



Main Office

9221 Ward Parkway, Suite 100
Kansas City, MO 64114
816-363-2600

East Office

14500 E. 42nd Street, Suite 240
Independence, MO 64055
816-468-5700

Kansas Office

10100 W. 87th Street, Suite 100
Overland Park, KS 66212
913-894-8228

Kansas City Hospice House

12000 Wornall Road
Kansas City, MO 64145
816-941-1000

Solace House

8012 State Line Road, Suite 202
Shawnee Mission, KS 66208
913-341-0318



Kansas City Hospice
& Palliative Care

www.kansascityhospice.org

Copyright 2009 © Kansas City Hospice & Palliative Care. All rights reserved.

SAFE PASSAGE

Simple Facts About the Control of Pain



Kansas City Hospice
& Palliative Care

Enhancing each day of your life.

Other books in the Safe Passage Series

Talking to Children About Death

Understanding Grief

When Death Nears: Signs and Symptoms

Decisions About Artificial Foods and Fluids

Talking to Children and Teens About Serious Illness

These booklets are provided by Kansas City Hospice
& Palliative Care as a community service. They can be

downloaded at www.kansascityhospice.org.

For more information, call 816-363-2600.

Introduction

Uncontrolled, overwhelming and persistent pain is no longer something that must be endured.

Today, medical research is improving our understanding of pain and enabling us to effectively control it. We are learning that early prevention or control of pain can enable a person to achieve a fuller life, in spite of an illness that imposes limitations.

When the pain of illness is controlled, patients can enjoy activities, perform household tasks or other work, enjoy the company of others, and sleep. They can avoid the anxiety or depression that can accompany uncontrolled pain.

Scientific studies show patients respond better to treatment and have more active immune systems when their pain is controlled. They recuperate faster from surgery than those whose pain is not controlled. Moreover, they are less likely to experience pain-induced changes in their nerves, which cause the pain to continue even after the original problem heals.

Today, health care professionals can provide excellent treatments for pain. More than 90 percent of people with pain will find relief in medicines taken by mouth. People who cannot swallow or don't respond to oral medicine can get relief from medication given by a skin patch, with a suppository, subcutaneous lines or through an intravenous line. Others who have difficult-to-control pain will find relief in treatments such as radiation therapy for cancers, nerve block injections or surgery.

Non-drug treatments – relaxation exercises, massage, imagery, hot or cold packs, rest, distraction with pleasant activities, or counseling and support groups – can be helpful.

GETTING PAIN RELIEF

You have a right to pain relief. Ask your doctor about his or her approach to pain relief and how he or she plans to treat any pain you may experience over time.

If you have pain, tell your doctors and nurses. They should ask a series of questions to learn more about the pain, and you should give them specific details about your pain so that they can provide the best treatment for you. Following are the questions you should expect.

- Where is your pain? Do you hurt in more than one part of your body?
- What type of pain is it? Is it sharp, stabbing, burning, tingling, numbing, aching, throbbing? You might find other words to describe it.
- How bad is the pain? Is it mild, moderate, or severe? Where does the pain fall on a scale of zero to 10, with zero being no pain and 10 being the worst pain imaginable?
- What makes the pain better or worse? Is it better or worse with certain activities, eating or being in a certain position? What medicines have helped it? What medicines have you tried that did not help or did not agree with you?
- Is the pain present all the time or does it come and go? When did it start?
- Has the pain changed over time?
- Is your current pain medicine controlling the pain? Are you having problems with side effects?
- How does the pain affect your mood, activities or ability to interact with others?
- What is your goal for pain relief? What level of pain control do you want to achieve?

After talking with you, your doctor or nurse will examine you and might request some tests to identify the cause of the pain. You should be started on pain medicine to control your symptoms even before the tests are done. Serious pain should be considered a medical emergency.

TYPES OF PAIN MEDICATION

Many medicines control pain, and your condition may require a combination of two or more medications. If you have constant pain, you should take medicine on a regular schedule in order to control pain throughout the day. Don't wait for the pain to begin before starting your medicine. You might also have a "flare-up" or "break-through" pain. In that case, it is good to have a fast-acting medicine on hand to add when needed.

