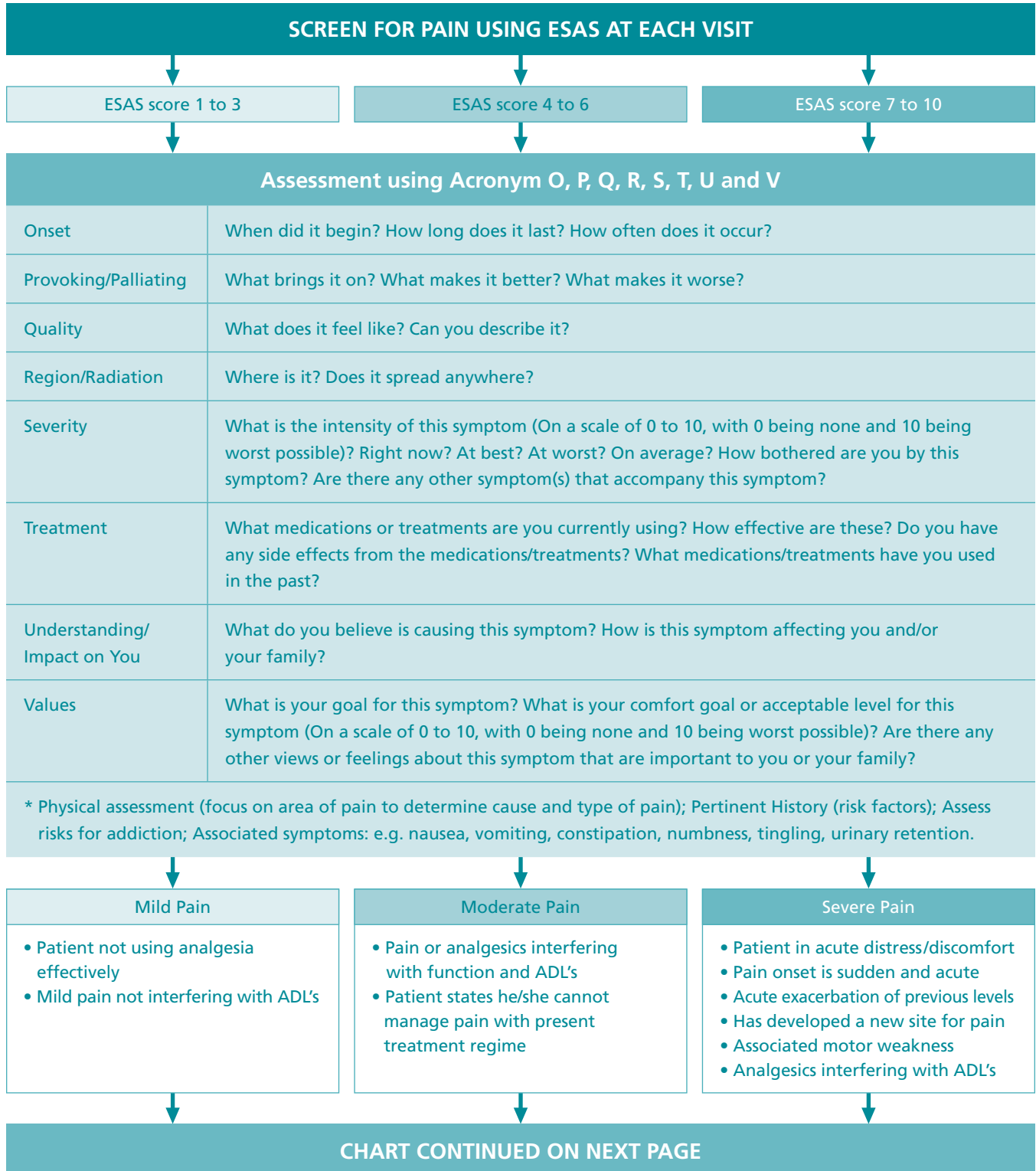


Appendix G: Example: Algorithm for Assessing Pain in Adults with Cancer (Source: Cancer Care Ontario)

ALGORITHM: Pain in Adults with Cancer: Screening an Assessment



Interventions for all patients, as appropriate

NON-PHARMACOLOGICAL

- Psycho-social-spiritual interventions (patient education, counseling, recreational activities, relaxation therapy imagery, social interaction, spiritual counselling).
- Other therapies (physiotherapy, occupational therapy, massage, aromatherapy, music therapy, acupuncture, transcutaneous electrical nerve stimulation, reflexology, Reiki, hypnotherapy).
- Other interventions such as radiation therapy, vertebroplasty, surgery and anesthetic interventions should be considered in patients with difficult to control pain.

Patient Education

- Taking routine and breakthrough analgesics, adverse effect management, non-pharmacologic measures that can be used in conjunction with pharmacologic treatment.

