NON-OPIOID CANCER PAIN THERAPY

Prof dr Kristina Gopcevic, Prim dr.sc.med
Marijana Milović-Kovačević

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CANCER PAIN

Despite guidelines, different types of pain or pain syndromes were present in all stages of cancer and were not adequately treated in a significant percentage of patients, ranging from 56% to 82.3%

Fallon M et al. Management of cancer pain in adult patients . ESMO Clinical practice guidelines.Ann Oncol 2018

Annals of Oncology 29 (Supplement 4): iv149–iv174, 2018
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CLINICAL PRACTICE GUIDELINES

Management of cancer pain in adult patients: ESMO Clinical Practice Guidelines†

M. Fallon[1], R. Giusti[2], F. Aielli[3], P. Hoskin[4], R. Rolke[5], M. Sharma[6] & C. I. Ripamonti[7], on behalf of the ESMO Guidelines Committee*

26 pages

ASSESSMENT OF PAIN TO IMPROVE CHOICE OF THERAPY

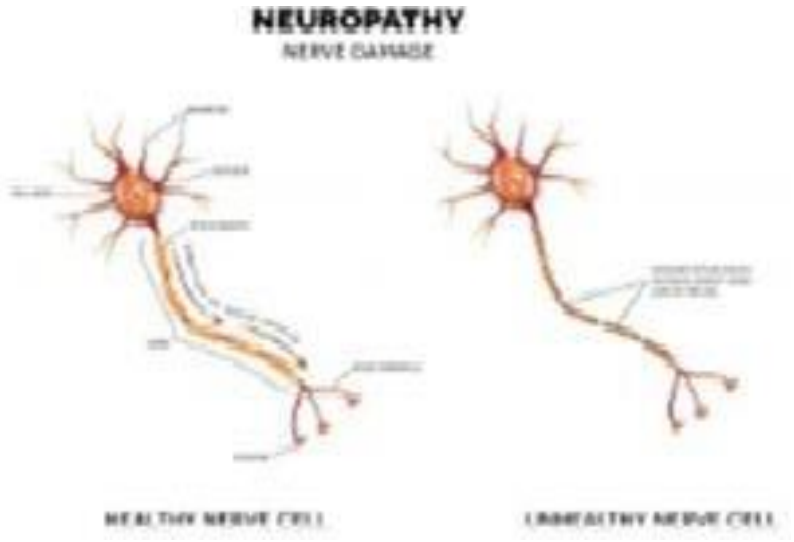
Nocioceptive (ongoing tissue damage)

- Somatic (e.g. bone pain)
- Visceral (e.g. gut or hepatic pain)

Neuropathic

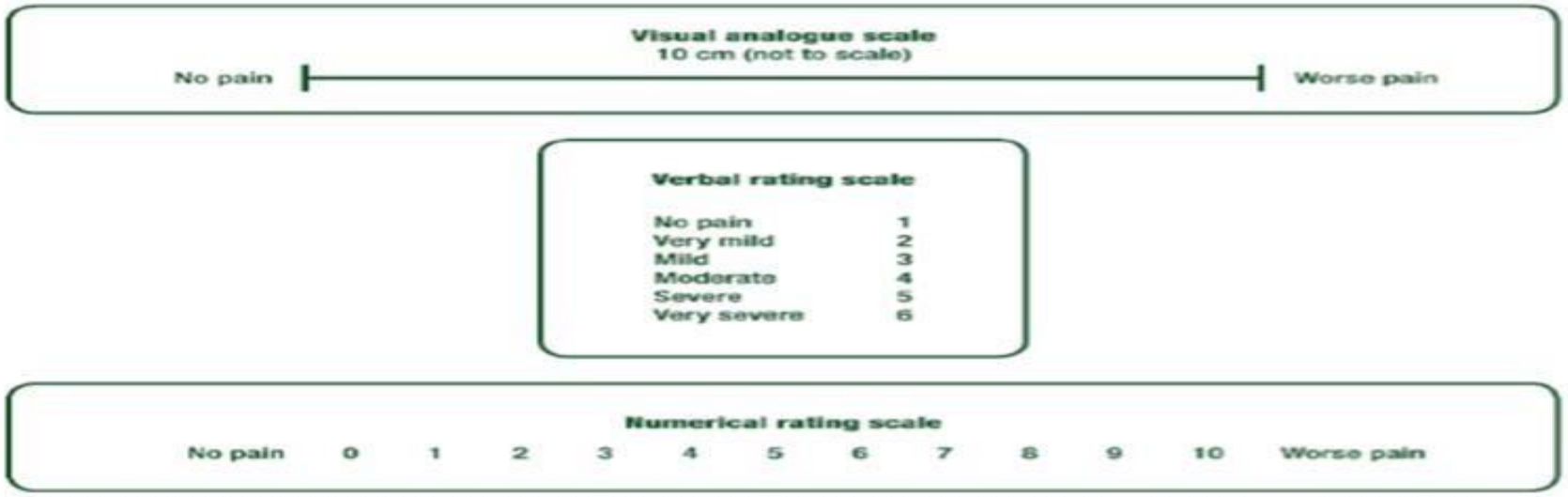
- Damage or dysfunction in the nervous system

