health

Palliative care aims at improving the quality of life of patients with a life-limiting illness, their family members and caretakers. With the increase of the greying population and the ever-increasing non-communicable diseases including heart diseases, diabetes and cancer, the number of individuals who require palliative care is increasing, and the demand is amassed.

The Sri Lankan health system has taken several initiatives to improve the palliative care service provision in the country. However, much improvement is needed in several aspects, including increasing awareness among the population including healthcare staff and implementing relevant changes in the healthcare service provision. Also, palliative care services must be provided at the primary care level and within the community.

Currently, there are eight hospices within the country providing palliative care services for the needy, free of charge. Considering the increasing demand for palliative care, it is important that the Ministry of Health work in collaboration with the private sector and non-governmental organizations, for the enhancement of palliative care service provision.

The College of Palliative Medicine of Sri Lanka (CPMSL), being the apex professional body that works towards enhancing the palliative care services within the country, has taken the initiative to bring the hospices together in establishing the "Hospice Sri Lanka Alliance" and will continue to improve the quality of service provision by providing technical support. I congratulate the CPMSL for this excellent achievement.

Since its inception in 2021, the CPMSL has conducted several activities across the country to enhance the quality of palliative care service provision and also has published several publications to improve awareness among the healthcare staff as well as the general public. This booklet also is one such important publication. I express my gratitude to the author and the CPMSL for this excellent publication.

I wish the CPMSL all the best in its future endeavours and wish that the College will work in collaboration with the Ministry of Health to improve the palliative care services in Sri Lanka, as an important stakeholder.

Dr. P.G. Mahipala
Secretary
Ministry of Health

Forward

The College of Palliative Medicine of Sri Lanka (CPMSL) is the apex professional body in Sri Lanka which works towards establishing and enhancing palliative care services within the country. Since its inception in 2021, CPMSL conducted several activities across the country and accomplished several significant achievements as well as publishing an international journal (International Journal of Palliative Medicine, Sri Lanka).

The CPMSL is the only professional body in which the Council and the membership consists of representatives from different medical disciplines, showcasing the importance of multidisciplinary teamwork for the provision and enhancement of palliative care services. Further, the College collaborates with several health and non-health stakeholders as well as other professional colleges, in its activities.

The CPMSL members have written 6 booklets for community palliative care with objectives of improving the management of community palliative care. This booklet is targeting for Nutrition Guide for Pain management in Palliative Care Patients in the community. The CPMSL thanks the author, Dr. Prasadini Karunaratne for writing this booklet. It has been written in very simple way with essential content. The CPMSL think this will benefit for the enhancement of community palliative care.

The CPMSL is grateful to Ministry of Health for the strong partnership and appreciate Health System Enhancement Project - ADB fund.

The President and the Council
College of Palliative Medicine of Sri Lanka 2023/2024

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1 INTRODUCTION

What is PAIN?

It is an unpleasant experience with sensory and emotional components. But if a patient complains **"HURTS"** we consider the patient is in pain.

What are the palliative care conditions?

Palliative care is required for a wide range of diseases. The majority of adults in need of palliative care have chronic diseases such as cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%) and diabetes (4.6%). Many other conditions may require palliative care, including kidney failure, chronic liver disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, neurological disease, dementia, congenital anomalies and drug-resistant tuberculosis.

Is it common to get pain in palliative patients?

Yes, it is very common.

Palliative care may last for weeks, months, or years, and the relief of moderate to severe pain during that time can greatly improve quality of life. The biggest problem with palliative care is that many people are referred for care too late. By starting this type of care early, and by using the right type of pain management, nearly all pain problems can be relieved or reduced.

2. IMPORTANCE OF PAIN MANAGEMENT

Pain is an unpleasant sensory & emotional experience. Being in persistent pain can lead to many bad effects.

Pain can increase blood pressure and heart rate which can lead to heart attack or stroke. The patient might not breathe properly and might not cough. Both problems can lead to pneumonia conditions. It can cause mental stress and depression. Further, the patient's activities and movements will be limited and the patient will be boarded. Lack of movement can lead to clotting of blood in leg veins and may end up in death if they are dislodged and block the vessels of the lungs. Malfunction of the gut may cause food intolerance as well.