Analgesics

The most common pain medicines are analgesics, which are prescribed specifically for pain relief.

For Mild to Moderate Pain

TYPES: The first line of defense for mild to moderate pain includes aspirin, acetaminophen and nonsteroidal anti-inflammatory drugs such as ibuprofen and naproxen, which are called non-opioid medicines. You can buy some of these without a prescription.

CAUTIONS: Though they are easy to obtain and considered mild pain relievers, these medicines can cause serious organ damage if you take more than the recommended doses. For example, overdoses of some can cause stomach bleeding, kidney failure or liver damage. Do not start these medicines without asking your doctor if they can be taken with your other prescriptions.

For Moderate to Severe Pain

TYPES: Stronger medicines, called opioids, include morphine, hydrocodone, oxycodone, codeine and hydromorphone. Commonly called narcotics, these medicines require a prescription.

CAUTIONS: Opioid medicines do not have adverse interactions with non-opioid medicines and do not cause stomach bleeding or organ damage. However, they often do cause constipation, so you should take a laxative with them to prevent this problem. Opioid medicines also can cause nausea, sleepiness or itching in the first few days of treatment. They may cause slow breathing if started in high doses, but this is unusual in people who take them on a regular basis for pain.

OTHER PAIN MEDICINES

In certain types of pain, analgesics work best if they are given along with other types of medications, called adjuvants. These medicines help slow pain signals from specific sources of pain and help the analgesics work more effectively.

Antidepressants

TYPES: Commonly prescribed antidepressants include amitriptyline, desipramine, imipramine and trazodone. Physicians prescribe them to help control tingling or burning pain, which usually is caused by nerve damage. They also can help improve sleep.

CAUTIONS: Antidepressants can cause dry mouth, drowsiness or constipation. Some can cause dizziness, especially if you stand up too quickly.

Anticonvulsants

TYPES: These medicines include gabapentin, phenytoin and carbamazepine. In addition to treating seizures these also help ease nerve pain, especially if it feels like tingling, stabbing or electrical shocks.

CAUTIONS: Some of these medicines can cause nausea or dizziness. Some of them also require blood tests to monitor for possible side effects.

Steroids

TYPES: These medicines include prednisone and dexamethasone. They help with bone pain as well as pain caused by inflammation, pressure on nerves, or a tumor pressing on the brain or spinal cord.

CAUTIONS: Steroids can cause increased appetite, fluid retention, stomach irritation or confusion in some people.

Nonsteroidal Anti-Inflammatory Medicines

TYPES: These medicines include ibuprofen, naproxen and salsalate. They can be added to the stronger pain medicines for people who have bone pain.

CAUTIONS: These medicines can cause kidney problems or stomach irritation and bleeding.

SIDE EFFECTS

Like all medications, pain medicines can have side effects, which appear within the first few hours or days of beginning treatment. As a rule, these side effects disappear over time. Each person is different in his or her response to a medication, and in some cases side effects will not occur.

Watch for and let your physician know about any side effects that occur while you are taking pain medications. The physician can prescribe other treatments that will control the side effects while your body adjusts to the pain medication.

Constipation

Unfortunately, this is a side effect of opioid medicines that, for most people, does not go away with time. However, taking proper steps can make a difference.

WHAT TO DO: Most people will need a two-step approach. Start a laxative at the same time you start taking an opioid medicine, especially if constipation has been a common problem. Taking a laxative will prevent impaction. Also, if possible, increase your fluids and eat more fruits and vegetables, which have fiber; and stay as active as possible.

When someone is very ill and dying, it is natural that he or she may decrease food intake and become inactive. Constipation still can be controlled with the right medications.

Nausea and Vomiting

About one-third of people taking pain medicines will experience nausea and vomiting during the first three days of beginning a new medication.

WHAT TO DO: Have an anti-nausea medicine on hand when you start the pain medication. If nausea develops, you can take the anti-nausea medicine on a regular schedule for three days. The anti-nausea medicine probably will not be necessary after that.