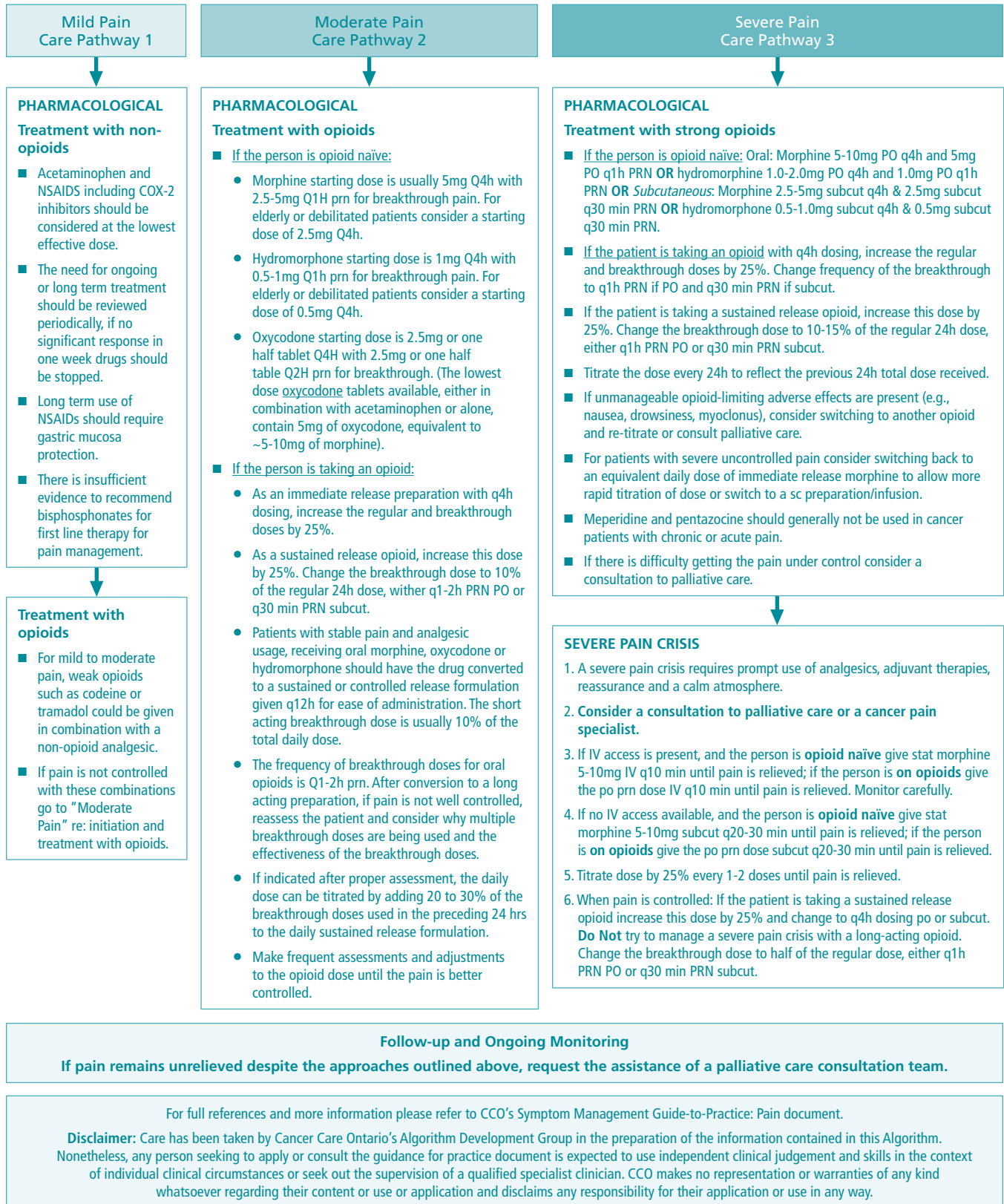
PHARMACOLOGICAL

- The severity of pain determines the strength of analgesics required specified by the World Health Organization (WHO) Analgesic Ladder.
- The type and cause of the pain will influence the choice of adjuvant analgesic (e.g., nociceptive, neuropathic, bone metastases).
- In the presence of reduced kidney function all opioids should be used with caution and at reduced doses and/or frequency.
- Fentanyl, methadone and oxycodone are the safest opioids of choice in patients with chronic kidney disease.
- Methadone requires an experienced prescriber, check for significant drug interactions before prescribing any drug to a patient on methadone.
- When using a transmucosal fentanyl formulation for breakthrough pain the effective dose should be found by upward titration independent of the regular opioid dose.
- For those with stabilized severe pain and on a stable opioid dose or those with swallowing difficulties or intractable nausea and vomiting, fentanyl transdermal patches may be appropriate, provided the pain is stable.
- Classify the pain – nociceptive, neuropathic or mixed?
- The type and cause of the pain will influence the choice of adjuvant analgesic (e.g., nociceptive, neuropathic, bone metastases).
- The choice of antidepressant or anticonvulsant should be based on concomitant disease, drug therapy and drug side effects and interactions experienced.
- There is insufficient evidence to support a recommendation for topical opioids.
- There is insufficient evidence to support first or second line therapy of cancer pain with cannabinoids but they may have a role in refractory pain, particularly refractory neuropathic pain.
- Transdermal fentanyl should not be used in opioid-naïve patients.
- Specialist palliative care advice should be considered for the appropriate choice, dosage and route of opioid in patients with reduced kidney function or in patients with difficult to control pain.

ADVERSE EFFECTS OF OPIOIDS

- Many opioid-naïve patients will develop nausea or vomiting when starting opioids, tolerance usually occurs within 5-10 days. Patients commencing an opioid for moderate to severe pain should have access to an antiemetic to be taken if required.
- The majority of patients taking opioids for moderate to severe pain will develop constipation. Little or no tolerance develops. The commonest prophylactic treatment for preventing opioid-induced constipation is a combination of stimulant (senna or bisocodyl) and osmotic laxatives (lactulose or PEG 3350).

Pain in Adults with Cancer: Care Map



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