

## Common questions about cancer pain

This information sheet answers some common questions about cancer pain. Many people find that knowing about their illness can help them manage it. It is not a substitute for talking to your doctors or nurses. Please use it as a guide to questions you want to ask your healthcare team.

### Does everyone with cancer have pain?

No. Some people with cancer have no pain at all.

About 1 in 2 people who are treated for cancer have pain after their treatment. About 9 in 10 people with advanced cancer (cancer that spreads through the body from its original site) have pain.

### Will I get cancer pain?

Your doctor may be able to tell you if you are likely to have pain, for example whether you might have pain after a treatment. However, doctors can't always predict whether a person will have pain from their cancer or its treatment, or whether their pain will be mild or more severe.

Remember that you can still have headaches, stomach aches and other aches and pains not related to your cancer. Tell your doctor about any pain that worries you. There will always be something your doctor can do to help get rid of your pain or control it.

### Why does cancer cause pain?

Pain happens when nerves detect damage to the body and send a message to the brain, causing the sensation of pain to occur. Pain is useful when it helps you avoid doing something risky, like putting your hand in very hot water. With cancer and other illnesses, it can alert you to the fact that there is a problem, like a tumour growing.

Pain in cancer can happen for different reasons:

- a tumour can press on a nerve or affect the way an organ works
- surgery and radiotherapy can cause pain when normal tissue is damaged
- nerves can 'carry' pain around the body, so pain can sometimes be felt in a place well away from the thing that is causing it. This is called 'referred' pain.

### How does it feel?

'Pain hurts.' Each of us knows when we feel pain, although it can be hard to describe to someone else. It can be sharp or dull, mild or strong, short term or long term. When it is not relieved, pain can cause a lot of tension and fatigue.

Pain can be acute or chronic. Acute pain is usually sharp and often has an obvious cause, like an injury. If the injury can be fixed, so usually can the pain. Chronic pain lasts for a longer time and can be more challenging to treat.

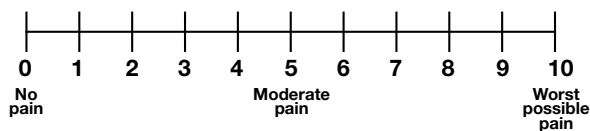
Tell your nurses and doctors how you feel your pain. This will help them find the right treatment for your pain.

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## How do I describe how my pain feels?

If you're having difficulty describing your pain, try these ideas:

- Rate your pain on a scale of 1 to 10. If your pain is mild – similar to a minor headache that you know will go away soon – you might rate it 1 or 2. The other end of the scale, 9 or 10, is very severe pain – for example, like how you imagine torture might feel.



- Use descriptive words: burning, shooting, cramping, throbbing, stabbing, dull, sharp, constant, aching.
- Try timing your pain: make a note of when it starts and when it eases.
- Where is it in your body? Draw a human figure and mark on the diagram the point/s where you feel pain.
- Ask how your pain affects you: What makes it worse? Has it changed since it began? Does it affect your sleeping, moving or eating? Does it make you feel depressed or irritable? Do you feel sick, tired, weak or dizzy with the pain? Does medication relieve all or some of the pain? Does changing your position help relieve all or some of the pain?

Always tell your doctor if your pain changes suddenly or becomes more severe.

## How is cancer pain treated?

There are different ways to treat cancer pain. Treatment which is aimed at relieving pain (rather than curing a disease) is called 'palliation' or 'palliative treatment'.

The main treatments for pain are pain-relieving drugs like paracetamol and aspirin, codeine, morphine and other opiates. They can be taken:

- by mouth, as tablets and capsules, etc. (for absorption through the stomach)
- by mouth, as lozenges (for absorption through the mouth)
- by injection, into a vein or under the skin
- 'transdermally', through a skin patch
- rectally, through a suppository or needleless injection (for people who can't take oral medications)
- by infusion, through a catheter near the spine (for people who may have pain over a long time).

Non-steroidal anti-inflammatories, antidepressants and steroids are also sometimes used to relieve pain.