Sleepiness or Confusion

Like other side effects, this problem develops during the first few days of pain treatment and then wears off in most people. If it remains a problem, you can ask about a medicine that helps keep you more alert, an adjustment of your pain medicine or a different pain prescription. Sometimes people sleep a great deal in the first few days after starting a pain medication because their unrelieved pain was causing exhaustion. Pain relief allows them to finally relax and sleep deeply.

Slowed Breathing

This side effect usually is not a problem if your pain medicine is given at recommended doses and, if necessary, is gradually increased. If you are still experiencing pain, the increased medication will not slow your breathing significantly. Your doctor or nurse can tell you how to determine whether an increase is appropriate.

FREQUENTLY ASKED QUESTIONS

Q: Should I take pain medicine only if I am having pain?

A: Pain control is much easier if you take the medicine before the pain becomes intense. The goal is to prevent pain or to keep it at a mild level at all times. Often, you must take medicine on a schedule, even if your pain is already under control, to reach this goal.

Q: If I take the stronger pain medicines now, will they work later on when I really need them?

A: Sometimes your body gets used to the medicine and you need higher doses to control the pain. This is called tolerance to the medicine. Stronger medicines have a wide range of possible doses. As a result, you can relieve your pain, even if increasingly stronger doses are required.

Q: Will I get “hooked” or addicted to pain medicine?

A: Addiction is dependence on a drug for psychological or mental reasons such as “getting high.” Studies have shown that people who take medicine to relieve pain almost never have problems with addiction. They take only the amount of medicine they need to control their pain. When the pain ends, they no longer require pain medicines. Uncontrolled pain, however, can have long-lasting and potentially persistent effects, so your health care providers will strongly encourage you to take

pain medicine if you need it. If you must stop the medicine for any reason, your physician will slowly reduce the dose over a few days to allow your body to adjust.

Q: Are morphine and other strong pain relievers used only for the last stages of dying?

A: Anyone who has moderate or severe pain should take medicine that is strong enough to relieve that pain, even if the pain is temporary. For example, some patients recovering from common surgery routinely receive morphine for immediate post-surgical pain control.

Q: If I ask for pain medicine, am I still being a “good” patient?

A: Enabling you to enjoy a good quality of life is an important goal of medicine. Pain is a normal part of many medical conditions, and your physician does not want you to suffer if relief can be provided. A “good” patient is one who provides a highly accurate picture of the problem to the physician. So don’t withhold the information that your doctor needs to provide you with the best treatment.

For more information about this topic, please call Kansas City Hospice & Palliative Care at (816) 363-2600.

INFORMATION VISIT

If you don't know for sure whether you want hospice, ask about an information visit. A hospice nurse or social worker will visit at your home, nursing home or in the hospital to answer questions and explain hospice care. Brochures and other information will be left with you to read at your convenience, along with phone numbers for you to call with questions. When you are ready to begin receiving services, you can call us and an admission visit will be scheduled.

Most importantly, the hospice team will respect and honor your wishes.



ABOUT KANSAS CITY HOSPICE & PALLIATIVE CARE

Kansas City Hospice & Palliative Care is a nonprofit organization offering a range of services for people of all ages and at any stage of serious illness. Since 1980, we've been enhancing life for the seriously ill and their families in the greater Kansas City area.

Our programs include:

- Kansas City Hospice, providing comfort and care at home or in a nursing home.
- Palliative Home Care, comfort care for people pursuing curative treatments.
- Carousel, pediatric palliative care.
- Kansas City Palliative Medicine, full-time physicians specializing in comfort care and symptom management.
- Kansas City Hospice House, an inpatient facility offering expert medical and nursing care 24 hours a day in the comfort of a homelike setting.
- Passages, counseling and resources for difficult transitions in life.
- Solace House, a counseling center for grieving children and their families, as well as for individuals.

For more information or to schedule a free assessment to see if one of our programs may be helpful to you, call Kansas City Hospice & Palliative Care at 816-363-2600.

www.kansascityhospice.org