(e.g.brachial plexopathy or spinal cord compression)

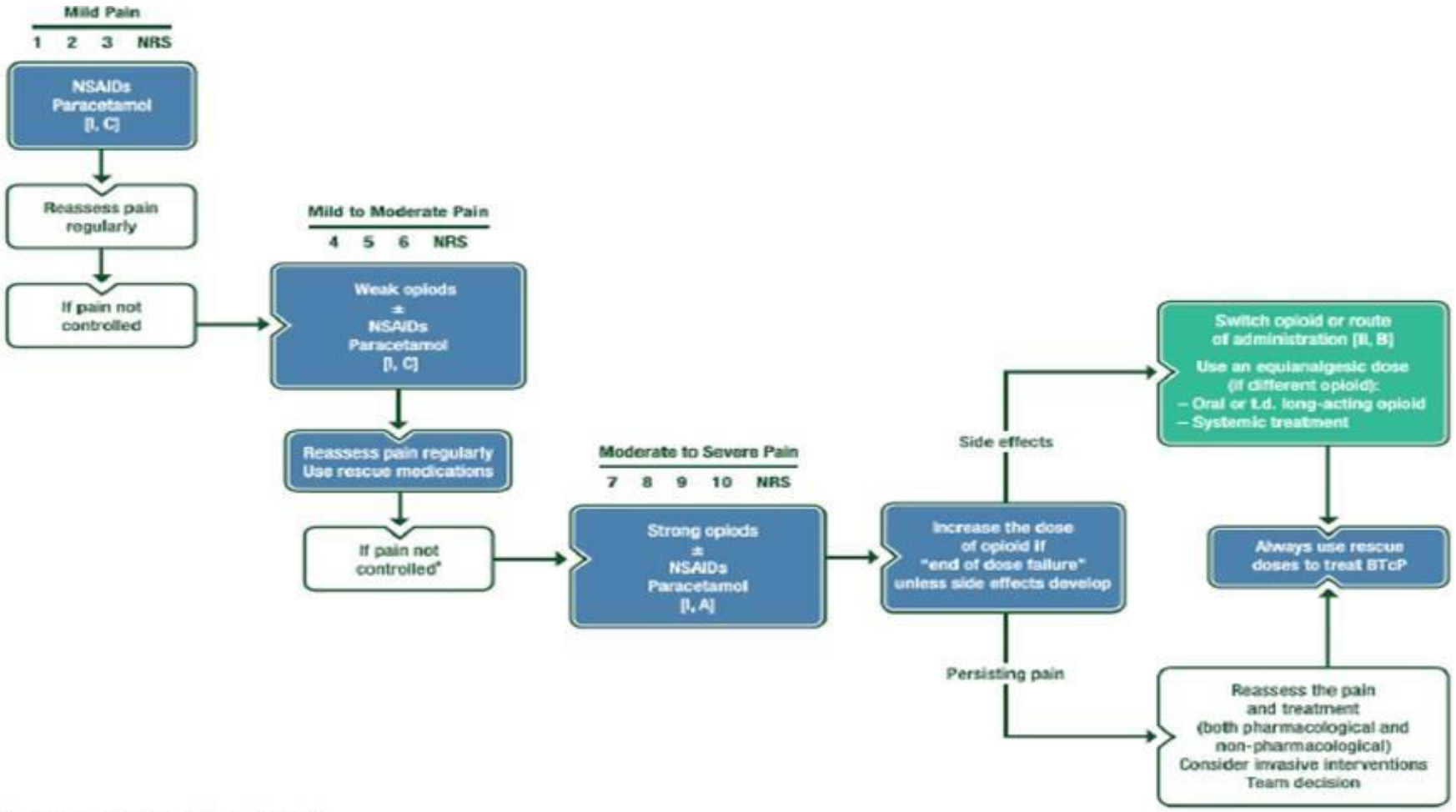


PRACTICAL APPROACH: PAIN ASSESSMENT TOOL

1. What has been your worst pain in the last 24h on a scale 0-10 ?
2. Monitor if the pain is < 3
3. More detailed assessment if the pain is > 3
4. Appropriate analgesic and monitor analgesic side effects



ESMO Guideline: Treatment of cancer pain



[a]Do not switch between weak opioids.
BTcP, breakthrough cancer pain; NRS, numerical rating scale; NSAID, nonsteroidal anti-inflammatory drug; t.d., transdermal.

RECOMMENDATIONS

- Patients should be informed about pain and pain management and should be encouraged to take an active role in their pain management [II, B].

- The onset of pain should be prevented by means of around-the clock (ATC) administration, taking into account the half-life, bioavailability and duration of action of different drugs [II, B].

- Analgesics for chronic pain should be prescribed on a regular basis and not on an ‘as required’ schedule [V, D].

- The oral route of administration of analgesic drugs should be advocated as the first choice [IV, C].


PHARMACOLOGIC
MANAGEMENT

TREATING PAIN

PHARMACOLOGICAL TREATMENTS

- Analgesic (pain relieving) drugs are mainstay of pain control
- Include **central** acting -opioid drugs and **peripherally** acting nonopioid

NONOPIOIDS

- Generally the first class of drugs used for treatment of pain
- Useful for **acute and chronic** pain from a variety of causes such as: surgery, trauma, arthritis, and cancer
- Have a **ceiling effect** to analgesia which indicates that there is a dose beyond which there is no improvement in the analgesic effect and there may be an increase in side effects
- Does not produce **tolerance or physical** dependence
