

## Managing Pain

Presented by:  
**Judith Paice, PhD, RN, FAAN**  
Robert H. Lurie Comprehensive Cancer Center  
Cancer Pain Program

May 1, 2016

---

---

---


---


---

---

---

---





### Judith Paice, PhD, RN, FAAN

Dr. Judith Paice is the Director of the Cancer Pain Program at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University and a Research Professor of Medicine at Northwestern University's Feinberg School of Medicine.

She has served as President of the American Pain Society and Secretary of the International Association for the Study of Pain. Much of her clinical work has been in the relief of pain associated with cancer and HIV disease. Dr. Paice has traveled nationally to educate health care professionals regarding cancer pain relief and palliative care.

---

---

---

---

---

---

---

---



## Managing Pain

Judith A. Paice, PhD, RN  
Director, Cancer Pain Program  
Division of Hematology-Oncology  
Northwestern University; Feinberg School  
of Medicine  
Chicago, IL

2016 Celebrating a Second Chance at Life  
Survivorship Symposium  
Chicago, IL  
May 1, 2016

---

---

---

---

---

---

---

---

### Managing Pain

- Sources of pain
- Types of pain transplant survivors experience
- Techniques used to assess pain
- Appropriate interventions for various types of pain
- Barriers to effective pain management
- Best practice in communicating with healthcare providers about pain
- How to identify an appropriate pain specialist

---

---

---

---

---

---

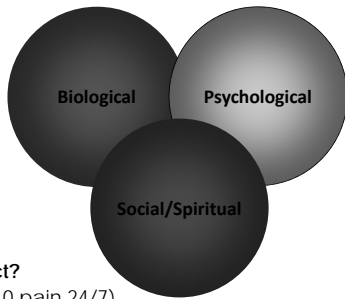
---

---

### Cancer Pain

#### Why Treat Pain?

- Pain affects all aspects of life
- Reduces function
- Limits quality of life



#### What Can You Expect?

- Pain relief (but not 0 pain 24/7)
- Increased function
- Safety
- Increased quality of life

---

---

---

---

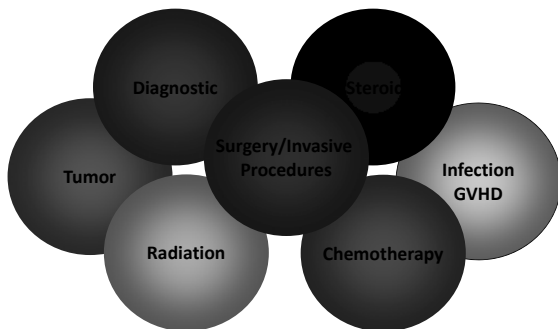
---

---

---

---

### Cancer Pain: Sources of Pain



---

---

---

---

---

---

---

---

### Pain Syndromes After Transplant

- Nociceptive pain (*aching, throbbing*)
  - Bone pain, arthritis, avascular necrosis
- Visceral pain (*cramping*)
  - Clostridium difficile
  - Cystitis
- Neuropathic pain (*tingling, burning, sharp*)
  - Post herpetic neuropathy
  - Chemotherapy induced peripheral neuropathy

---

---

---

---

---

---

---

---

### Quality of Pain: Link to Treatment

Type of pain	Pharmacologic interventions
Nociceptive (Bone pain, arthritis, avascular necrosis)	Non opioids • Acetaminophen • NSAIDs Opioids
Neuropathic (Post herpetic neuropathy, chemotherapy induced peripheral neuropathy)	Opioids (may require higher doses) Adjuvant analgesics • Antiepileptics • Antidepressants • Corticosteroids • Local anesthetics • NMDA antagonists
Visceral (Clostridium difficile, cystitis)	Opioids Corticosteroids Adjuvant analgesics?