Therefore, pain is not a simple thing and it can lead to serious problems.

Above all, **any human being has a right to be pain-free**. Therefore, we have to respect that human right.

3. APPROACH TO PAIN MANAGEMENT

The first step in managing pain is to do a total pain assessment

Pain History

Onset	**When did the pain start?**
Provocative/ Palliative factors	• What makes the pain worse? • What makes the pain better?
Quality	What exactly is it like? • Dull aching pain • Sharp pain • Burning pain • Lancinating pain, etc.
Radiation	Does it spread anywhere?
Severity	How severe it is? • Mild • Moderate • Severe OR apply a numerical rating scale (NRS)
Temporal factors	Does it come and go? Is it worse at any particular time of the day or the night?

Pain assessment can be done in 2 ways.

1. Can ask "Is it a mild pain? Moderate pain? Or severe pain?

   However, this method is a crude way of assessment because pain assessment is very subjective in this method.

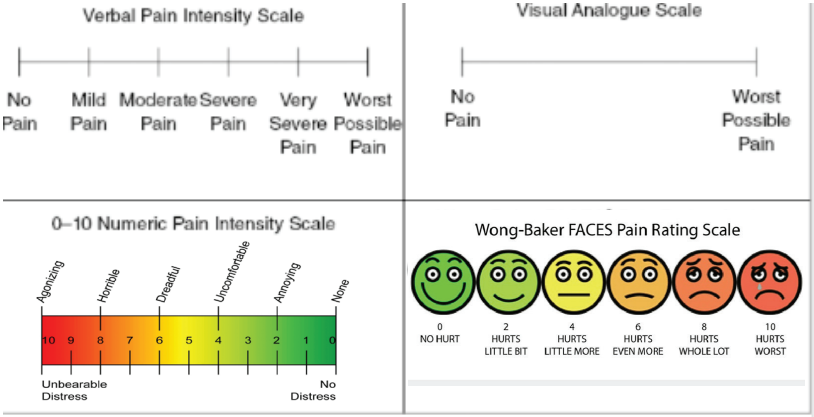
2. Can assess by using a scale or a tool

   This method is objective and more accurate. It facilitates

   The selection of drugs

   The assessment of the effectiveness of pain management.

The commonly used scales are



You may be asked to choose a number from 0 to 10 to rank your pain, with 0 being very mild pain and 10 being the worst possible pain you could have.

In addition, the patient's other illnesses, allergies, other drugs and patient expectations are considered when we decide on drugs. Nevertheless, the condition of the heart, kidneys and liver will determine what pain killer and what dose is required.

Assessing pain in those who cannot communicate:

The above-mentioned self-reported assessment tools cannot be used in children less than 3 years old, unconscious patients and those suffering from cognitive impairment. In such cases, other tools such as NVPS and FLACC scale can be used.

Adults who cannot communicate their pain can express their pain through certain behaviors.

Clenching of teeth, grimacing, tearing, rigid/tense extremities, guarding the area of pain and restlessness, etc. It is also very important to discuss with family members and caregivers as they are often able to distinguish these behavioral changes in patients.

4. PAIN MANAGEMENT OPTIONS

There are two ways to manage pain.

A) Drug therapy

B) Non-drug therapy

A) Drug therapy

Keep in mind 3 important principles when deciding how to manage pain.

First, pain should always be treated right away. A delay allows pain to get worse.

Second, you should not be afraid of becoming addicted to pain medicine. If medicines are used in the right way under close supervision of a healthcare provider, this is rarely a problem. Of course, if you believe that you are losing control of how you are using pain medicines, you should discuss this with your healthcare provider right away.

Third, most pain problems can be controlled by using the World Health Organization's step-care approach: (WHO Pain Ladder)

The WHO analgesic ladder provides a general guide to pain management based on pain severity. However, it does not replace the need for individualised management based on careful assessment of an individual patient's pain.

For mild pain start at step 1.

For moderate pain start at step 2 or step 3.

For severe pain, start at step 3

- Step 1. Start with a simple analgesic
- Step 2. For moderate pain, we can use weak opioids
- Step 3. If the pain continues or gets worse, your healthcare provider may prescribe a stronger opiate.

