

# Cancer pain control

## Constipation

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# Prescribing information

- BNF
- Palliative Care Formulary
- The NHS Highland Formulary contains prescribing information and symptom control guidelines:

<http://www.nhshighland.scot.nhs.uk/Publications/Documents/Guidelines/formulary/highland%20formulary.pdf>.

# How to write a prescription for a controlled drug

**FORM GP10(5)** NATIONAL HEALTH SERVICE (SCOTLAND)

Name **MORE PHINE**

Address **118 DIRECTORY LANE  
YELLOWTOWN**

Age if under 12 yrs.

Postcode **EV9 8XX**

Yrs / Mths

Pharmacy Stamp

No. of Days Treatment  CHI No. **0604779056** Dispensing Endorsements

Pack size Numbers only

**MST Continus tablets  
60mg (sixty mg)  
28 tablets (twenty eight)**

Pack size Numbers only

**Take 60mg 12-hourly  
(sixty mg)**

Pack size Numbers only

**Rowle** Signature of Doctor

Date **14 08 2010**

Hand written

Name of drug

Strength of tablet/mixture in numbers and words

Total amount dispensed in numbers and words

Dose in numbers and words

Signed and dated

What does the average person assume about pain and cancer?

What factors will influence pain in a life-threatening situation?

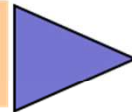


Tumour pain  
Other symptoms

Physical

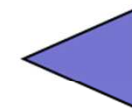


Psychological



Fear  
Anger

Social



Role  
Social interaction  
Finance

Spiritual



Why?  
What's the point?

# Pain in the patient with cancer may be due to:

## Cancer

Organ infiltration  
Bone pain  
Neuropathic pain

## Cancer treatment

Surgery  
Radiotherapy  
Drugs

e.g.  
Arthritis  
Diverticular disease  
Ischaemic pain  
Tension headache

## Non-cancer causes

Patients often have more than one pain



**A**ccurate **D**iagnosis  
**A**ppropriate **D**rug  
**A**dequate **D**iscussion

# Accurate Diagnosis



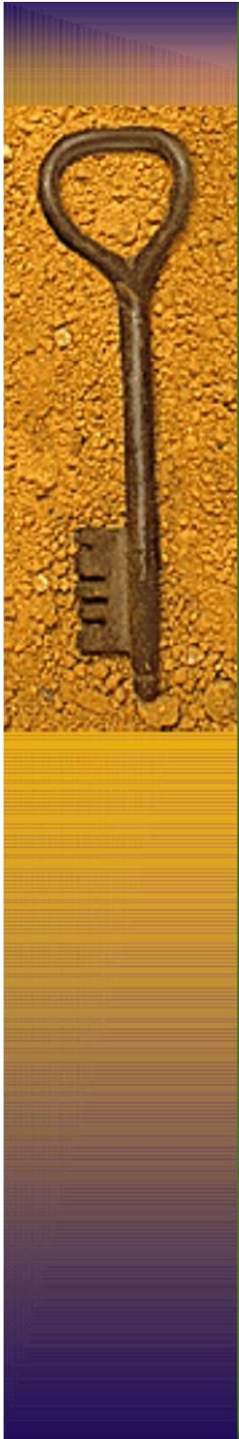
- History
- Examination
- Investigations





## History 'SOCRATES'

1. Site
2. Onset
3. Character
4. Radiation
5. Associated
6. Timing
7. Exacerbating & relieving factors
8. Severity



# Examination

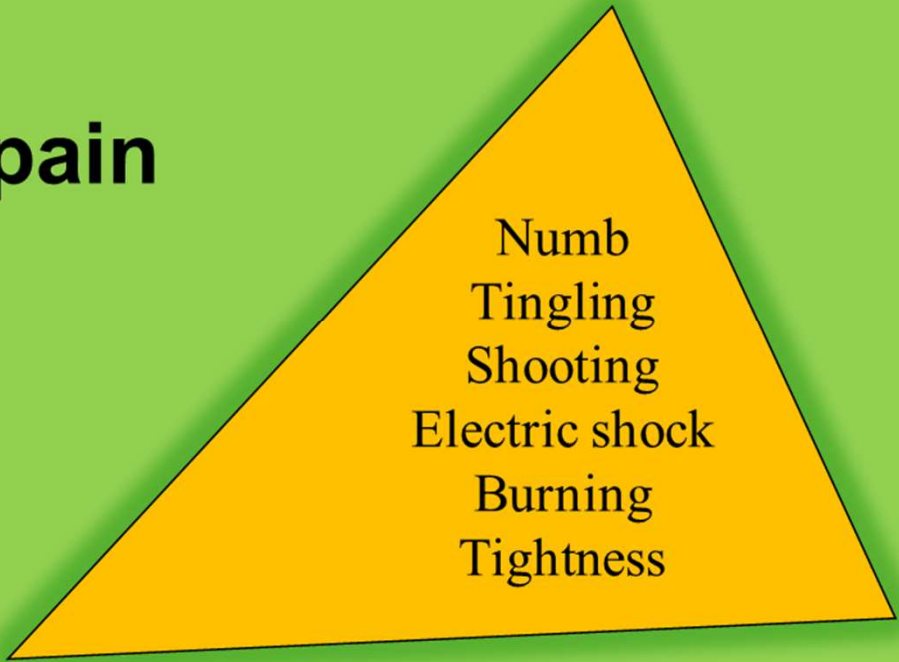
- Mass
- Tenderness
- Deformity
- Loss of function