---

---

---

---

---

---

---

---

### Bone Pain

- Physical therapy to prevent disuse, contracture, ensure stability and safety
- Surgery to stabilize
- Cancer therapy
- Radiation therapy
- Braces, slings, boots – orthotic devices
- Pain medications
  - Acetaminophen
  - NSAIDs ±
  - Opioids
  - Gabapentin or pregabalin
  - Duloxetine or other antidepressant

---

---

---

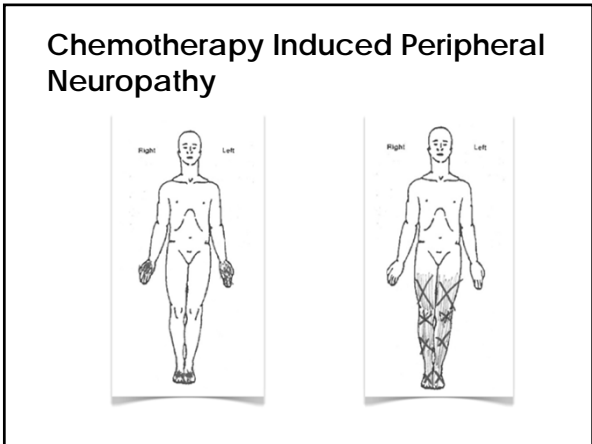
---

---

---

---

---




---

---

---

---

---

---

---

---

- ### Chemotherapy Induced Peripheral Neuropathy
- Physical therapy to ensure stability and safety
  - Topical treatments
    - Menthol based (Icy Hot)
    - Compounded gels/creams (baclofen, amitriptyline, ketamine)
  - Pain medications
    - Opioids
    - Gabapentin or pregabalin
    - Duloxetine or other antidepressant
  - Calmare?

---

---

---

---

---

---

---

---

### Painful Symptoms of Chronic GVHD

System	Symptoms
Skin	Itching, lack of flexibility, pain
Mouth	Food sensitivity, pain, dry mouth, decreased oral range of motion from scarring
Eyes	Dry eyes, sensitivity to light, pain
Esophagus	Painful swallowing, difficulty swallowing, heartburn, pain under breastbone
Intestines	Diarrhea, nausea, no appetite, abdominal pain, weight loss
Musculoskeletal	Pain in joint, pain in muscles, weakness
Nervous	Pain, abnormal sensations
Urologic	Pain, blood in urine
Vagina	Pain, difficult or painful intercourse, difficulty voiding

Vargas-Diez E, et al. *Clin Dermatol* 2005;23:285-300.  
Vigorito AC, et al *Blood* 2009;114:702-708.

---

---

---

---

---

---

---

---

**Chronic GVHD: Skin Changes**



---

---

---

---

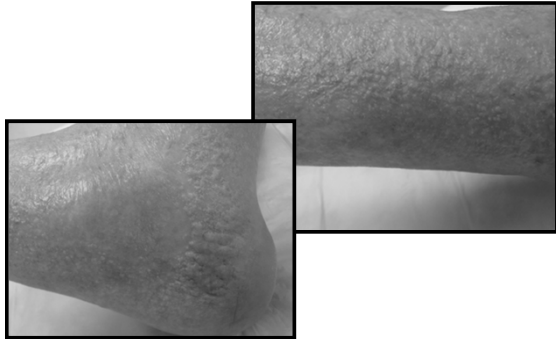
---

---

---

---

**Chronic GVHD: Skin Changes**



---

---

---

---

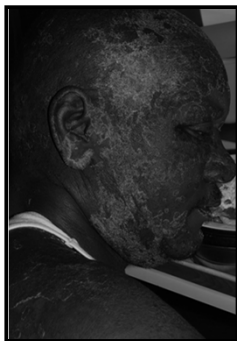
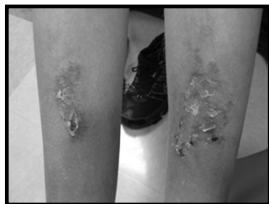
---

---

---

---

**Chronic GVHD: Skin Changes**



---

---

---

---

---

---

---

---

### Skin Changes

- Treat GVHD
- Physical therapy to prevent disuse and contracture
- Topical treatments – lubrication, prevent and treat infection (refer to cancer dermatologist)
- Pain medications
  - Acetaminophen
  - NSAIDs ±
  - Opioids
  - Gabapentin or pregabalin
  - Duloxetine or other antidepressant

---

---

---

---

---

---

---

---



### Ocular Pain

- Treat GVHD
- Humidity
- Eye drops
  - Steroid
  - Cyclosporine (Restasis)
  - Autologous eyedrops
- Opioids, adjuvant analgesics

