

# Implementing Therapy With Opioids in Patients With Cancer

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**Purpose/Objectives:** To review strategies to optimize the management of chronic pain in patients with cancer, with an emphasis on the role of opioid analgesics.

**Data Sources:** Published research, articles from a literature review, and U.S. statistics.

**Data Synthesis:** Treatment for cancer pain remains suboptimal. With the therapies currently available, as much as 90% of cancer pain can be controlled. Opioid analgesics are an important component of pain management in patients with cancer.

**Conclusions:** The management of cancer pain is a challenging endeavor that requires an understanding of the etiologies of cancer and the types of pain they can produce. Opioid analgesics are a mainstay of treatment for cancer pain. New drug formulations, delivery systems, and strategies, particularly opioid rotation, are available to optimize cancer pain management.

**Implications for Nursing:** Opioid rotation may be useful for opening the therapeutic window and establishing a more advantageous analgesic-to-toxicity ratio in patients with cancer.

Pain is one of the most common—and feared—symptoms associated with cancer (National Comprehensive Cancer Network [NCCN], 2007). Often, the chief complaint of patients with advanced cancer is pain. As patients live longer, they have an increased need for effective pain control to improve quality of life (de Leon-Casasola & Lema, 2003). A lack of diagnostic tests makes defining the exact prevalence difficult. However, according to NCCN, pain occurs in approximately 25% of patients with newly diagnosed cancer, 33% of patients undergoing treatment, and 75% of patients with advanced disease. Indeed, an estimated 90% of patients experience at least moderate pain at some point during their illness and 42% do not receive adequate palliation (Oliver, Kravitz, Kaplan, & Meyers, 2001). Undertreated cancer pain is a particular problem in women, minority ethnic groups, and older patients (de Leon-Casasola & Lema). Unrelieved pain denies patients comfort and greatly affects activities, motivation, interactions with families and friends, and overall quality of life (NCCN).

As the area of palliative care grows, efforts to improve pain control will continue to be an essential element of cancer care (Oliver et al., 2001). Yet a number of barriers exist to effective pain relief, including inadequate assessment by practitioners, underreporting of pain by patients and families, practitioners' lack of knowledge regarding current treatment, lack of accountability for effectively treating pain, fear of overregulation by government officials, and inadequate reimbursement for pain treatment or

## Key Points . . .

- ▶ Although as much as 90% of cancer pain can be controlled, approximately 42% of patients do not receive adequate palliation.
- ▶ A physiologic approach to cancer pain management is required to determine whether pain is visceral, somatic, or neuropathic in nature.
- ▶ Approximately 20% of patients rotate through three or more opioid medications before achieving an acceptable balance of efficacy and side effects.
- ▶ A therapeutic armamentarium of at least three different opioids should be available for the management of cancer pain.

excessive administrative demands on healthcare providers (de Leon-Casasola & Lema, 2003). In fact, in the nearly 70 years since regulatory controls were placed on opioid use, rebuilding confidence in the use of opioids as an effective, safe, and humane treatment for cancer pain has been difficult (Ballantyne, 2003). With the therapies currently available to clinicians, as much as 90% of cancer pain can be controlled with the use of aggressive multimodal pharmacologic therapy and invasive techniques (de Leon-Casasola & Lema). In 2008, there is no reason for most patients with cancer to be in pain.

## Classification of Pain

In 1990, the World Health Organization (WHO) established guidelines for cancer pain relief and palliative care. According to the guidelines, potent opioids such as morphine were reserved for treatment of the most severe pain. However, the WHO three-step analgesic stepladder approach is no longer

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