# Neuropathic pain

## *History*

- Descriptors
- Radiation
- Relative insensitivity to conventional analgesics





# Neuropathic pain

## *Examination*

- Difficult to locate
- Not tender
- Disturbance of nerve function  
*power; sensation; reflexes*

## Wrong assumptions in cancer pain control

There's only one pain

**No!**

There may be several types of physical pain, plus psychological, spiritual or social pain

All pain is due to cancer

**No!**

Some pain may be due to cancer, and some may be due to other non-malignant conditions. e.g. migraine; diverticular disease; osteoarthritis

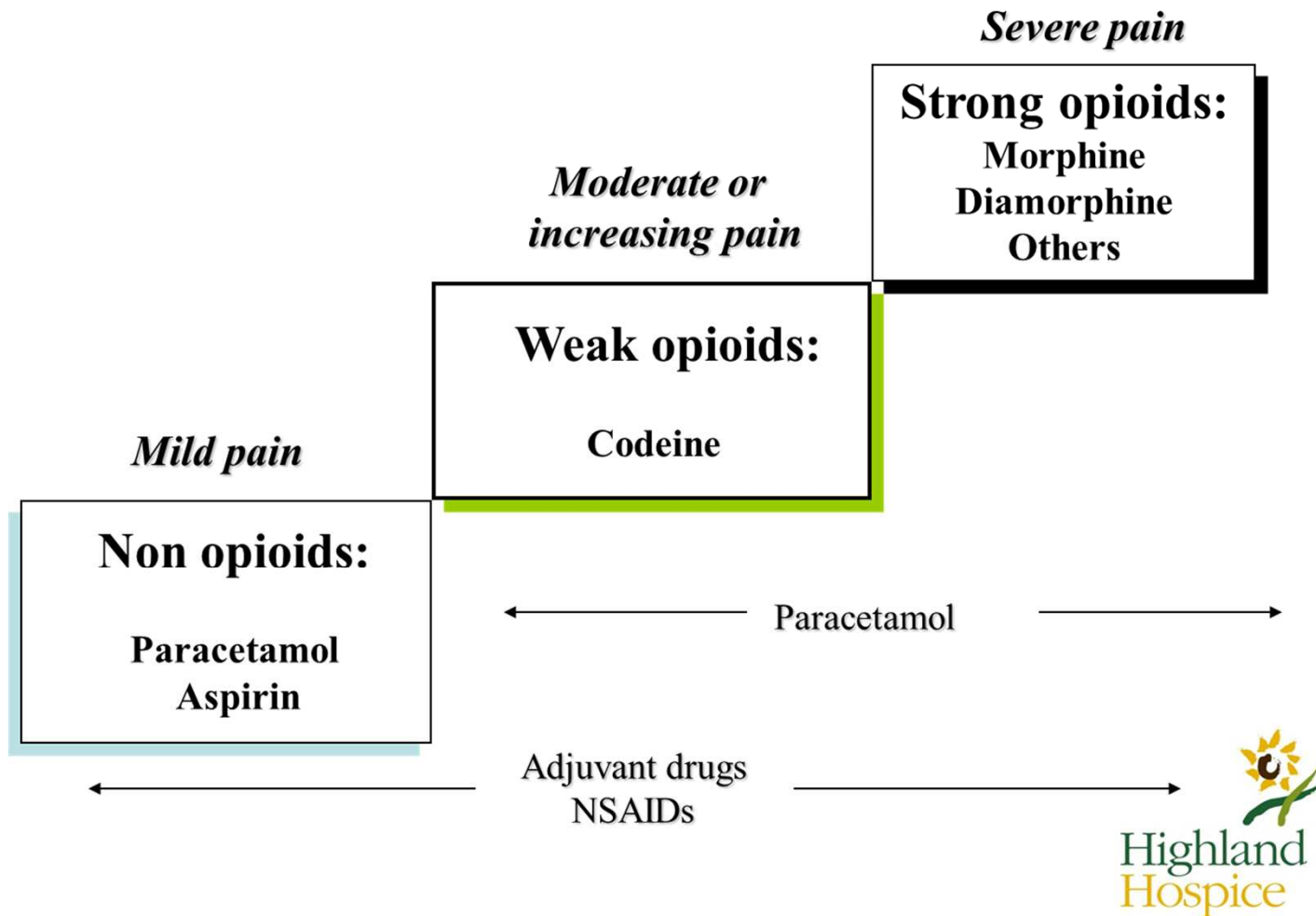
Opioids are always the answer

**No!**

Numerous types of drug are used for cancer pain control. The choice of analgesic depends on the pain, the patient, and physiological function