---

---

---

---

---

---

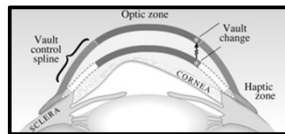
---

---



### Ocular Pain

- Boston Scleral Lenses
  - Custom-designed, fluid-ventilated, rigid gas-permeable scleral lens that vaults the cornea retaining a pool of oxygenated artificial tears over the corneal



PROSE – Prosthetic Replacement of the Ocular Surface Ecosystem, Boston Foundation for Sight, Needham Heights, MA




---

---

---

---

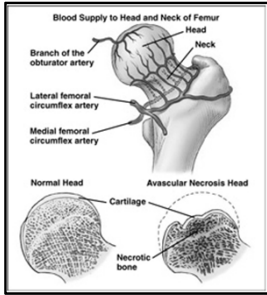
---

---

---

---

### Avascular Necrosis




---

---

---

---

---

---

---

---

### Avascular Necrosis

- Physical therapy to prevent disuse, contracture, ensure stability and safety
- Surgery
- Topical treatments – menthol based (Icy Hot)
- Pain medications
  - Acetaminophen
  - NSAIDs ±
  - Opioids
  - Gabapentin or pregabalin
  - Duloxetine or other antidepressant

---

---

---

---

---

---

---

---

### Muscle Cramps



- Keep hydrated
- Electrolyte replacement (magnesium)
- Calf stretching before bed
- Menthol cream
- Heat
- Gabapentin or pregabalin
- Ropinirole .5 mg




---

---

---

---

---

---

---

---

### Pain Assessment

- Let us know when you are having pain!
- Keep a diary
  - Include time of day, when and how many pills you take
  - Include movements or activities that worsen pain
  - Include other treatments that are helpful
- Bring your pill bottles to your clinic appointments

---

---

---

---

---

---

---

---

### Pain Assessment: Questions

- Where is pain located?
- What does it feel like? (aching, burning)
- What is the intensity?
- What are you currently taking?
  - It is helpful to be specific – how many pills/day?
- What have you tried in the past?
- Have you ever had bad reactions to pain medications?

---

---

---

---

---

---

---

---

### Goals of Treatment

- Prevention
- Relief of pain
- Improved function
- Safety



---

---

---

---

---

---

---

---



### Pain Treatment: Many Options

- Medications
  - Non-opioids (acetaminophen, NSAIDs)
  - Opioids
  - Adjuvants (other agents)
- Anticancer therapies
- Integrative therapies
- Interventional procedures
- Rehabilitation techniques
- Cognitive-behavioral approaches

---

---

---

---

---

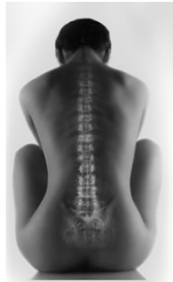
---

---

---

### Pain Treatment: Medications

- **Non-opioids**
  - Acetaminophen
  - NSAIDs



---

---

---

---

---

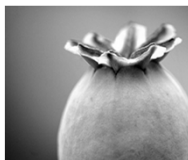
---

---

---

### Pain Treatment: Medications

- **Opioids**
  - Stigma
  - Concerns about tolerance and addiction
  - Works on all types of pain
  - Peak effect of immediate release – 60 minutes
  - Take only what is ordered!



---

---

---

---

---

---

---

---

### Opioids

- Buprenorphine
- Codeine
- Fentanyl
- Hydrocodone
- Hydromorphone
- Methadone
- Morphine
- Oxycodone
- Oxymorphone
- Tramadol
- Tapentadol



---

---

---

---

---

---

---

---

### Adverse Effects of Opioids

- Nausea and vomiting
- Constipation
- Sedation
- Itching
- Urinary retention
- Respiratory depression
- Constriction of pupil
- Increased urine
- Sweating
- Swelling
- Hormonal changes

---

---

---

---

---

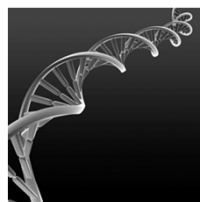
---

---

---

### Pain Treatment: Medications

- **Adjuvants (other pain medications)**
  - Corticosteroids
  - Antiepilepsy drugs
    - Gabapentin, pregabalin
  - Antidepressants
    - Nortriptyline, duloxetine
  - Local anesthetics
  - Cannabinoids



