PAIN MANAGEMENT & MAXIMIZING QUALITY OF LIFE DURING TREATMENT

Brandy Ficek, MD
Medical Director of Quality of Life and Palliative Medicine
Cancer Treatment Centers of America®
Disclosures

I have no relevant financial interests or relationships to disclose, and I will not discuss off-label or investigational use of medications in my presentation.
On The Menu For Today…

Mosquito Bar
Symptom Management - WHY DO WE CARE???
Let’s Talk About Pain.

© 2000 by Randy Glasbergen. www.glasbergen.com

THE PAIN STARTS IN MY HUSBAND’S LOWER BACK, THEN IT TRAVELS UP HIS SPINE TO HIS NECK, THEN IT COMES OUT HIS MOUTH AND INTO MY EARS. AND THAT’S WHY I GET THESE HEADACHES.

CHIROPRACTOR

GLASBERGEN
What is Pain?

- Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.
- A multidimensional sensory experience
- Can lead to decreased quality of life
- Can impair general functioning
Pain in Hematologic Malignancy

- Multiple myeloma  77-90%
- Acute leukemia  43%
- Advanced disease  83%
- For HM as a whole:  61 – 77%

Likely underestimated!!!
Pain
Pain
Pain
Types of Pain

- Somatic
  - “It hurts here”

- Visceral
  - “It hurts somewhere”

- Neuropathic
  - Caused by dysfunction of nerves

- Functional
  - Unknown cause
Bone Pain

- Most common type of pain experienced in HM (greater than 75% of pain reported)
  - Combination of somatic and neuropathic pain

- Bone lesions cause localized pain

- Involvement of bone marrow
  - deep, aching pain that can change locations or be generalized
Associated with Pain

- Fatigue
- Nausea
- Decreased mobility
- Depression
- Anxiety
- Worse outcomes if not controlled
Symptoms Experienced in Hematologic Malignancies (HM)

- On average, men and women with HM experience **8 or more** distinct symptoms that impact their daily life during treatment.

- Greatest symptom burden:
  - Active treatment
  - Advanced disease
  - Poor general functioning ("performance status")
Symptoms in HM

- Fatigue
- Insomnia
- Depression/Anxiety
- Pain
- Loss of Appetite
- Dry Mouth
Symptoms

- Most common (greater than 40%):
  - Fatigue
  - Pain
  - Anxiety
  - Insomnia
  - Dry Mouth
  - Depression

- Psychological issues are present in 75% of those reporting physical symptoms
Symptoms

☐ Other commonly reported symptoms:
  ▪ Infection, fevers, bruising, bleeding
  ▪ Night sweats
  ▪ Constipation, Nausea
  ▪ Loss of sexual interest
  ▪ Difficulty swallowing
  ▪ Hair loss
  ▪ Cough
  ▪ Urinary changes
  ▪ “Chemo brain”
Symptoms experienced in HM

Common symptoms of Leukemia

Systemic
- Weight loss
- Fever
- Frequent infections

Psychological
- Fatigue
- Loss of appetite

Lungs
- Easy shortness of breath

Lymph nodes
- Swelling

Spleen and/or liver
- Enlargement

Muscular
- Weakness

Skin
- Night sweats
- Easy bleeding and bruising
- Purplish patches or spots

Bones or joints
- Pain or tenderness
That awkward moment you find out that you need to have a “B.M.T.” and it has NOTHING to do with BACON!

comicstripmama.com

©2014 Awesome and Beyond Enterprises Inc.  facebook.com/ComicStripMama
Symptoms Can Persist

- Pain
  - Up to 77% in active treatment
  - Up to 40% with persistent symptoms
    - Peripheral neuropathy, bone pain, etc…

- Fatigue
  - 60-90% in active treatment
  - 30-75% in disease-free survivors
Long-Term and Late Side Effects

- Long-term side effects
  - Fatigue
  - Menopausal type symptoms
  - Neuropathy
  - Fear of recurrence

- Late side effects
  - Infertility
  - Osteoporosis
  - Secondary cancers (breast, thyroid, lung)
  - Atherosclerosis
WHAT DO WE DO ABOUT IT?

"Limbphoma."
WHAT DO WE DO ABOUT IT?

THE PATIENTS KNOW MORE ABOUT THEIR DISEASES THAN ME. I MUST GET FASTER MODEM, HIGHER SPEED INTERNET ACCESS THAN THEM.
Palliative Medicine

Comprehensive, specialized, interdisciplinary care aimed at improving symptoms and quality of life for patients and families *living* with serious illness
Palliative Medicine

Palliative Medicine##Hospice
Differences

Hospice
- Prognosis of 6 months
- Medicare / Insurance benefit
- Exclusive from curative care
- Limited hospitalization
- Goals are often defined
- Symptom focused
- Care for patient and family

Palliative Medicine
- Starts at the time of diagnosis
- Not an insurance entity
- Concurrent with curative care
- Hospitalization
- Assist with defining goals
- Symptom focused
- Care for patient and family
Palliative Medicine