# Appropriate Drug

## The WHO analgesic ladder



# Strong opioids

Immediate release  
(Fast-acting)

## **EXAMPLES**

Morphine  
Oxycodone  
Methadone

Parenteral

## **EXAMPLES**

Morphine  
Diamorphine  
Oxycodone

Transdermal

## **EXAMPLES**

Fentanyl  
Buprenorphine

Transmucosal

## **EXAMPLE**

Fentanyl

# Strong opioids

Immediate release  
(Fast-acting)

## **EXAMPLES**

Oramorph  
OxyNorm  
Transmucosal fentanyl

Sustained release  
(Maintenance action)

## **EXAMPLES**

MST Continus  
MXL  
OxyContin  
Transdermal fentanyl patch



# The '3-2-1' rule

3mg  
oral morphine

||

2mg  
parenteral morphine

||

1mg  
parenteral diamorphine

# The 1/6<sup>th</sup> rule

The breakthrough dose of a strong opioid will be about 1/6<sup>th</sup> of the 24-hour dose

# Opioid toxicity

- Drowsiness
- Hallucinations
- Myoclonic jerks



Check renal and liver function  
Consider opioid-sparing treatment (e.g. other drugs; radiotherapy)  
Changing the opioid might help

# NSAIDs

*e.g ibuprofen; diclofenac;*

- Bone pain
- Soft tissue pain

What do you need to consider  
before giving a NSAID?

# Drugs for neuropathic pain



Anti-depressants

Anti-convulsants

Antiarrhythmics

Steroids

# Adequate Discussion



# Constipation

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- **D**IET
- **D**EBILITY
- **D**RUGS
- **D**ISEASE
- **D**EPRESSION

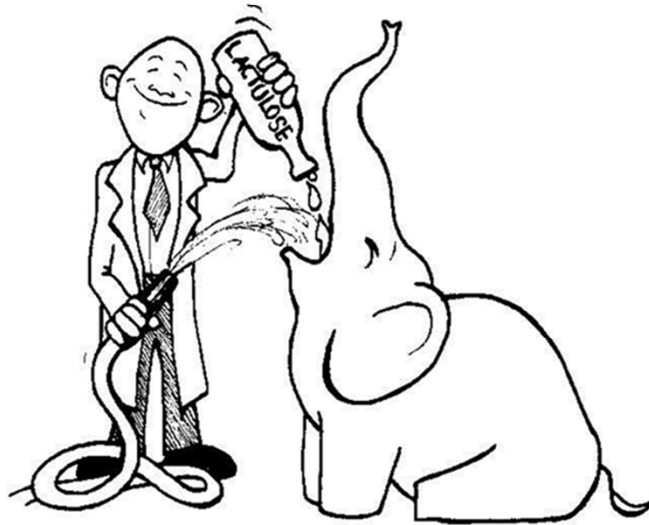
# Drugs which are constipating

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- Opioids
  - Tricyclic antidepressants
  - 5HT<sub>3</sub> antagonists
  - Diuretics
  - Iron
-

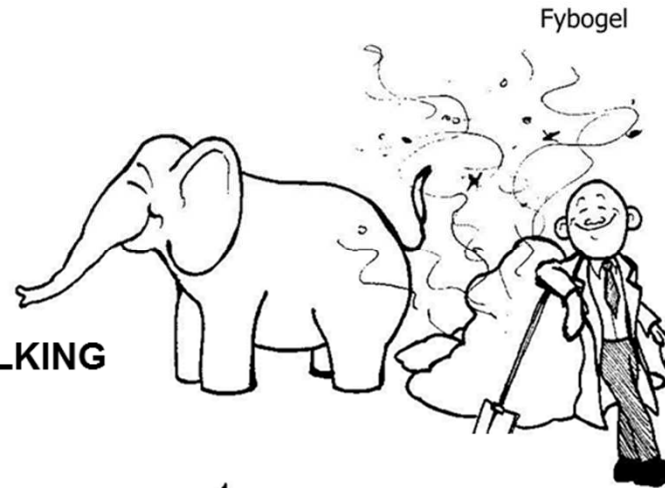


# Types of laxative



OSMOTIC

BULKING



STIMULANT

Danthron  
(*codanthramer; codanthrusate*)

Senna

Bisacodyl

Sodium picosulphate

# Typical doses

Lactulose	10ml twice-daily
Laxido	1-2 sachets daily or twice daily
Senna	1-2 tablets daily or twice daily 10ml daily or twice daily
Codanthramer	2 capsules daily 10-15ml daily
Sodium picosulfate	10-15ml daily or twice daily