

Most cancer pain can be treated

Pain, which can be caused by the disease itself or by treatments, is common in people with cancer, although not all those with cancer will experience it.

About 30 to 50 per cent of people with cancer experience pain while undergoing treatment, and 70 to 90 per cent of those with advanced cancer experience pain.

Chronic cancer pain can be treated successfully in about 95 per cent of people with the drug and non-drug therapies that are currently available.

Along with chronic cancer pain, sometimes people have acute flares of pain. This pain, usually called breakthrough pain, can also be controlled with medication.

Cancer pain can be managed. With today's knowledge of cancer pain and the availability of pain-relieving therapies, no one should have to suffer from unrelieved pain. But surveys have shown that pain is often under-treated in many patients.

Physicians may not be adequately educated about pain control, or they may be more focused on controlling the disease than on the pain and other symptoms. Patients may also be reluctant to report their pain, and both physicians and patients may be unwilling to use morphine or other opioids for pain control as they fear addiction, which is extremely rare in people with cancer.

The two most common causes of cancer pain are the cancer itself and the treatments received to treat the disease. When cancer causes pain, some probable causes include the pressure of a tumour on one of the body's organs or on the bone or nerves.

There are various treatments for cancer and some of them are less than pleasant. However, not all those being treated experience all the side effects of these treatments.

Medications are the cornerstone of cancer pain treatment, and their use is aimed at providing the greatest pain relief possible with the fewest number of side effects and the greatest ease of administration.

Medications that can be used include paracetamol, non-steroidal anti-inflammatory drugs and opioid medications.

Acupuncture may also be offered in very selected cases. Some special procedures used to treat cancer pain may include nerve blocks, which involve the injection of anaesthetic medication into specific areas of the body experiencing pain, notably the nerves. Drugs used include lidocaine or bupivacaine, used alone or with corticosteroids.

Spinal infusions of drugs can also provide long-term pain control.

Treatment of cancer pain requires a multimodal approach in its management, which will involve the oncologists, surgeons, physiotherapists, psychiatrists and other specialists.

The psycho-social aspect of the management is also very important in ensuring a better quality of life for the patient.

Numerous reports have emerged on how the lives of cancer patients have been prolonged when their pain is adequately managed. This is no surprise as these patients can start to mobilise and have adequate nutrition and hydration only when pain is controlled.

As the late Dr Albert Schweitzer succinctly summed up: "Pain is a more terrible lord of mankind than even death itself."

The quality of dying may often be more important than the quality of life in many patients.

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