

SA Palliative Care Community Pharmacy Update

A joint initiative of SA Palliative Care Services and Ambulatory & Primary Health

This is the second of four Community Pharmacy updates on the subject of pain.

Chronic Nociceptive Pain

Causes and Characteristics

Nociceptive pain arises from a stimulus that indicates tissue damage or inflammation. It is subdivided into somatic or visceral and can be mild or severe in nature.

Somatic pain originates from nociceptors in cutaneous and deep tissue. It is localized to the affected area, is often sharp in nature and may be associated with local tenderness.

Visceral pain originates in the body's internal organs or their surrounding tissues. It is often described as achy or cramping, colicky pain and is often not localized to a specific area (referred).

Pharmacological Pain Management

Pain management has traditionally been based on the WHO pain ladder. There is debate on how it is best applied in practice, and many practitioners no longer use weak opioids, preferring to move straight to low doses of strong opioids. The underlying principles of treatment using the WHO ladder remain useful, underlining use of more than one agent where indicated.

Nociceptive pain treatment is based on sensible use of non-opioids and opioids. Regular dosing of medication provides best symptom relief. Immediate-release preparations are preferred for dose titration and breakthrough pain. Patients with resistant pain should be referred to specialists as the pain may be neuropathic or complex in nature.

Non-opioids

Paracetamol is indicated for treatment of mild to moderate pain. Even patients with severe pain may benefit from the opioid-sparing effect of regular paracetamol. Non-steroidal anti-inflammatory agents can also be used but toxicity limits their use in many patients.

Opioids

Opioids are indicated for severe or progressing pain. Doses should be initiated as low as possible to relieve pain, especially for patients who are opioid naïve. Patients can be transferred to sustained-release preparations when doses are stable. Patients should be made aware that they may suffer side-effects such as drowsiness or nausea at treatment initiation or when doses are increase which usually reduce after a few days.

Laxatives should always be co-prescribed as most patients will suffer opioid-induced constipation. New commercial oral preparations of opioid and opioid antagonist, aimed at reducing the constipating effects of oxycodone are now available on the PBS, but evidence of effectiveness in reducing constipation in palliative care patients is limited. There are also limitations when higher doses of opioid are required.

Many different opioid preparations are available and the choice can be daunting for practitioners not experienced in their use. Prescribers may develop a limited list for familiarity, considering route of administration, PBS availability and side-effect profile.

Useful resources

- > Therapeutic Guidelines for Palliative Care V3 2010
- > CareSearch, palliative care knowledge network; www.caresearch.com.au

For more information

Contact the Advanced Practice Pharmacists:

> **Lauren Cortis, Northern**

lauren.cortis@health.sa.gov.au
8161 2454 / 0400 092 037

> **Bel Morris, Central**

belinda.morris@health.sa.gov.au
8222 7589 / 0478 407 874

> **Paul Tait, Southern**

paul.tait@health.sa.gov.au
8275 1732 / 0478 407 877

© Department of Health, Government of South Australia. All rights reserved.

This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

