

You can control pain

Module 9

Learning objectives

- Describe the 3 steps of the analgesic ladder
- Give examples of drugs from each step of the ladder
- Explain the use of adjuvant drugs

Pain Assessment

- careful evaluation
 - remember ‘total pain’
 - scales / tools / charts
- detailed history
- examination
- appropriate investigations

Total pain

Physical



Emotional

Social

Spiritual

WHO

Comprehensive Cancer Control Programme

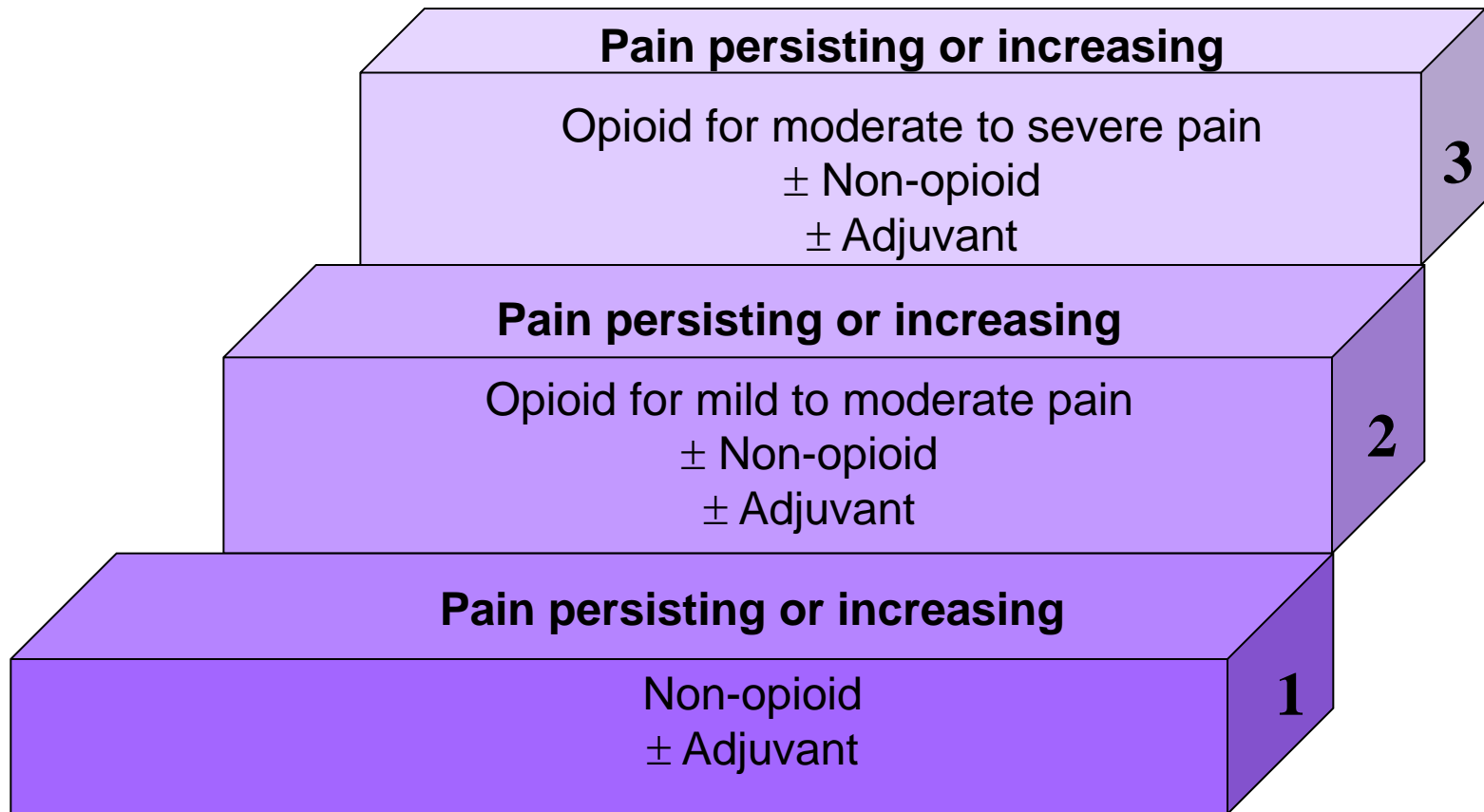
- prevention
- early detection and curative treatment
- cancer pain relief and palliative care

