

Management Strategies in Cancer Pain – Malaysian 2nd edition CPG

Content

- What is the problem?
- What are the challenges?
- Strategies

What is the problem?

- Malaysia National Cancer Registry
 - 168,822 new cancer cases were reported over five years from 2017 to 2021.
- Prevalence rates of cancer pain
 - 39.3% after curative treatment
 - 55.0% during anticancer treatment
 - 66.4% in advanced, metastatic or terminal disease.
- Moderate to severe pain (numerical rating scale score ≥ 5) was reported by 38.0% of all patients

van den Beuken-van Everdingen et al 2016

Barriers and challenges

Patient, caregivers, healthcare providers, public

- negative attitudes and a lack of knowledge towards cancer pain management
- fear of drug addiction

• Makhoul SM, Pini S, Ahmed S, et al. Managing Pain in People with Cancer- a Systematic Review of the Attitudes and Knowledge of Professionals, Patients, Caregivers and Public. J Cancer Educ. 2020;35(2):214-240.

Others:

- Standardised tools?
- Training?
- Access?
- Disparities across healthcare settings?

What have we learned?

Initial management

Guiding principles

- i. comprehensive pain assessment
- ii. the application of the concept of Total Pain
- iii. the involvement of a multidisciplinary team
- iv. an emphasis on patient and family-centred care
- v. the individualisation of the pain experience and response

Recommendation: Accurate and comprehensive assessment in all patients with cancer pain.

Understand pain

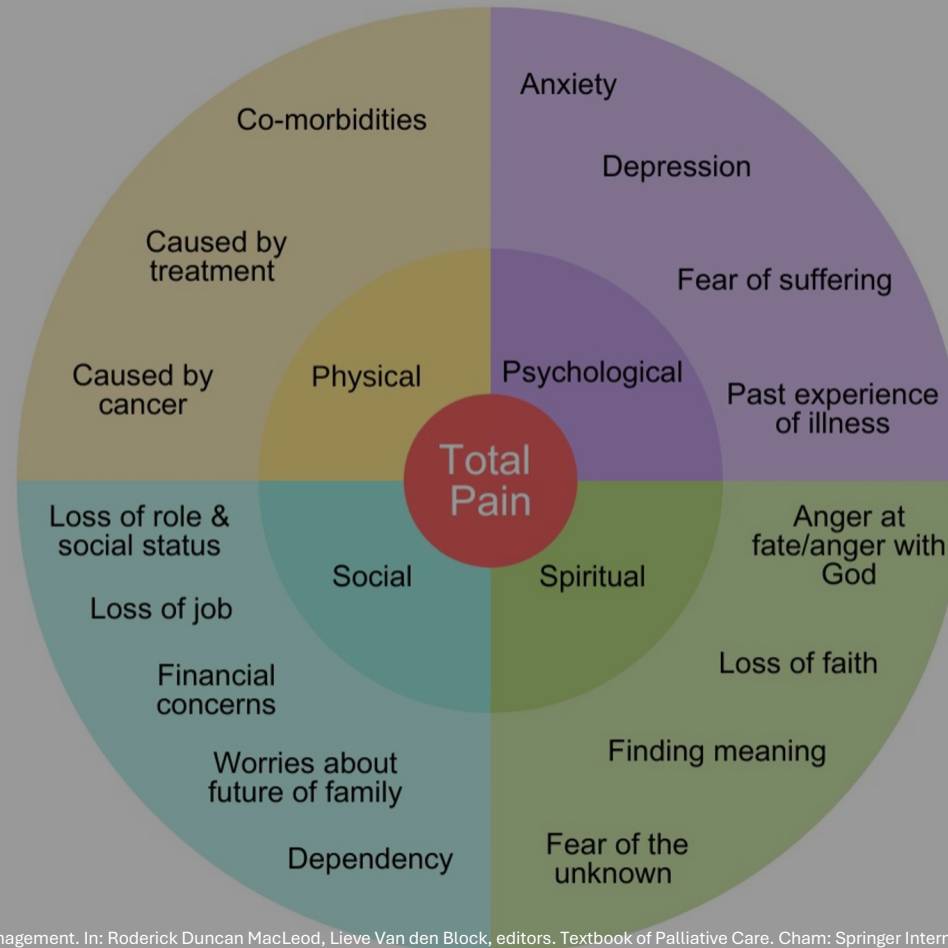
- nature and pathophysiology of pain
- severity of pain
- impact of pain on functions and quality of life
- response to interventions

Also utilising the concept of Total Pain

- Holistic approach screening and addressing issues beyond just physical pain

Total Pain

- Physical
- Psychological
- Social
- Spiritual



• **Source:** Franklin AE, Lovell MR. Pain and Pain Management. In: Roderick Duncan MacLeod, Lieve Van den Block, editors. Textbook of Palliative Care. Cham: Springer International Publishing; 2018. p. 1-29.

