

Patient Information



The Palliative Care team

Managing pain

Up to (90%) people with a Palliative diagnosis have at least one type of pain. If you have pain, it's important to tell the doctors and nurses so they can treat it. The earlier you have treatment for pain, the more effective it is. The way people feel and experience pain varies.

What is pain?

Pain is an uncomfortable, unpleasant physical feeling, as well as an emotional experience. It is usually caused by an injury or illness in the body. Nerves in the damaged part of the body send warning signals to the brain, which responds by making us feel pain or discomfort.

Pain is not only a physical feeling; emotions can make pain better or worse. If you're anxious, you may feel more pain. And if you're relaxed, you may feel less pain.

Physical causes

Pain can be caused by many different problems for example a cancer may press on the tissue around it, or a blockage in the bowel can happen which causes pain. Other health conditions, such as arthritis or diabetes, can also cause pain.

Sometimes emotional stress such as anxiety, depression and tiredness can make your pain feel worse. This doesn't mean that your pain is completely due to your emotions. Social or work stresses can also affect how you experience pain. For example, not being able to see friends or not being able to work can make pain feel worse.

Types of pain

Acute pain- often starts suddenly and feels 'sharp'. It can be caused by many different things. Acute pain is usually short-term, but it can sometimes last for

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weeks or months. Most acute pain will go away when the reason for the pain has been treated or the problem has healed

Chronic pain- lasts for a longer period of time (more than 3 months) and is usually directly related to your diagnosis (for example liver pain for patients with liver cancer)

Breakthrough pain- It may be brought on quite suddenly by an activity, such as moving or coughing. It may happen when the effect of the regular painkiller wears off. Sometimes it's not clear why someone has breakthrough pain. Breakthrough pain is common, but it can usually be successfully managed. It is treated with short-acting painkillers

Bone pain- The pain may be a dull, persistent ache that doesn't go away. It can happen during the day as well as at night.

Soft tissue pain- This is pain we feel when our organs, muscles or tissues are damaged, injured or inflamed. An example is when the liver becomes enlarged, causing pain and discomfort in the tummy. Soft tissue pain is also called visceral pain.

Nerve pain- This is pain caused by nerve damage. Nerve pain is also called neuropathic pain. Like many types of pain, nerve pain can come and go. Often the area feels numb or more sensitive. You may describe it as burning, stabbing, shooting or tingling. There are specific medicines and treatments used to treat nerve pain

Referred pain- This is when pain from an internal organ can be felt in a different part of the body. For example, if the liver is enlarged, it can cause pain in the right shoulder. This may happen because pain messages from the liver travel along the same nerve pathways as messages from the skin. The brain confuses them and thinks the pain is coming from a different place

Total pain- Total pain is a term doctors and nurses use to describe all the different parts of a person's pain. This includes how the pain affects, and can be affected by, our emotions, behaviours, spiritual beliefs and social activities. Your healthcare team will consider these things when assessing your pain

Talking about your pain

It's important to talk about your pain and how it's affecting you; some people may not want to talk about their pain as they feel they are complaining. Having pain that is not properly controlled can make you miserable and affect your everyday life. If you are in pain and upset, this will also affect the people close to you. Tell your healthcare team how you are feeling. They can help manage your pain.

Some questions that the team will ask to help you describe pain

The doctors and nurses may ask you some or all of the following questions to try and understand the type of pain you are feeling. This will help us to prescribe the right medications for you

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Where is the pain? What is the pain like? How bad is your pain? When are you in pain? Are you in pain all the time or does it come and go? Is it better or worse at night? Does it keep you awake or wake you up? Does anything make the pain better or worse? How does the pain affect your daily life?

You might use the following words to describe your pain: aching, tender, sharp, shooting, hot, burning, nagging, intense, stabbing, tingling, dull, throbbing. Think about the ways the pain is affecting what you can do in or outside the home, your sleep and your mood.

Ways of taking painkillers

There are lots of different routes available to receive medication:

Tablets and capsules- Painkillers are mostly taken by mouth, either as tablets or capsules. If you find it hard to swallow, many painkillers are available as liquids and some can be dissolved in water. If you have a feeding tube, some liquid or soluble painkillers can be given through it.

Long-acting painkillers are usually slower to control the pain initially, but are effective for a longer period of time. They are also called slow-release

Skin patches- Some painkillers can be absorbed through the skin. Patches put onto the skin slowly release medication over a few days.

Buccal and sublingual medicines- These are painkillers that are absorbed through the lining of your mouth, so they don't have to be swallowed. They are either put in the side of your cheek (buccal) or under the tongue (sublingual).

Injections and infusions- Some painkillers can be given by injection, either into a muscle, vein or under the skin (subcutaneously). Painkillers can also be given by infusion over a period of time. There are different ways of giving painkillers by infusion:

Subcutaneous infusion – This involves giving a continuous dose of a drug or drugs through a fine needle placed just under the skin. A small, portable pump called a syringe driver is used to give the drugs. You may use one if you're being sick or you can't swallow. Your doctor or nurse will let you know if you need a syringe driver. The syringe is changed every 24 hours by a nurse.