CURATIVE CARE

PALLIATIVE CARE

Survivorship

Hospice
Palliative Medicine ### Pre-Hospice
Palliative Medicine

- End Of Life Transitions
- Symptom Management
- Family Strain
- Legacy Building
- Psychosocial Stress
- Practical Concerns
- Post-Treatment Care
Team Approach

"We like the teamwork idea, but Mr. Superstar won't let us play with his ball."
“Okay, so that one’s not right for me either... Is Zythoranex right for me?”
TREATMENT OF PAIN AND FATIGUE

Disease

Medication Problems

Tense Muscles

Depression

Poor Sleep

Difficult Emotions

Stress/Anxiety
Treatments - Medications

- **Step 1**: Non-opioid (e.g., aspirin, paracetamol or NSAID) +/- adjuvant
- **Step 2**: Weak opioid for mild to moderate pain (e.g., codeine) +/- non-opioid +/- adjuvant
- **Step 3**: Strong opioid for moderate to severe pain (e.g., morphine) +/- non-opioid +/- adjuvant

Pain persisting or increasing

Pain controlled
“Opiophobia”

- Fear about risks and side effects of opioids which leads to:
  - Significant patient barrier to use and compliance with opioid regimen
  - Underutilization of appropriate analgesia regimens by providers
Why Is there Fear?

- Poor understanding of:
  - Risk of addiction
  - Side effects
    - Impact on key issues in quality of life such as driving, caring for children, etc...
  - Significance of opioid use
    - Incorrectly viewed as indicator or contributor to disease progression
    - Saved as “last resort”

- Lack of Training
- Lack of Trust and Communication
Opioid Portrayal in Popular Media
Fear Related to Terminology

The Debate of “Narcotic” versus “Opioid”

“Narcotic” refers to side effects of opioids
- Originally intended to describe any medication with psychoactive properties with sleep-inducing properties

More people are familiar with the term “narcotic” and frequently associate this with addiction and adverse outcomes
- 78% feared adverse outcome with long-term use of “narcotic”, versus 50% for “opioid”
Why Is It a Problem?

- Despite initiatives to improve pain control in cancer patients, a large majority remain either undertreated or completely untreated.
  - A 2012 study of 3123 patients with invasive cancer demonstrated that:
    - 67% of patients had significant pain
      - 33% inadequately treated
    - Patients with moderate or severe pain
      - 41% were not receiving opioid medication
    - Patients with severe pain
      - 20% were not receiving ANY analgesic
What is Addiction?

- **Addiction:**
  - Compulsive use of a drug for its mood-altering properties and continued use despite harm

- **Physiologic Dependence:**
  - Normal development of chronic opioid therapy which can produce withdrawal effects if opioid discontinued suddenly

- **Tolerance**
  - Decreased effects with stable dose of a drug
Risk Factors for Addiction

- Risk Factors
  - Personal History of Substance Abuse
    - Polysubstance abusers
    - Not enrolled in AA or similar group
    - Poor social support
  - Family History of Substance Abuse
  - No definitive increase in risk based on:
    - Gender
    - Race
    - Marital Status
    - Age
Pseudoaddiction

- Term coined by David Weissman in 1989
- Presents in similar fashion to addiction
  - Classic “clock-watching”
- Iatrogenic
  - Inadequate opioid dosage
  - Inadequate frequency of dosing
- With provision of adequate pain control:
  - Pseudoaddiction improves
  - Substance abuse disorder will not improve
Side Effects of Opioids
Side Effects of Opioids

- Side effects do occur with opioid use\(^2,8\)
  - Constipation***
  - Nausea
  - Altered Sensorium
  - Pruritus, Xerostomia, Hyperalgesia
- Typically abate within 7-10 days on a stable dose
  - Precautions can be removed once on a stable dose (i.e. driving, child care)
- Can be managed expectantly with supportive medications
- Opioid conversion may be beneficial if side effects are intolerable
  - No preferential opioid in terms of side effects
    - Fentanyl has shown less constipation
Beyond Pain Medication

- Exercise
- Physical Therapy
- Acupuncture
- Massage
- Relaxation Therapies
  - Guided imagery, mindfulness meditation, aromatherapy, etc…
- Distraction techniques
Fatigue

"Sometimes I just feel like having pasta."
Fatigue

- Most common symptom in hematologic malignancies
- Up to 90% will experience fatigue
  - Can be presenting symptom
- Interferes with daily activity
- Unrelieved by rest
- Poorly understood
Fatigue

- The best remedy...EXERCISE
  - Goal: 30 minutes daily
  - Technique: walking or riding bike
  - Can be completed in short segments to reach total
  - Start low and go slow.

- Medications have shown mild improvements, but often inconsistent
  - Methylphenidate
Fatigue - Tips
Mindfulness Meditation
Mindfulness Meditation

- palousemindfulness.com/selfguidedMBSR.html
  - 8 week self-guided program for daily meditation through University of Massachusetts

- http://marc.ucla.edu/body.cfm?id=22
  - 8 downloadable guided meditations through UCLA
Questions