- Works primarily **at the site of injury**, or peripherally

MILD PAIN

- Paracetamol (acetaminophen) or a nonsteroidal drug (NSAID) such as ibuprofen or aspirin.
- NSAID have **anti-inflammatory, analgesic and antipyretic** effects.
- The anti-inflammatory action relieves pain by interfering with cyclooxygenase.
- Acetaminofen may be administered as a **single medication or in combination** with other analgesics
- The use of selective NSAIDs designated as selective COX-2 inhibitors have significant cardiovascular and cerebrovascular risks which have limited their utilization

MILD TO MODERATE PAIN

- Paracetamol, an NSAID and /or paracetamol in a combination product with a **weak opioid** such as hydrocodone, may provide greater relief than their separate use

- NSAIDs block synthesis of ***prostaglandin***

- Examples are salicylates/aspirin/; NSAIDs /ibuprofen/; COX2 inhibitors /celecoxib/;acetaminophen

ANALGESIC ADJUVANTS

- Are classes of medications that may potentiate the effects of opioids or nonopioids are especially important when treating pain that does not respond well to traditional analgesics alone

- **STEROIDS**-May reduce pain by decreasing inflammation and the resultant compression of healthy tissues
- **BENZODIAZEPINES** –These drugs do not provide pain relief except in the treatment of muscle spasms
- **TRICYCLIC ANTIDEPRESSANTS**-Amitripyline have been shown to relieve pain realated to neuropathy and other painful nerve related conditions-must be taken for days before they are fully effective

ROUTES FOR ANALGESIC ADMINISTRATION

ORAL

- Prefered route in most cases, convenient, inexpensive
- Slower onset than IV, can provide consistent blood levels

RECTAL

- May be used to provide local or systemic pain relief
- Can be used when patient is unable to take oral medication

