

Pain medication



A guide for
people with
cancer, their
carers, family
and friends

This booklet has been prepared to help you understand more about cancer pain.

This booklet cannot advise you about the best treatment for you. You need to discuss this with your own doctor/s. However, it is hoped this booklet will answer some of your questions and help to clarify any questions you want to ask your doctor/s or pharmacist.

You may wish to pass on this booklet to your family and friends for their information. It does not need to be read from cover to cover, but can be read in sections according to your needs or interest.

A word of caution. Many people look to the Internet for information on cancer. Although there are some very reputable sites, people should be aware that there is no control over the information presented on the net. Therefore, there is also a lot of information that is not credible and may be contrary to accepted medical practice. The Cancer Council has a brochure on how to use the Internet wisely and has its own website www.cancerwa.asn.au.

Acknowledgements

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All trade names included in this booklet were current at the time of publication. Please consult your doctor or pharmacist if you have any queries.

What causes pain in cancer?

There are many causes of pain in cancer patients. Most often, pain is caused by the tumour pressing on body organs, bone or nerves.

It is also widely accepted that the stress and worry associated with having a diagnosis of cancer can amplify pain. Consequently it is important that these issues are discussed with your health care or treatment team.

Cancer treatment such as chemotherapy, radiation therapy and surgery can also cause pain. Pain may also have nothing to do with your cancer. Like everyone else you can get headaches and muscle strains. You may also have other illnesses that cause pain such as arthritis or gout and these conditions will still require treatment. In some instances there may be no obvious cause for the pain.

Your health care or treatment team

A range of health professionals will be involved in your treatment and care. This is your health care team or treatment team and may include a:

- Doctor
- Nurse
- Pharmacist
- Physiotherapist
- Occupational therapist
- Social worker
- Pastoral care worker
- Dietitian

Choosing the right medicine

In most situations pain experienced by cancer patients can be controlled. This is usually through the careful use of pain controlling medications. Medications work differently for different people. The medication your health care team selects depends on the type and severity of your pain. Sometimes you may not get the pain relief you require. It is therefore very important to tell your health care team how

you feel, and if the pain medications are helping. By doing this, they will be able to work out what is the right medication and dose for you.

It is good to talk about any fears and concerns you may have about your medication or treatment with your health care team. They can answer your questions and help you to understand your pain treatment.

If you have had any reactions to medications in the past, it is important to let your doctor, nurse and pharmacist know.

Other treatments (including herbal and naturopathic therapies) may interfere with the medications you are already taking. Your health care team need to know about all the treatments you are trying, so they can optimise your pain relief.

Taking your pain medications

Your pain medication will work most effectively if taken at regular time intervals. Do not skip a dose of medicine, or wait until the pain is worse to take your medicine. Remember, the goal of treatment is to prevent pain. If you wait until you have pain before you take your medication it is much harder to get good pain relief.

Even if you are taking your medication regularly, there may be times when you experience more pain. When this occurs you may need to take an extra dose of pain relief medication. These are called "breakthrough doses". You will need to discuss with your health care team how to take your breakthrough medication appropriately.

Most pain medication is taken orally (by mouth), either as tablets or capsules. Some are also available as a mixture. Some tablets may be easier to take if crushed and placed in soft food. Always check with your pharmacist before crushing any medication since some medicines should not be crushed (eg slow release tablets and capsules such as Kapanol®, MS Contin® and Oxycontin®).

There are a number of ways of giving medication. Some of these are discussed next.

- *Slow release oral medications* (eg MS Contin®, Kapanol®, Oxycontin®)

These tablets, capsules or mixtures are taken regularly - once or twice daily. They are taken to prevent pain. The medication is released slowly over 12 or 24 hours. They are not suitable for breakthrough pain because they take about two hours to give good pain relief. They should not be crushed or chewed.

- *Immediate release oral medications* (eg morphine mixture, Oxynorm®)

The tablets, capsules or mixtures that belong to this group are designed for breakthrough pain. They usually give pain relief within 30 minutes. They can also be taken half an hour before an activity which may cause pain (such as a dressing change) to prevent worsening of the pain.

