

MD Anderson Cancer Center

- The University of Texas MD Anderson Cancer Center is one of the original three comprehensive cancer centers in the United States
- In 2014, it was ranked #2 for cancer care in the "Best Hospitals" survey published in U.S. News & World Report.

Pain Management

There are numerous approaches that can be used:

- Pharmacological
- Behavioral
- Psychological
- Physical
- Interventional Methods

Guidelines for Treatment of Cancer Pain

- The basic principles of pain treatment are guided by:
- Pain severity
 - Previous analgesic use
 - Dosing
 - Side Effects
 - Pre-existing conditions

Palliative Care

"Palliative care is an approach that improves the quality of life of patients and their families (easing the problems associated with life-threatening illnesses, through the prevention and relief of suffering by means of early identification and appropriate assessment and treatment of pain and other problems, physical, psychological, and social issues"

World Health Organization

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Review

- Palliative Care concept
- Guidelines for Treatment of Cancer Pain
- Pharmacotherapy
- Practical Tips
- Other drugs

Pharmacotherapy

- Non-opioid drugs
- Non-Steroidal Anti-inflammatory Drugs (NSAIDs)
 - Antidepressant
 - Anticonvulsants
 - Cannabinoids
 - Plant-based
 - Herbal

The MD Anderson Supportive and Palliative Care Handbook - 4th Edition

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Pharmacotherapy

- Opioids
- Weak: Hydrocodone, and Codeine
 - Strong: Morphine, Hydromorphone, Fentanyl, Oxycodone, Oxymorphone, and Methadone

Other drugs

- Transdermal Fentanyl: patient unable to take oral medications and do not have access to the enteral route. Slow onset and long-lasting
- Transmucosal Fentanyl: Rapid systemic absorption. Useful in pain with quick onset and duration
- Methadone: emerging as a potent weanop. 10-15x more potent than morphine

Opioid Rotation

When a patient is unable to tolerate one opioid, it can be replaced by another opioid. This is called opioid rotation.

Opioid-Tolerant Patient

- Note patient response to previous opioids and side effects
- Increase the total daily dosage by 30%
- If toxicity or side effects become problematic, consider a rotation

Practical Tips

- If a stronger opioid is indicated:
- Start with Morphine 10mg orally q4h and 5mg q2h as needed.
 - Continue laxative and antiemetic regimen
 - FREQUENT ASSESSMENT

Practical tips

- Initial Evaluation
- First Level:
 - Acetaminophen 325mg and codeine 30mg, 1-2 tablets q4h
 - Acetaminophen 325mg and hydrocodone 5-10mg, 1-2 tablets q4h

Practical Tips

*REMEMBER TO ADD ANTIEMETICS AND LAXATIVES

- Antiemetic: Ondansetron 4-8mg q4h
- Laxative: Senna 8.6mg, 1-2 tablets - 2x/d

Adverse Effects of Opioids

High doses for a prolonged time may manifest:

- Intractable nausea
- Somnolence
- Signs of neurotoxicity: hallucinations, delirium, myoclonus and hyperalgesia

*Renal Insufficiency: doses should be reduced

Route of Administration of Opioids

- The preferred route is ORO.
- Other routes can be used in case of drug-resistant, delirium, or bowel obstruction:
 - Subcutaneous, transdermal, transmucosal, parenteral, intranasal



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Pharmacotherapy

Non-opioid Drugs

- Non-Steroidal Anti-inflammatory Drugs (NSAIDs)
- Antidepressant
- Anticonvulsants
- Corticosteroids
- Phenothiazines
- Anesthetics