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The causes of cancer-related pain are many—patients can experience pain from the tumor itself, as well as treatments.

Integrative care options help pain management

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ain is often an inevitable symptom of cancer and side effect of its treatment. Most people coping with cancer experience some level of pain at some point during their treatment. However, breakthroughs in pain management treatments are allowing more and more patients to achieve greater control of and relief from pain and experience a better quality of life during and after treatment. And, new research shows that integrating psychosocial interventions with traditional pharmacologic treatments can lead to more effective outcomes for the person coping with cancer.

Researchers at Moffitt Cancer Center recently confirmed this in a meta-analysis of pain intervention studies.¹ The study's authors analyzed 37 pain intervention studies to assess the effects of psychosocial interventions on patient pain, and found that skill-based interventions and education are the most beneficial interventions for decreasing the severity of cancer patients' pain.

"Skill-based interventions focus on changing a patient's ... beliefs about pain and promote the use of skills—such as distraction and relaxation—to manage it," explains Paul B. Jacobson, PhD, associate center director for Moffitt's Division of Population Science. The research team notes that their findings are consistent with the psychosocial interventions recommended by the Institute of Medicine (IOM), as well as the American Pain Society.

The causes of cancer-related pain are many—patients can experience pain from the tumor itself, as well as treatments such as surgery, radiation, and chemotherapy. Pain can be experienced simultaneously from these different sources as well, which is why patients should provide their oncology team with detailed explanations of the pain they experience. Patients whose pain is not addressed may experience increased fatigue, depression, worry, or stress. Their physical health can deteriorate as well; for instance, patients in pain may experience a decrease in appetite, leading to insufficient nutrition.

any patients harbor fear and misperceptions about pain management treatments, which can have a negative effect on the patients' well-being and quality of life. Some of these misconceptions may include the belief that talking about pain is a sign of weakness, or that it will distract the doctor from treating the illness at hand. Other patients may fear becoming addicted to the prescribed pain medication, or that the medication's side effects will be worse than the pain they are experiencing.

As the Moffitt study noted, one of the most effective psychosocial interventions is patient education. Addressing patients' misconceptions during appointments and referring them to educational resources that can help them learn more about pain management is important. Cancer Care (www.cancercare.

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org) offers free Connect Education Workshops on coping with cancer-related pain, and addresses the topic in free publications, including Opening the Door to Effective Pain Management: Getting the Facts and Getting Help. The American Academy of Pain Management (www.aapainmanage. org), the American Cancer Society (www. cancer.org), and the American Academy of Pain Medicine (www.painmed.org) also offer patient-friendly educational materials.

Along with education, skill-based interventions have been shown to help patients better manage their cancer-related pain. Meditation has been studied in clinical trials for more than 20 years, and research shows that it can help reduce pain, stress, anxiety, blood pressure, and insomnia. Many treatment centers offer workshops in meditation. Audio books and DVDs on meditation practices are available as well.

he practice of distraction can also temporarily relieve pain. Patients report that focusing on something else, such as listening to music, talking to family or friends, or reading a book, can help diminish pain. This technique may work especially well while waiting for pain medications to take effect.

Visualization is a stress-reducing technique that combines deep breathing (taking a deep breath, holding it for several seconds, and then exhaling slowly) and meditation. The technique involves the visualizing of a "waking" dream in which patients use a personal symbol to envision the transformation of pain. (Patients may, for example, envision ocean waves washing away their pain.) Audiotapes on imagery and visualization are widely available to help patients learn these skills.

any patients experiencing cancer-related pain can also benefit from exploring integrative practices such as acupuncture and reflexology (the practice of applying pressure to specific parts of the feet, hands, and ears to relieve pain and reduce stress). Amit V., a Cancer Care client who received a diagnosis of stage II gastric cancer at age 28 years, credits his integrative treatments with helping to improve his quality of life.

"I was lucky that I was being treated by an oncologist who was supportive of certain kinds of integrative practices," Amit explains. "During my chemoradiation, I was doing acupuncture three times per week, coupled with my routine of yoga and meditation. These practices have helped incredibly," he continues, "and I've found myself improving mentally and physically." Patients should discuss integrative practices and skill-based interventions with their health care team before exploring these options.

At one time integrative therapies and even some psychosocial, skill-based interventions were not widely accepted by the medical community; however, in recent years, many comprehensive cancer centers have incorporated several of these therapies in their overall approach to treatment. The effectiveness of pain management is constantly improving, and today's breadth of both pharmacologic and nonpharmacologic options means that no patient needs to endure unnecessary pain.

Helen Miller is CEO of CancerCare.

REFERENCE

1. Sheinfeld Gorin S, Krebs P, Badr H, et al. Meta-analysis of psychosocial interventions to reduce pain in patients with cancer. J Clin Oncol. 2012;30(5): 539-547.



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