Surgery can relieve some pain, for example by bypassing a blockage caused by a cancer lump ('tumour'), by making a tumour smaller, or by draining away fluids that are causing pressure.

Radiotherapy can be very effective in helping ease pain by reducing the size of a tumour, especially tumours that grow in the bones.

Nerves that are triggering pain can be blocked. This can be done with anaesthetic, chemicals, freezing or heat.

Transcutaneous electrical nerve stimulation (TENS) can stimulate nerves so that the body releases natural painkillers, called endorphins. This can help some kinds of cancer pain.

Hormones can reduce swelling caused by some cancers.

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Your doctors and nurses will try different approaches until they find the right one for your pain. During your illness, you may try several different approaches. What works for you at one stage may need to be changed at another stage. So don't be afraid to let your medical team know when things change. If they know what is happening they can usually keep pain under control at all times.

## **What about side effects?**

### **Side effects from morphine and similar drugs**

These drugs can cause constipation and nausea. These can be treated with other medications and sometimes diet changes. Talk to your nurse or doctor about constipation when you start having opiates, and see what you can do to prevent it.

Opiates can also make you sleepy in the first few days you take them. But as your body adjusts you will feel more alert.

A small number of people taking morphine have hallucinations. This means thinking that you see (or sometimes hear) something that isn't real. Hallucinations can be strange and frightening. Tell your doctor if this happens. They will be able to prescribe other methods of pain control.

### **Side effects from palliative radiotherapy**

The main side effects of palliative radiotherapy are tiredness, nausea and poor appetite over the course of the radiotherapy. The area of skin where you have your radiotherapy can become irritated and feel like it is sunburnt.

Let your doctor know if you have any side effects.

## **What is the best way to manage cancer pain?**

Your doctor or a specialist cancer pain nurse will carefully assess your pain. Tell them as much as you can about your pain. This will help them to work out the best way to treat it.

Continuous pain needs continuous pain relief. This means your pain needs to be monitored by your medical team. It is important that you take your medications as regularly as prescribed and tell your doctor about pain and other symptoms.

## **Does treatment for pain always work?**

Cancer pain can be treated. Pain can be completely relieved, or controlled to a point that is acceptable to the person who has pain. The World Health Organization estimates that the right drug, in the right dose, given at the right time can relieve 80% to 90% of cancer pain.

## **Do I need to reserve treatments in case my cancer gets worse?**

No. The same type of pain-relieving drug – for example, morphine – can be used for people with early-stage cancer and later-stage cancer. The doctors work out which is the best drug, and in which dose, for each person needing pain relief.

## **I am reluctant to ask for more pain relief even though I am in pain**

It is not true that having cancer means you have to experience pain.

If you have pain, you deserve and need pain relief. Your doctor will give you the pain relief that will work on your pain. Be honest with yourself and the medical staff at all times: if it hurts, it can be helped.

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There is no advantage to being 'stoic' or brave in the face of pain; your medical team and your friends and family would prefer that your pain be controlled. It is not a weakness to ask for pain relief. If your pain is controlled you will feel better able to cope with everything else.

'I could not believe how much better I felt after taking some pain relief. Everything seemed less stressful and I did not feel so angry and upset all the time. I had resisted taking anything for so long. I thought I should be able to handle the pain. I now wish I had taken something sooner.'  
(Bill, 67)

You may be concerned that increasing pain means your cancer is getting worse. This may not be the case. If your pain is getting worse, try talking about your fears with friends, family members or your doctor or nurses. Trying to bear increasing pain without mentioning it to others will cause you a lot of unnecessary distress.

## **I feel bad about having cancer and I think this makes my pain worse**

Fear, anxiety, depression and tiredness can all make your pain worse. Most people with cancer go through times when they feel hopeless, sad or scared. There are different things you can do to help these feelings. Talking about them with a counsellor, friend or someone who you trust can be useful. Contact the Cancer Council Helpline on **13 11 20** for confidential information, like helping you decide on the questions to ask your doctor.