Recommendation: Appropriate tools

Assessment tool

- Uni-dimensional Pain tools; NRS, VAS, Faces Pain Scale
- Neuropathic pain: LANSS, PainDetect, DN4
- Comprehensive tools: IPOS, ESAS, Distress Thermometer, HADS
- Cognitive impaired: FLACC, PAINAD

Recommendation: Psychoeducation, psychological and spiritual interventions considered

- Total Pain concept therefore require multimodal approach
- MDT approach: PT, OT, Pharmacist, Counsellor, Clinical Psych, chaplain / spiritual counselor
- Involved early and not as a last resort

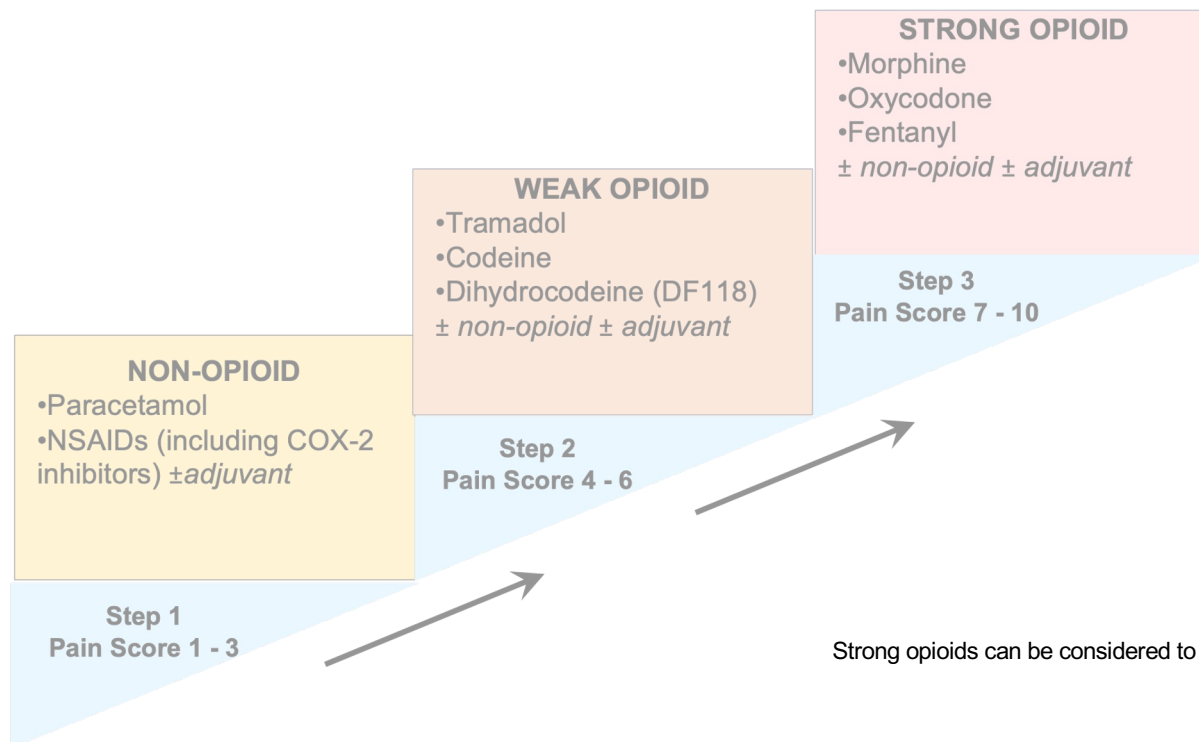
Next steps

Meds

WHO principles for analgesic (pharmacotherapy)

- By mouth
- By the clock
- For the individual
- Attention to detail

Recommendation: modified WHO analgesic ladder



Strong opioids can be considered to treat moderate cancer pain.^{level 1}

Recommendation: Opioid rotation

- Esp for those not responding to dose escalation
- Or having intolerable adverse effects

- Morphine preferred choice
- Oxycodone and fentanyl as alternatives

Recommendation: Other opioids

- Methadone – may be considered
- Pethidine – should not be used in cancer pain management

Recommendation: Other medication/ methods

- Antiepileptics or antidepressants for neuropathic pain
- Steroids
- Bone targeting agents
- Insufficient evidence to make a recommendation on cannabis
- Radiotherapy

Recommendation: Poor pain control despite optimal pharmacotherapy

Involve other disciplines

- Pain interventionist
- Surgical / Orthopedics
- Interventional radiology

Recommendation: Poor pain control despite optimal pharmacotherapy

Examples:

- coeliac plexus neurolysis for advanced pancreatic cancer pain
- superior hypogastric plexus or ganglion impar neurolysis for advanced pelvic and perineal cancer pain
- intrathecal drug delivery system
- vertebroplasty for malignant spinal compression fractures

not forgetting

- Importance of education
- Importance of follow up
 - Use of technology via telehealth, smart device apps
- Physical and complementary therapies as adjunct

Summary

- **Affirming the core concepts**
- **Refining the precepts**
- **Incorporating new practises**

THANK YOU