Pain management

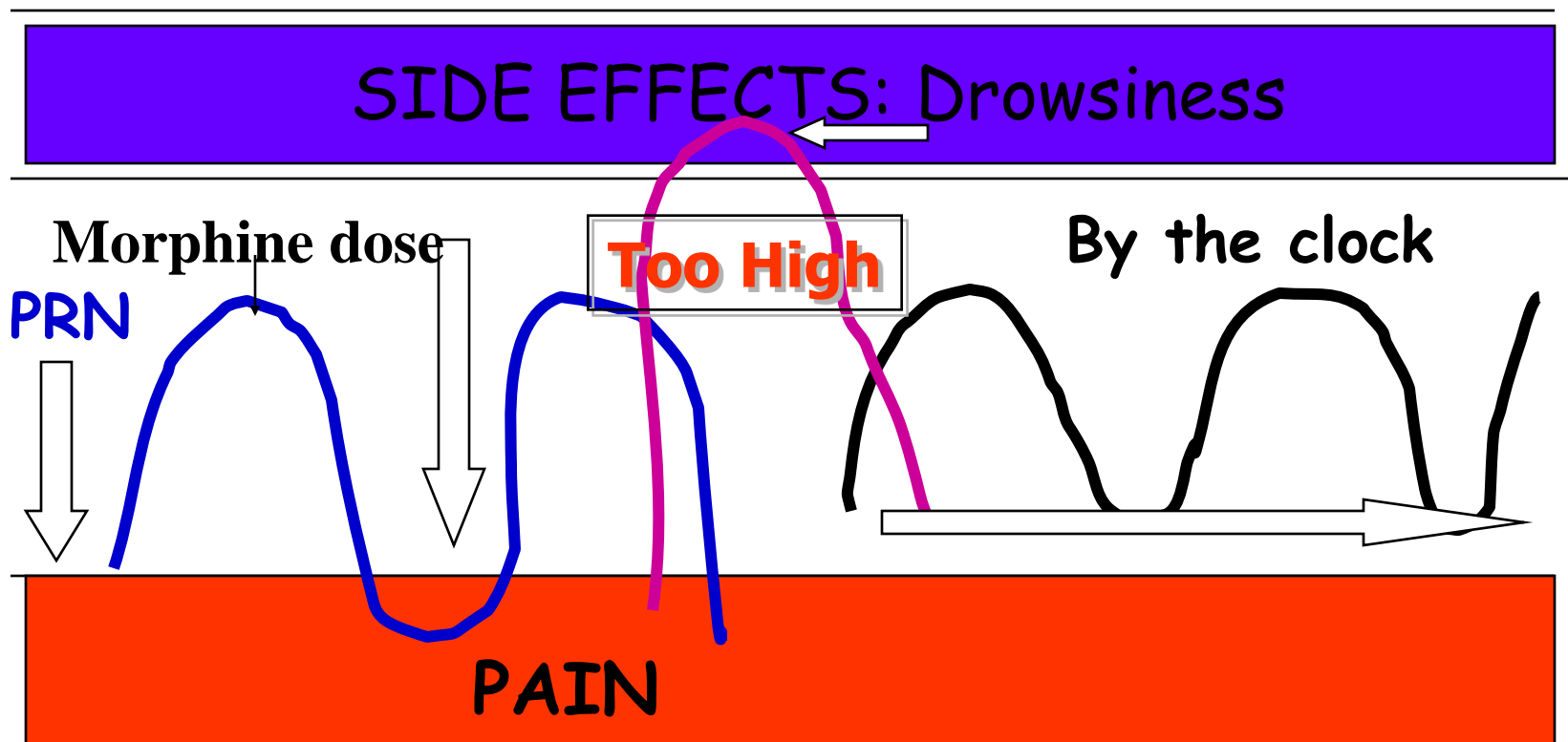
- by the ladder
 - stepwise progression
- by the clock
 - regular prescribing
- by the mouth
 - oral route preferred
- *by the individual*

WHO 1986 Cancer Pain Relief

By the ladder



By the clock



By the mouth



By the individual

- hepatocellular carcinoma



Pain management; non opioids

- paracetamol
- NSAID'S
 - diclofenac 50mg TDS
 - inflammatory based pain
- bone pain

