

SA Palliative Care Community Pharmacy Update

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

Pain

Incidence of pain in palliative care has been reported up to 70%. It can be complex; cause is often multi-factorial and may require multiple medications. Unrelieved pain is a major cause of suffering and poor quality of life.

'Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Pain is always subjective'.

- The International Association for the Study of Pain

The subjectivity of pain emphasizes non-physical factors such as emotional distress can modify pain sensation. Non-pharmacological treatments (e.g. physiotherapy, psychological techniques), effective control of other symptoms and treatment of underlying disease (where possible) can optimise pain management.

Principles of Pain Management

Good pain management can prevent future pain and relies on thorough clinical assessment:

- > Accept the patient's description;
- > Conduct a thorough history, examination, investigation;
- > Consider every pain described;
- > Consider psycho-social, physical, spiritual, cultural factors;
- > Set realistic treatment goals; and
- > Review and re-assess.

Once assessment is complete, treatment will depend on type and cause.

Acute pain is a clinically appropriate response to trauma e.g. surgery. Palliative care patients can be treated with short term analgesia in the same way as non-palliative patients.

Healthcare professionals should be on alert for unintentional over-prescribing.

Chronic pain has a gradual onset which can progressively increase in severity. It may arise from a pathological disease process (e.g. malignancy) or follow apparently trivial injury.

Treatment goal is to promptly relieve pain and prevent recurrence and is dependent on characteristics and causes (e.g. neuropathic, nociceptive). Neuropathic and/or complex pain syndromes are a risk for poor pain control.

Incident pain occurs in certain circumstances e.g. activity, dressing changes.

Patient/carer experiences can represent significant barriers to effective pain control; fear of addiction, adverse effects, and complex dose regime. Healthcare worker's experience confidence and attitudes can result in poor or inadequate prescribing of analgesia and adversely impact positive patient outcomes.

Drugs Used for Pain Relief

Analgesic drug categories:

- > Non-opioids (e.g. paracetamol);
- > Opioids (e.g. morphine, fentanyl); and
- > Adjuvants (e.g. gabapentin, corticosteroids)

Specialists may use a combination of two or more opioids and/or two or more adjuvant treatments which require regular re-assessment and review which may be outside the scope of community practice.

Next Update: Nociceptive Pain

Useful resources

- > Caresearch.com.au: Clinical practice > physical > pain
- > Therapeutic Guidelines for Palliative Care v3 2010
- > www.palliatedrugs.com

For more information

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