Some people worry that if they have advanced disease and need a syringe driver, this could shorten their life. This isn't true; a syringe driver is simply a different way of giving drugs, at the dose you need to control your symptoms.

Side effects of strong painkillers (such as Morphine, Oxycodone, fentanyl, buprenorphine, alfentanil for example)

Constipation- Most strong painkillers cause constipation

Sickness- You may feel sick when you first start taking opioid painkillers. You may need to take an anti-sickness (anti-emetic) drug for the first week of treatment

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Drowsiness- This usually decreases within a few days once you are used to the dose. You may need a lower dose of your painkiller or change to a different type of painkiller.

Feeling tired- Strong painkillers can make you feel tired. You should not drive if you have recently started taking strong painkillers or if you have increased the dose. This is because they may make you drowsy and slow your reactions.

Dry mouth- Strong painkillers can make your mouth dry. Chewing gum or using products containing artificial saliva can help.

Adjuvant drugs

There are other medicines (adjuvant drugs) that are often given with painkillers to help relieve pain. These include:

Bisphosphonates (zoledronic acid or pamidronate)- People who have pain from cancer that has spread to the bones may find drugs called bisphosphonates helpful. As well as helping to reduce pain, bisphosphonates can also strengthen the affected bones. You can have them as a drip into a vein, or as tablets.

Steroids (Prednisolone or Dexamethasone)- You usually have steroids as tablets, but they can also be given as an injection. They can reduce swelling and pain caused by a tumour pressing on a part of the body or to dampen inflammation response to other conditions such as in COPD. There are many types of steroids, usually people are given prednisolone or dexamethasone.

Anti-epileptic and anti-depressant drugs (Gabapentin, pregabalin, amitriptyline, duloxetine for example)- Some anti-epileptic drugs and some low-dose anti-depressants can help reduce pain caused by nerve damage. This type of pain is called nerve pain. These medicines are usually taken as tablets or capsules. The dose of these medicines may need to be gradually increased over a few days or weeks to control the pain. This means it's important to continue taking them, even if you feel they aren't working immediately.

Some people worry that if they are given anti-depressants for nerve pain, it's because their doctor thinks they're depressed. This is not the reason. Research has shown that low doses of anti-depressants are effective for nerve pain.

When should I take my painkillers?

You should start taking your opioid painkillers when you have pain. Many people believe that they should delay using painkillers for as long as possible, and that they should only get help when pain becomes unbearable. But if you do this, it can mean you are in pain when you don't need to be. It can also make the pain more difficult to control. There is no need to save painkillers until you're very ill or your pain is severe.

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It's important to let your doctors and nurses know if your painkillers are not helping, or if you get breakthrough pain.

Depending on the type of painkiller you are taking, you may need to have your regular dose adjusted or given a different painkiller. Remember that it can sometimes take time to get the right painkiller and dose.

Will I become addicted to painkillers?

Many people who are prescribed strong painkillers ask if they will get addicted to it, or if they will become confused and unable to look after themselves. This is unlikely to happen. People who become addicted to drugs usually choose to take them at first, and then keep taking them because they can't stop. For example, they may crave feeling disconnected or 'high' when they take them. This is very different from someone who is in physical pain and needs to take the drug to control their pain.

What is the right dose of a strong painkiller?

Unlike many other drugs, there is no standard dose for strong painkillers. The right dose is the one that controls your pain, and this varies from person to person.

Is there a maximum dose for strong painkillers?

There is no maximum dose for some strong painkillers. Take as prescribed and ask for breakthrough doses when you need them. The nurses administering the doses will monitor your reaction and discuss with the doctors if needed

Things you can do yourself

Staying as comfortable as possible- The way you sit or lie down can affect your pain. Try to be in a comfortable position. Remember, what may feel comfortable at first may be painful 15 or 20 minutes later. You can ask someone to help you change position as often as you need. This will also reduce the risk of your skin becoming sore because of being in one position for a long time.

Distraction- Watching TV, reading, playing computer games, listening to music or chatting to a friend are ways of using your mind to think of something else. Sitting in a chair or lying in bed with nothing to do can become depressing. Short periods of entertainment can help you feel better and cope better with your pain. Short, regular visits from friends and family may help too.

Spiritual help- Being ill can force people to take life more seriously, to question its meaning and to stop taking things for granted. Some people who have religious beliefs may find their faith greatly shaken by their diagnosis. Even people who have never been regular worshippers may experience spiritual, as well as emotional, pain. People often ask questions such as, 'Is there life after death?' and 'Why should the people I love suffer?' These unanswered questions can cause great emotional and spiritual pain. This can then increase the experience of physical pain.

Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the Palliative Care team on 02476 965498 and we will do our best to meet your needs.

The Trust operates a smoke free policy

Help us to get it right

If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone outside the service contact the Patient Advice and Liaison Service (PALS) on 0800 028 4203 or email your queries on feedback@uhcw.nhs.uk

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| Department | Palliative Care Team |
| Contact Tel No | 02476965498 |
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