Pain management; opioids

Step 2 analgesics / weak opioids

- codeine
- dextropropoxyphene
- tramadol



Pain management; opioids

Step 3 analgesics; strong opioids

- morphine
- fentanyl
- *nb don't use pethidine or pentazocine*



Pain management

Adjuvant analgesics

- severe swelling or inflammation
- nerve damage (neuropathic pain)
- muscle spasm (skeletal muscle)
- abdominal cramps (smooth muscle)

Pain management; adjuvants

- severe swelling or inflammation
 - steroids
- nerve damage (neuropathic pain)
 - tricyclics; amitriptyline, imipramine
 - anticonvulsants; sodium valproate, clonazepam
- muscle spasm (skeletal muscle)
 - diazepam, lorazepam
- abdominal cramps (smooth muscle)
 - hyoscine butylbromide

Pain management

severe swelling or inflammation

- hepatocellular carcinoma
 - liver capsule stretch



Pain management; adjuvants

- steroids
 - dexamethasone 8-16mg po / parenteral
- swelling / oedema
 - raised intra-cranial pressure
 - nerve compression
 - visceral stretch

Pain management

nerve damage (neuropathic pain)

- herpes zoster
 - burning neuropathic pain



Pain management; adjuvants

- anti-depressants
 - amitriptyline (low dose) 10-25mg po
 - imipramine
- neuropathic pain
- potentiate descending inhibitory pathways
 - block pre-synaptic reuptake noradrenaline and 5HT3

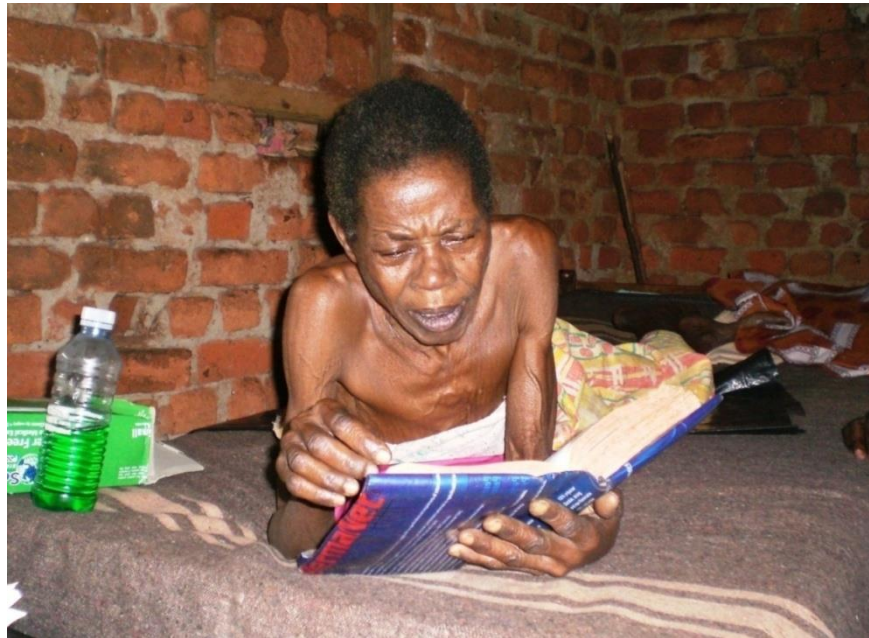
Pain management; adjuvants

- anti-convulsants
 - sodium valproate 200-600mg
 - *gabapentin 300-2400mg*
 - *clonazepam 0.5-2mg*
 - (*carbamazepine*)
- neuropathic pain
- membrane stabilisers
 - may prevent abnormal impulse generation

Pain management

muscle spasm (skeletal muscle)

- rectal cancer
 - tenesmus



Pain management

abdominal cramps (smooth muscle)

- bowel obstruction
 - cramping abdominal pain



Pain management; adjuvants

- muscle relaxants
 - smooth muscle spasm
 - buscopan
 - dicyclomine
 - skeletal muscle spasm
 - diazepam
 - baclofen
 - tizanidine

- These resources are developed as part of the THET multi-country project whose goal is to strengthen and integrate palliative care into national health systems through a public health primary care approach
 - Acknowledgement given to Cairdeas International Palliative Care Trust and MPCU for their preparation and adaptation
 - part of the teaching materials for the Palliative Care Toolkit training with modules as per the Training Manual
 - can be used as basic PC presentations when facilitators are encouraged to adapt and make contextual



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