Fatigue, trouble sleeping (insomnia) and shortness of breath can also make your pain feel worse. Shortness of breath can

also make you feel fearful. It is important to discuss this with your doctor and nurses. See our fact sheet *Coping with Breathlessness Caused by Cancer or Cancer Treatments*.

Emotional and physical changes because of your cancer, such as changes in your sex life and relationships, can make pain worse.

Social problems, such as changes in your finances, can add to unrelieved pain. Social workers can help, or call the Cancer Council Helpline on **13 11 20**.

## **Are there complementary therapies for cancer pain?**

Complementary therapies can be used with medical treatments. They may reduce the amount of medical pain relief you need. Some may help you feel calmer.

- Acupuncture may help with some cancer pain. This is an area where more research is needed. If you would like to try acupuncture, see an acupuncturist at a specialist pain clinic. Ask your doctor for a referral.
- Hypnotherapy may help with some pain, but is unlikely to work with all cancer pain. Talk to your doctor about hypnotherapy if you wish.
- Relaxation techniques like meditation, visualisation, massage and music therapy can help to relieve feelings of anxiety that can worsen your cancer pain. Your hospital may run relaxation programs, or contact the Cancer Council Helpline.
- Other members of your treatment team, such as physiotherapists and occupational therapists, can help with pain. They can talk to you about less painful sleeping positions, for example, and about equipment that may also help.

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- Other non-medical measures for mild or moderate pain include hot water bottles and ice packs (try both to see which works best) and warm baths. If a part of your body is especially painful, try different positions to find one that causes the least pain.
- Try doing things that keep your mind off your pain: talk with friends, watch TV or listen to music or the radio. If you have a special interest, pursue it when you can.

## What about alternative therapies for cancer pain?

Alternative therapies are unproven and include some herbal and dietary remedies that are used instead of medical treatment. Some of these have been tested scientifically and found to be not effective or even harmful.

Earlier, we talked about *complementary therapies* that can help people to cope with cancer pain. *Alternative therapies* are different. They can be harmful, especially if:

- you use them instead of medical treatment
- you use herbs or other remedies that make your medical treatment less effective
- you spend a lot of time and money on alternative remedies that simply don't work.

For more information we strongly recommend you read the following Cancer Council Victoria resources:

- *Complementary and Alternative Cancer Therapies* (booklet)
- *Complementary and Alternative Medicine: Making Informed Decisions* (information sheet).

Be aware that a lot of unproven remedies are advertised on the Internet and elsewhere without any control or regulation. Before choosing an alternative remedy, discuss it with your doctor or a cancer nurse at the Cancer Council Helpline on **13 11 20**.

## Can I become addicted to opiates prescribed for cancer pain?

Don't be afraid to take opiates like morphine for cancer pain, if that is what your doctor recommends. For a lot of people with cancer pain, opiates are the simplest and best solution. Like most medications, they have side effects, but these can be managed.

It is normal to develop symptoms of tolerance and withdrawal when you need to take opiates for a longer period. This means the amount you take may have to be increased every so often, for as long as you need to take opiates. Opiates can cause symptoms of withdrawal if they are stopped suddenly, but your doctor will gradually reduce the dose so that your body can adjust – this means withdrawal symptoms are unlikely.

Because you will be having these medications in a controlled way, at a dose that is right for your pain, you will not have the cravings and sicknesses that affect addicts.

## My family says I shouldn't be taking drugs like morphine

Families sometimes have different opinions from the medical staff and the person with cancer about that person's treatment. If this happens, explain to your family that you are doing what you believe is in your best interests. Your doctor or the nursing staff may need to also talk to your family about

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why they have recommended a particular treatment for you. Keeping your pain under control will help you feel better and allow you to remain comfortable. It is important your close friends and family try to understand this.

For more information contact the Cancer Council Helpline on **13 11 20** (cost of a local call). This is a confidential service staffed by cancer nurses. Information is available in languages other than English.

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