- *Transdermal patches* (eg Durogesic®)

A transdermal patch contains a layer of medication. When the patch is stuck on the skin, the medicine is absorbed through the skin into the body. Patches are applied regularly every couple of days and are designed to prevent pain. They are not suitable for breakthrough pain.

- *Rectal suppositories* (eg Indocid®, Voltaren®)

The medicine is contained within a small bullet shaped form which is inserted into the rectum. The medicine is absorbed into the blood stream.

- *Injections* (needles)

There are several different types of injections. These include:

- Subcutaneous: injected just beneath the skin
- Intramuscular: injected into a large muscle of the body
- Intravenous: injected directly into a blood vessel
- Epidural and intrathecal: injected into the spine.

Injections are used for breakthrough pain.

- *Infusions*

This is a way of giving medication continuously. The infusion is given slowly through a pump. It may be given subcutaneously, intravenously, epidurally or intrathecally. Infusions are used to prevent pain.

The most common type is subcutaneous infusion given through a “syringe driver” pump. This may be considered if you are vomiting, have a sore mouth, or are unable to swallow medicines.

Palliative treatments

Palliative treatments are used to treat your pain; they will not cure your cancer. Palliative treatments may include the use of radiation therapy, surgery and chemotherapy. It is important to continue taking your pain medication as recommended by your health care team while having these treatments. If the treatment is effective it may be possible to reduce the dose or number of medications you take to relieve your pain.

Nerve blocks

Nerve blocks can be used to block or modify the sensation of pain. This can be done by injecting anaesthetic or other agents around a nerve or into the vertebral canal where they can affect pain transmission in the spinal cord.

Complementary therapies

You may wish to try other non-drug therapies to relieve your pain. Some complementary therapies may be used alongside your prescribed pain medication. While some people find these therapies beneficial, it is important to continue taking your pain medication as prescribed and let your health care team know what complementary therapies you are using. You can learn these techniques from a person with experience in these therapies. Some examples of complementary therapies include:

- Aromatherapy
- Massage
- Meditation
- Relaxation and breathing techniques
- Transcutaneous Electrical Nerve Stimulation (TENS)

Contact the Cancer Council Helpline on 13 11 20, for more information about the complementary therapies that are provided by the Cancer Council.

Pain medications

1. Non-opioids

Non-opioid medications are used to relieve mild to moderate pain, and can be used together with opioid medications in more severe pain. This group of medication includes paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs).

How do they work?

In response to injury, the body produces a natural substance called prostaglandin. This substance causes inflammation and pain. Paracetamol and NSAIDs stop the production of prostaglandin.

Paracetamol

Trade names:	Dymadon, Febriol, Herron, Panadol, Panamax, Parahexal, Paralgin, Setamol, Tylenol
Dosage forms:	Oral (tablet, capsule, caplet, mixture, soluble tablet) Rectal (suppository)
Side effects:	Rare Liver and kidney damage (high dose)

Non-Steroidal Anti-Inflammatory Drugs

Generic name	Trade names
Aspirin	Aspro, Bayer, Bex, Disprin, Ecotrin, Solprin, Vincent's Powders
Celecoxib	Celebrex
Diclofenac	Arthrotec, Diclohexal, Dinac, Fenac, Voltaren
Diflunisal	Dolobid
Ibuprofen	Act-3, Actiprofen, Bugesic, Brufen, Nurofen, Rafen
Indomethacin	Arthrexin, Indocid
Ketoprofen	Orudis, Oruvail
Ketorolac	Toradol
Meloxicam	Mobic
Naproxen	Aleve, Anaprox, Crysanal, Inza, Naprosyn, Proxen
Piroxicam	Candyl, Feldene, Mobilis, Pirohexal, Rosig
Rofecoxib	Vioxx
Sulindac	Aclin, Clinoril
Tenoxicam	Tilcotil
Tiaprofenic acid	Surgam

Dosage forms: Oral (tablet, soluble tablet, capsule, mixture)
 Rectal (suppository)
 Injection
 Topical (ointment, gel, spray, eye drop)

Note: not all of the above medications are available in all dosage forms.