TRANSDERMAL PATCH

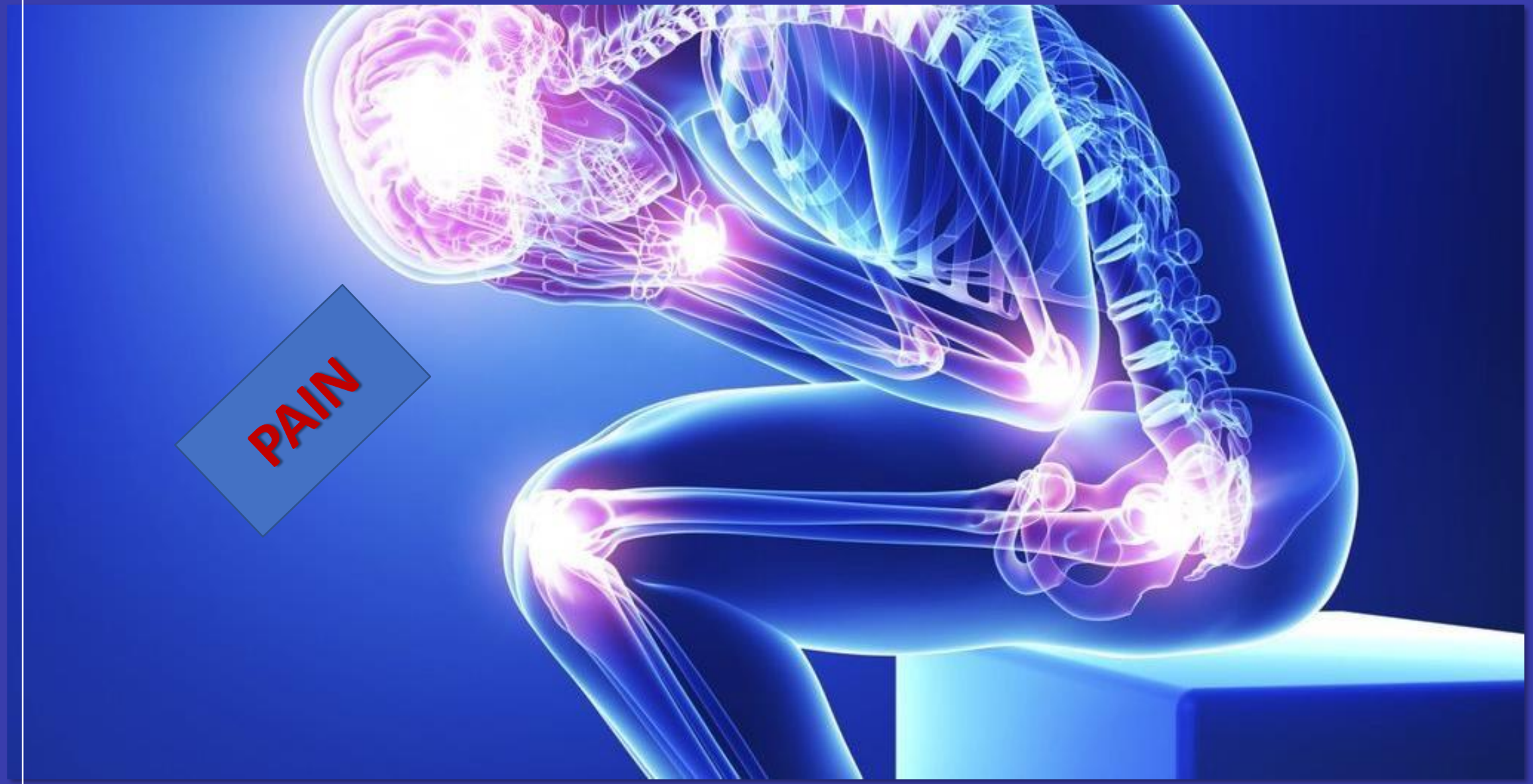
- For chronic pain, easy to apply, delivers pain relief for 3 days without patch change
- 12-hour delay before effective drug level reached and delay in excreting once removed

INTRAVENOUS

- Preffered route for postoperative and chronic cancer pain for pt who can not tolerate oral route, provides rapid relief –continuous infusion provides steady drug level; Difficult to use in home care setting

INTRAMUSCULAR

- For acute pain, rapid pain relief , painful, use only if other routes cannot be used


PAIN