

SA Palliative Care Community Pharmacy Update

A joint initiative of SA Palliative Care Services and Ambulatory & Primary Health
This is the final of four Community Pharmacy updates on the subject of pain.

Incident and Breakthrough Pain

Breakthrough pain

Breakthrough pain occurs as unpredictable episodes that come on suddenly for short periods of time. It occurs on top of the patients' background pain management.

Breakthrough pain associated with a specific activity such as walking, turning, lifting, coughing, and deep breathing is known as incident pain.

Management

Breakthrough doses of opioid analgesics are calculated depending on the regular background dose. In the case of opioids such as morphine, oxycodone and hydromorphone, this is done by dividing the total daily dose (TDD) the patient is taking by 6, e.g.

$$\begin{aligned} \text{TDD morphine} &= 60\text{mg} \\ \text{Breakthrough dose} &= 10\text{mg} \end{aligned}$$

This is used as a guide only. Many patients may manage with smaller doses while others may require more.

The situation is more complicated when the patient is using opioid patches. Breakthrough medication will then need to be carefully titrated and specialist consult may be sought.

Regular doses of opioids or other analgesics for breakthrough pain, is a good indication to review background analgesia requirements.

Incident Pain

Although predictable, incident pain is often as difficult to manage as unpredictable breakthrough pain.

Management

Specific treatments for the cause of the incident pain should be considered where appropriate, e.g. stabilization of a fracture.

Where analgesics are necessary, incident pain is best approached with pre-emptive dosing

before the activity. Doses are often calculated independent of the patient's background doses as the severity of the pain due to activity may be very intense.

If the pain is very severe requiring high analgesic doses, modification of the patient's activity may help reduce analgesic load. Specialists may have access specific treatments such as morphine gel for painful wounds to reduce the distress of dressing changes.

Non-pharmacological treatments

The input of physiotherapists and occupational therapists can greatly assist the management of incident pain by devising strategies for movement and positioning that minimises pain and providing equipment to reduce stress.

Useful resources

- > Therapeutic Guidelines for Palliative Care V3 2010
- > www.palliativedrugs.com
- > Davies AN, et al; Science Committee of the Association for Palliative Medicine of Great Britain and Ireland. The management of cancer-related breakthrough pain: recommendations of a task group of the Science Committee of the Association for Palliative Medicine of Great Britain and Ireland. Eur J Pain. 2009 Apr;13(4):331-8.

For more information

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