

Clinical Rounds

Social, emotional, spiritual pain

Allow Dying Patients to Guide You in Pain Management Treatments

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NEW ORLEANS It's important to understand the different types of pain that terminal patients experience and what treatments work best for each, because relieving physical pain is one of the primary aims of end-of-life care, said Dr. John P. McNulty at the annual meeting of the American Academy of Family Physicians.

Patients with a terminal illness usually experience some combination of chronic, somatic or visceral, and neuropathic pain, said Dr. McNulty of the Palliative Care Institute of Southeast Louisiana, Covington, La.

Chronic pain is distinctly different from acute pain and is difficult to treat. Somatic and visceral pain accounts for about two-thirds of patients and responds well to conventional opioids and adjuvants. Pure neuropathic pain affects about 5% of these patients with about 35% of patients have some degree of neuropathic pain. This pain responds best to N-methyl-D-aspartate (NMDA)-receptor-blocking opioids.

Assessing a patient's pain involves several components. If the patient is able to respond to questions, get a measure of their pain by using a standard 10-point scale. If the patient is unable to communicate, observe facial expressions and body language. "Remember that social, emotional, and spiritual pain are part of the equation, but you have to get the physical pain under control before you can deal with those," said Dr. McNulty.

Reassess the patient's response to the medication and adjust as necessary. "This is so important. You can't just give a prescription for some pain pills and say, 'Come back in a month.'" Ask about side effects and how effective the patient perceives the medication to be. Let the patient guide you in treating his or her pain.

In prescribing medications to relieve pain, Dr. McNulty recommends reviewing guidelines developed by the World Health Organization. WHO's three-step approach starts with NSAIDs and is followed by mild opioids (codeine and hydrocodone), then strong opioids (morphine, hydromorphone, and methadone). Adjuvants can be used to calm anxiety and fears. Suppress the pain around the clock rather than chasing it by prescribing pain medication at 3 to 4-hour intervals.

Assessing the patient's pain frequently. You can also add up the total amount of opioid used in a 24-hour period and select a suitable long-acting opioid to replace multiple doses. Long-acting opioids to think about include sustained-release morphine (every 8-12 hours), sustained-release oxycodone (every 8-12 hours), fentanyl transdermal patch (every 72 hours), methadone (every 6-12 hours), and levorphanol (every 6 hours). Use short acting opioids to treat breakthrough pain. Short-acting opioids to think about include morphine, hydromorphone, oxycodone, and hydrocodone.

Dr. McNulty considers the following drug dosages roughly equivalent to 10 mg of morphine: 2 mg hydromorphone, 5-10 mg oxycodone, 15 mg hydrocodone, 60 mg codeine, 50 mg tramadol, 50 mg meperidine, and 1-2 mg levorphanol. A 25-pg/hr patch of fentanyl is equivalent to 50 mg of morphine in 24 hours.

The NMDA-receptor-blocking drugs fall into opioid and nonopioid categories. The opioids include methadone and levorphanol. For the nonopioids, think about dextromethorphan, ketamine, amantadine, and memantine. While dextromethorphan is not as strong as an opioid, it can decrease the amount of opioid a patient needs.

For adjuvant therapy, you can use anticonvulsants (gabapentin and valproic acid) and tricyclic antidepressants (amitriptyline, nortriptyline, imipramine, and desipramine). "We use a lot of adjuvants for chronic pain." He recommends having patients and their caregivers keep an emergency bag of medications at home when you are expecting a difficult death or think the need may arise in the middle of the night. He suggests having the following items in the refrigerator:

- ? Morphine concentrate solution.
- ? Chlorpromazine suppositories.
- ? Diazepam suppositories.
- ? Hyoscyamine tablets.
- ? Oral concentrate lorazepam.
- ? Haloperidol tablets.

End-of-Life Care in U.S.

