



# Myth Busters: Cancer Pain, Palliative Care, and Hospice

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# + Objectives



- Review common misunderstandings about cancer pain and pain treatment
- Learn about palliative care and how it could help you and your family
- Learn the definition of hospice, and what it offers to patients and families



+ Cancer Pain: Myths and  
Misconceptions



# Cancer Pain: What do you believe?



- Turn to your neighbor(s) and share 1 belief you have about cancer and pain
  
- What have you learned from your family, friends, peers, nurses, doctors, etc ....

# + Cancer Pain Myths



- Myth #1: I don't have to tell my doctor how much pain I have. She knows.
- Fact: The more you tell your doctor, the better he or she can treat your pain
  - Treating pain adequately improves mood, sleep, and coping in cancer patients.

# + Cancer Pain Myths



- Myth #2: I have cancer. Of course I have pain.
- Fact: Not all patients with cancer have pain.
- Most patients who do have pain can get good relief with basic pain management strategies, including:
  - Medications, radiation, surgery, nerve blocks or complimentary treatments



# Pain Medications



- There are different types of medicines that treat pain coming from:
  - Muscles or Bones
  - Inner Organs
  - Damage to Nerves
- Many patients take several different medications to control their pain
- There may be some medicines that are not safe for you (because of differences in kidney function or interactions with other medicines that you take)



# What medicines do doctors use to control cancer-related pain?



- Acetaminophen (Tylenol)
- NSAIDs: Naproxen, ibuprofen
- Medicines for nerve pain:
  - Anti-seizure meds, antidepressants
- Steroids
- Opioids: combination vs “pure” opioids



# + Cancer Pain Myths



- Myth #3: Complaining about pain is a sign of weakness
- Fact: Personal, cultural and other factors may influence our beliefs about talking about pain BUT talking about it is important.
  - Pain management is an essential part of cancer treatment.

# + Cancer Pain Myths



- Myth #4: I should only take my pain medication when I absolutely need it.
- Fact: It's harder to “catch up” once pain is out of control.
  - It's better to treat moderate to severe pain “by the clock” = routinely.
  - You may need “by the clock” or long-acting pain medications and “as needed” pain meds

# + Cancer Pain Myths



- Myth #5: If I start taking pain medication now, there will be nothing more available if my pain worsens
- Fact: The opioid pain medications have no maximum dose.
  - If pain worsens, the dose can safely be increased
  - Very good pain management can be achieved for >95% of patients throughout their illness at home.

# + Cancer Pain Myths



- Myth #6: If I take opioid pain medicines (like morphine or oxycodone), I'll get addicted.
- Fact: Physical dependence vs Addiction
  - What's the difference? Why is this important?



# Physical Dependence is a Side Effect of the Medicine



-“**Physical dependence**” If someone stops taking a medicine they have taken for a while, they may have withdrawal.

Blood pressure medications

Seizure medicines

Opioid medicines, etc

-**Addiction** is a **psychological need** for a drug (usually more and more of a drug to achieve a “high”)

Compulsive use despite harm

# + Facts about Addiction:

- What percentage of cancer patients become “addicted” to pain medications?
- What are the risk factors for addiction?



# + Opioid Safety



- The most likely person to misuse a pain medicine is NOT the patient
- Use a lock box
- Don't leave opioids in common locations (ex. kitchen counter, medicine cabinet)
- New Mexico has a Prescription Monitoring Program ...
  - To protect you AND your provider

# + Opioid Side Effects

- Remember the bowels!
- Other possible side effects (nausea, sleepiness, feeling “foggy-headed”)
  - Can often be avoided by slow increases in dose
  - Go away within days
- Everyone who takes opioids is at high risk for constipation
  - Most people need a daily laxative if they take opioids every day
  - Ex. Senna 8.6 mg two times per day







# What is Palliative Care?

# + What is Palliative Care?



- What have you heard?
- MYTHS:
  - It's hospice care
  - It's only for people who are terminally ill
  - It's for when your oncologist says “there's nothing more we can do” to treat your cancer

# + What is Palliative Care:

[www.getpalliativecare.org](http://www.getpalliativecare.org)

- Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people with **serious illnesses**.
- It focuses on providing patients with **relief from the symptoms, pain, and stress of a serious illness**—whatever the diagnosis.
- The goal is to **improve quality of life** for both the **patient and the family**.





# What is Palliative Care?

[www.getpalliativecare.org](http://www.getpalliativecare.org)



- Palliative care is provided by a team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an **extra layer of support and treatment.**
- It is appropriate at **any age** and at **any stage** in a serious illness and can be provided **along with curative treatment.**

# + Who receives benefit from palliative care?

- Patient
- Family members
- The patient and family members are affected by a serious illness (in different ways), so both the patient and the family receive support.





# Would I benefit from palliative care?



- Do you need help with **pain or symptom** management?
- Do you or your family members feel you need more **support to cope with changes** occurring because of a serious illness?
- Do you have **questions about what to expect** from your illness? **Prognosis?**
- Do you need more information to **make important medical decisions?**
- QUIZ on-line: <http://www.getpalliativecare.org/rightforyou/>

# + How do I get palliative care?

- Inpatient consultation\*
- Outpatient consultation\*
- Inpatient admission
- Home visits
- **ALL DEPENDENT ON WHAT IS AVAILABLE  
IN YOUR SERVICE AREA (\* most common)**





# What is Hospice Care?



# + What is Hospice?

- A **health care insurance benefit** defined originally by Medicare in the 1980s
- For patients with incurable medical problems who have limited life expectancy and choose to **focus on quality of life rather than exclusively on length of life**
  - “It’s about how you live.”
  - Intensive pain and symptom management, and patient/family support



# + Where is Hospice?



- It's a philosophy, not a place
- Can be provided:
  - At home: Most common, 24h care provided by family and friends
  - In an inpatient hospice facility
  - In a nursing facility
  - In a hospital



# How could Hospice Care help me?



- Team of trained specialists- provide regular visits
  - Doctors, nurses, social worker/chaplain, others
  - Providing treatments focused on your needs
- Medical equipment
- Medications, education about how/when to use
- 24 hr availability of RN specialists by telephone with additional emergency visits if needed
  - **24/7 nursing care at home is NOT provided**
- Support for family/caregivers, respite care



# Information for Patients and Caregivers



- Caring Connections: [caringinfo.org](http://caringinfo.org)
- Website for patients and caregivers provided by the National Hospice and Palliative Care
  - Pain and symptom management
  - Patients
  - Caregivers
  - State specific advance directives

+ Questions?