---

---

---

---

---

---

---

---

### Pain Treatment: Other Approaches

- Integrative therapies
  - Acupuncture, massage, yoga
- Interventional techniques
  - Nerve blocks
- Rehabilitative/Physical measures
  - Physical therapy/Occupational Therapy/Exercise
  - Heat/cold
- Cognitive behavioral therapies

---

---

---

---

---

---

---

---

### Barriers to Effective Pain Management

- Communication
- Education
- System
- Time
- Regulatory
- Financial
- Few pain specialists




---

---

---

---

---

---

---

---

### How to Find a Pain Specialist

- Communication – ask your oncologist or primary care doctor
- Specialists are usually:
  - Anesthesiologists
  - Physical medicine and rehabilitation doctors
  - Neurologists
  - Palliative care
- Multidisciplinary pain programs
- Few cancer pain specialists




---

---

---

---

---

---

---

---

**Pain Resources**



American Chronic Pain Association  
The voice of people with pain  
www.theacpa.org



**BMT**  
infonet.org



National Cancer Institute  
PDQ Cancer Information Summaries



**Cancer.Net**

---

---

---

---

---

---

---

---

---

---

**NIH NATIONAL CANCER INSTITUTE**

ABOUT CANCER | CANCER TYPES | RESEARCH | GRANTS & TRAINING | NEWS & EVENTS | ABOUT NCI

NCI is the nation's leader in cancer research.

**Cancer Currents Blog**  
Stay current with cancer research news, updates on NCI programs, and more.

**NCI-Molecular Analysis for Therapy Choice Program (NCI-MATCH)**  
Patients will receive drugs that target specific abnormalities in their tumors.

**The NCI Intramural Research Program**  
NCI provides sustained support to scientists working to meet urgent, novel needs in many areas of cancer research.

**Resources For**

- Patients
- Caregivers
- Health Professionals
- Researchers
- Advocates & Policymakers
- International Partners
- Industry

**About Cancer**

- What is Cancer
- Prognosis
- Treatment & Clinical Trials
- Find a Clinical Trial
- Coping with Cancer
- PDQ Cancer Information
- Learn more about cancer

**Find a Cancer Type**

A B C D E F G H  
I J K L M N O P  
Q R S T U V W X  
Y Z

---

---

---

---

---

---

---

---

---

---

**Resources – American Cancer Society**

Our unique **Patient Navigator Program** helps guide, support, and inform thousands of cancer patients through every step of their journey.

How can we help you?  SEARCH [Live Chat](#) 800-227-2345

[Home](#) [Learn About Cancer](#) [Stay Healthy](#) [Find Support & Treatment](#) [Explore Research](#) [Get Involved](#) [Find Local ACS](#)

**Find Support & Treatment**

Learn about making treatment decisions, coping with side effects, handling financial matters, caregiving, and living well after cancer. The American Cancer Society also has programs and services to help you manage cancer treatment and recovery and find the emotional support you need. And best of all, our help is free.

Watch: Introduction Video

---

---

---

---

---

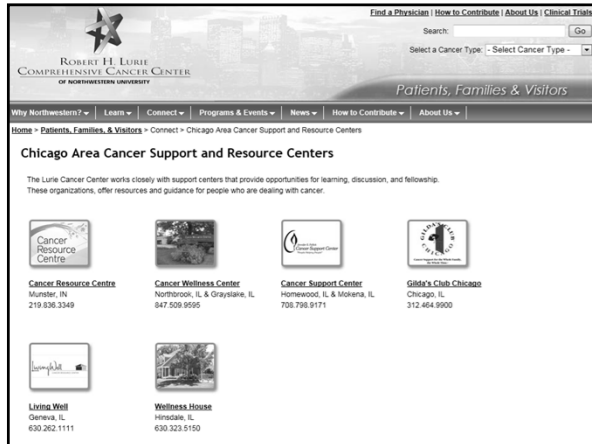
---

---

---

---

---



---

---

---

---

---

---

---


---

---

---

### Safe Community

- Do not store your pill bottles in the bathroom medicine cabinet or leave on kitchen counter
- When you are finished taking pain medicine, please dispose of them safely
  - Take back programs – pharmacies, police depts
  - Mix drug in wet coffee grounds or kitty litter until dissolved, then dispose in garbage – do not flush down toilet (except opioids)

**Got Drugs?** 

[www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

---

---

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---