Side effects: Indigestion, stomach ulcers, kidney problems, build up of fluid, bleeding problems, rash, confusion, dizziness, some asthmatics may have increased breathing difficulties.

2. Opioids

Morphine

Trade names:	Anamorph, Kapanol, Morphalgin, MS Contin, MS Mono, Ordine
Dosage forms:	Oral immediate release (tablet, mixture) Oral slow release (tablet, capsule, sachet) Injection

How does it work?

The body produces natural pain relieving substances (such as endorphins), which are similar to morphine. These natural substances are released into the body in response to painful stimuli. When the body experiences strong pain these natural substances need help. Morphine is able to assist the body's own natural pain relievers.

There is no standard dose of morphine. The dose you take will be that which gives adequate pain relief with the minimal number of side effects. It may take a day or two to determine the most appropriate dose for you.

Many people are frightened of becoming addicted to morphine. Addiction does not occur when morphine is used correctly to relieve cancer pain.

Morphine is the best medication for strong pain. It may be prescribed when you have only had cancer for a short time. Taking morphine does not mean you will die soon.

Some people worry that if they start taking morphine when they have only a little amount of pain, that it will not work if their pain gets severe. The dose of morphine can be increased to relieve severe pain. There is no maximum dose and it will not stop working.

Side effects:

More common

Drowsiness - Some people will feel sleepy when starting morphine or increasing the dose. This effect usually only lasts for a few days. However, like many medicines, you should not drive or operate machinery while taking morphine because your reactions may be slower than usual.

Constipation - This is a continuing side effect for which you will probably need to take a laxative on a regular basis. There is a range of medications available to treat constipation. Your pharmacist or doctor will be able to recommend the most suitable one for you.

Nausea - When starting on morphine or increasing the dose, some people may feel sick or vomit. However, this problem usually goes away after a week or so. Medication can be prescribed by your doctor to alleviate this problem.

Less common

Itch, rash, difficulty urinating, confusion, hallucinations, restlessness and agitation, dry mouth, slowed breathing.

All opioids work in the same way as morphine and may cause similar side effects. However, different people may respond better to one opioid than another, or experience more or less side effects with different opioids. It is important to tell your health care team how well your pain is controlled and if you experience any side effects. They can then tailor your medication needs.

Some opioids are considered weaker than others. Sometimes people take a weak opioid initially, and then if it is not adequate to relieve their pain they change to a strong opioid. Some of these are listed on the following page.

Weaker opioids

Codeine

Trade names*: Aspalgin, Codalgin Forte, Codral Forte, Disprin Forte, Dymadon Forte, Mersyndol Forte, Nurofen Plus Forte, Panadeine Forte, Prodeine, Veganin

(* Not all codeine products have been listed. These products also contain other active ingredients.)

Dosage forms: Oral (tablet, capsule, caplet, mixture)
Injection

Dextropropoxyphene

Trade names: Doloxene, Doloxene Co, Digesic, Capadex, Paradex
(Apart from Doloxene, these products also contain other active ingredients)

Dosage form: Oral (tablet, capsule)

Tramadol

Trade name: Tramal

Dosage forms: Oral slow release (capsule)
Oral immediate release (capsule)
Injection

Stronger opioids

Fentanyl

Trade names: Durogesic, Sublimaze

Dosage forms: Injection
Transdermal patch

Hydromorphone

Trade name: Dilaudid

Dosage forms: Oral (tablet, mixture)
Injection

Oxycodone

Trade names: Endone, Oxycontin, Oxynorm, Proladone

Dosage forms: Oral slow release (tablet)
Oral immediate release (tablet, capsule, mixture)
Rectal (suppository)

Methadone

Trade names: Physeptone

Dosage forms: Oral (tablet, mixture)
Injection

Dextromoramide

Trade names: Palfium

Dosage form: Oral (tablet)

3. Other pain medications

These medications are used to treat other conditions such as epilepsy, heart disturbances and depression. However, they are also useful in relieving some types of pain.