Simple analgesics

I) Paracetamol

Paracetamol is used to treat mild to moderate pain.

The dose is 15mg/kg 4-6 hourly

It's dangerous to take more than the recommended dose of paracetamol.

Paracetamol overdose can damage your liver and cause death.

Should be carefully used if the liver is not normal.

ii) NSAIDS (Non-Steroidal Anti Inflammatory drugs)

A few common examples are diclofenac sodium, ibuprofen and celecoxib.

However, we cannot use this group of drugs in kidney impairment or failure, low platelet counts, gastric irritation and in some asthma patients.

This group of drugs are very effective for pain originating from bones, which is very common in palliative patients. Bone pain can occur due to the spread of cancer to the bone, fractures of the bones, or due to osteoporosis of the bone.

Common side effects are

Gastric irritation

Be aware of patients who are having gastritis. Need some other drug (omeprazole/ famotidine) to reduce gastric symptoms.

Patients with low platelet count or bleeding tendency

The platelet is an essential component in blood that is needed for clotting. NSAID can interfere with platelet function and can cause bleeding.

Patients with kidney disease

NSAIDS can worsen kidney function in kidney failure patients. Therefore, either avoid or need to use in caution.

Opioid drugs

Opioid drugs are the most effective and commonly used drugs for moderate to severe pain. A wide range of opioid drugs is available, and they can be taken in a variety of ways.

These are common ways in which opioid drugs can be given:

- Oral medicines. These can be taken in pill or liquid form and can be short acting or long acting (sustained release).
- Adhesive patch. This can be applied to the skin to release medicine over time. An example of this is a fentanyl patch.
- Opioid drug injection. This shot may be given under the skin or into a muscle.
- Opioid drug IV. An opiate may be given directly into the blood through an intravenous line.

Commonly used opioids

a) Week opioids

Tramadol

This drug is given to moderate pain. It has got all the opioid side effects but in a milder form.

Codeine

This drug is commonly present in combination with paracetamol. Panadeine has codeine: paracetamol 8mg: 500mg).

b) Strong opioids

Morphine is very effective for cancer pain. It gives a good comfort. Sleepiness is an added advantage as many patients are lack of sleep. Morphine tablets are commonly used preparation in for palliative care. There are two types of morphine tablets.

I) Slow-release morphine (SR morphine)

SR morphine is a long-acting drug. Several hours will take to start action, but the action will last for 12 hours. Therefore, this drug is given twice a day, morning and evening.

ii) Immediate-release morphine (IR morphine)

IR morphine action starts very soon after taking the drug. Usually around 15 – 30 minutes. It lasts nearly 4- 6 hours, depending on the patient's metabolism and excretion. It is good when immediate effect is needed.

iii) Trans dermal fentanyl patches

fentanyl is a strong opioid which is very effective for cancer pain. It should be applied to an area where the blood supply is good and where convenient for the patient. Once applied it should not get wet. Therefore, the front of the chest or upper arm is the popular area.

There are various strengths of these patches which deliver that particular dose per every hour. It will take a few hours (6-8 hours) to start the action when it is applied for the first time. Usually, one patch is effective for 72 hours.

After 72 hours it should be removed and safely discarded as it may be hazardous if accidentally applied to a child.

Fentanyl very rarely causes nausea, vomiting and constipation. But it can cause drowsiness and respiratory depression. But can be used in kidney disease patients.

Main problems with opioids

Drowsiness

Patients feel sleepy when opioids are taken. In the beginning, it is very common, but with time the patient will get used to the drug. This will be a problem if the patient is too drowsy where he cannot wake up. Then immediately patient should be taken to the nearest hospital and they will do the necessary management. The main thing is we should not give anything to eat or drink as the patient can get aspirated.

Low breathing rate (Respiratory depression)

A normal person will take 12-14 breaths/minute. But if he or she is taking few breaths like 8 per minute, it is a problem and needs immediate action. The patient should be taken to the nearest hospital.

Excessive drowsiness and respiratory depression are the most dangerous side effects of opioids.