Anticonvulsants

Generic name	Trade name	Dosage form
Carbamazepine	Tegretol, Teril	Tablet, syrup
Clonazepam	Rivotril	Tablet, injection
Gabapentin	Neurontin	Capsule
Phenytoin	Dilantin	Capsule, tablet, syrup, injection
Sodium valproate	Epilim, Valpro	Tablet, syrup, crushable tablet

How do they work?

Anticonvulsants are used to relieve nerve pain. Nerve pain is usually described as a shooting or burning pain. Anticonvulsants reduce the pain messages that the nerve sends to the brain.

Side effects: Drowsiness, confusion, nausea, liver problems, decreased white blood cell count with carbamazepine. Blood levels of these medications may be taken to monitor toxicity.

Antidepressants

Generic name (This is not a complete list)	Trade names
Amitriptyline	Amitrol, Endep, Tryptanol, Tryptine
Dothiepin	Dothep, Prothiaden
Doxepin	Deptran, Sinequan
Imipramine	Melipramine, Tofranil

Dosage form: Oral (tablet, capsule)

How do they work?

Antidepressants help to relieve tingling or burning pain from damaged nerves. They also improve sleep.

Side effects: Drowsiness, dry mouth, difficulty urinating, constipation, light-headedness on standing.

Corticosteroids

Generic name	Trade names
Dexamethasone	Decadron, Dexmethsone
Methylprednisolone	Depo-medrol, Solu-medrol
Prednisolone	Panafcortelone, Solone
Prednisone	Panafcort, Sone

Dosage forms: Oral (tablet)
Injection (immediate and slow release)

How do they work?

Corticosteroids help to decrease inflammation and swelling associated with the tumour. They can be used to relieve bone pain, nerve pain and pain caused by pressure from the tumour.

Side effects: Confusion, elevated mood, increased appetite, stomach irritation, build up of fluid, increased risk of infection, thinning of the skin, increased blood sugar levels (some diabetics may need to adjust their diabetic medication).

Bisphosphonates

Generic name	Trade name	Dosage form
Clodronate	Bonefos	Capsules, injection
Pamidronate	Aredia	Injection
Zoledronic acid	Zometa	Injection

How do they work?

These medications may be useful in the treatment of pain caused by a tumour in the bone. They prevent the bone from being destroyed by over active natural processes. They usually take a couple of days to have an effect but can then relieve bone pain for several weeks. The capsules are taken every day, but the infusion is a once off dose which can be repeated when bone pain returns (usually every four to six weeks).

Side effects: Increase in body temperature with flu-like aches and pains, nausea, diarrhoea, headache.

Antiarrhythmics

Generic name	Trade name	Dosage form
Lignocaine	Xylocaine, Xylocard	Injection, topical
Flecainide	Tambocor	Tablet, injection
Mexiletine	Mexitil	Capsule

How do they work?

Lignocaine is commonly used topically as a local anaesthetic. When antiarrhythmics medicines are given orally or by injection they can be used to treat nerve pain which has not responded to other treatments.

Side effects: Nausea, dizziness, changes in blood pressure, heart rhythm disturbances, and hiccups.

Ketamine

Trade name: Ketalar

Dosage form: Injection

How does it work?

Ketamine can be used to treat pain which has not responded to other treatments. It is particularly good at treating difficult nerve pain. It is usually given as an infusion for a few days or weeks.

Side effects: Hallucinations, vivid dreams, nightmares, drowsiness, high blood pressure, increased heart rate.

Radio-isotopes

Names: Strontium and Samarium

Dosage form: Injection

How do they work?

These are radioactive substances. After being injected into your body they move to areas of the bones which are causing pain. One injection usually takes between one to two weeks to reduce your pain and lasts for several months.

Side effects: Decreased blood cell count. Special precautions need to be taken with your blood and urine for several days after treatment.

For further information contact:

The Cancer Council

Helpline 13 11 20

statewide for the cost of a local call

Weekdays 8 am - 8 pm

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