But we should not get alarmed. Because normal usage does not cause these complications. Overdose of opioids can occur in several ways

1. Deliberate intake
2. Errors in understanding about usage

3. The patient gets kidney malfunction due to severe dehydration or due to some other drug

4. Continue to take opioids after adequate pain relief

Most of the patients are given both SR & IR morphine together for good control of pain. SR morphine will maintain a basal level of morphine in blood which is enough to control moderate pain. But the patient can get exacerbation at any time which is called brake through pain. The breakthrough pain is best managed with IR preparation. Therefore, both types are needed for pain management.

5. OTHER COMMON SIDE EFFECTS

Vomiting or feeling sick (nausea)

This is very common at the beginning of opioid treatment. Drugs which prevent or reduce vomiting (domperidone, ondansetron) should be given regularly.

Hardening of stools (constipation)

This is a common and most distressing complication of opioids. The patient should drink enough water and should eat a more fibre diet. Regular use of laxatives will solve this problem most of the time.

Tolerance

Tolerance means the requirement of drugs is more and more to get pain relief. Sometimes this is happening as the pain condition is getting worse with the advanced disease.

Dependence

Patients find it difficult to live without opioids. Rather than the pain relief action patients like the feeling of comfort and mood elevated action of opioids.

Addiction

Addiction can happen with high doses of opioid usage for a longer period. The patient will keep on asking about the drug. Sometimes get annoyed when it was not given. The patient will show some craziness. However, it is difficult to differentiate the addiction and increased requirements as the pain increases. It can be diagnosed only by an expert in the management of pain.

There are methods to reduce addiction and dependence.

6. UNDERSTANDING HELPER DRUGS

These medicines, called adjuvant painkillers, can help to control pain in certain situations. These are commonly used adjuvant drugs:

Steroids (dexamethasone)

- These are strong anti-inflammatory medicines that may help relieve pain by decreasing inflammation. They may be used along with other pain relievers for nerve, bone, or other types of pain.

Antidepressants (amitriptyline)

- Treating any existing depression or anxiety can make pain easier to control. These drugs may also be useful in pain caused by nerve damage.

Anticonvulsants (gabapentin/ pregabalin)

These medicines are usually used to control seizures, but they can also help control nerve-related pain.

Local anaesthetics (bupivacaine)

- These are medicines that can block pain signals in the body. A pain specialist may inject a local anaesthetic to block pain.

Muscle relaxants (baclofen)

- Antianxiety medicines and muscle relaxants may be used along with pain medicine if the pain is aggravated by tension or muscle spasms.

Bisphosphonates. These medicines are sometimes used to prevent fractures in people whose cancer has spread to the bone. They can play a key role in relieving bone injury and pain

7. PAIN MANAGEMENT – GENERAL POINTS

- Set realistic goals, e.g. pain-free overnight/at rest/on movement.
- Give patients and those close to them information and instructions about the pain and its management. Encourage them to take an active role in managing the pain.
- Review pain control regularly.
- Manage patient expectations regarding optimal pain management,

as it may not be achievable for them to be pain-free at all times.

- Consider checking renal and liver function before initiating analgesics, if no recent blood results are available.

By mouth	Whenever possible, analgesics should be given by mouth.
By the clock	Doses of analgesic should be given at the appropriate regular time intervals, depending on the preparation and its duration of action.
For the individual	Management of an individual patient's pain requires careful assessment and a decision about appropriate treatment options.
With attention to detail	The first and last doses of the day should be linked to the patient's waking time and bedtime. Ideally, the patient's analgesic medicine regimen should be written out in full for patients and their families to work from and should include the names of the medicines, reasons for use, dosage and dosing intervals. Patients should be warned about possible adverse effects of each of the medicines they are being given.

8. BARRIERS TO PALLIATIVE CARE INCLUDE:

- lack of awareness among policy-makers, health professionals and the public about what palliative care is, and the benefits it can offer patients and health systems;
- cultural and social barriers, such as beliefs about death and dying;
- misconceptions about palliative care, such as that it is only for patients with cancer, or for the last weeks of life; and
- misconceptions that improving access to opioid analgesia will lead to increased substance abuse.

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