Cancer pain relief

SECOND EDITION

With a guide to
opioid availability

World Health Organization
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Use of analgesics

A relatively inexpensive yet effective method exists for relieving cancer pain in 70–90% of patients. A number of centres in different countries field-tested the method in the 1980s and demonstrated its efficacy. The method can be summarized in five phrases:

- "by mouth"
- "by the clock"
- "by the ladder"
- "for the individual"
- "attention to detail".

"By mouth"

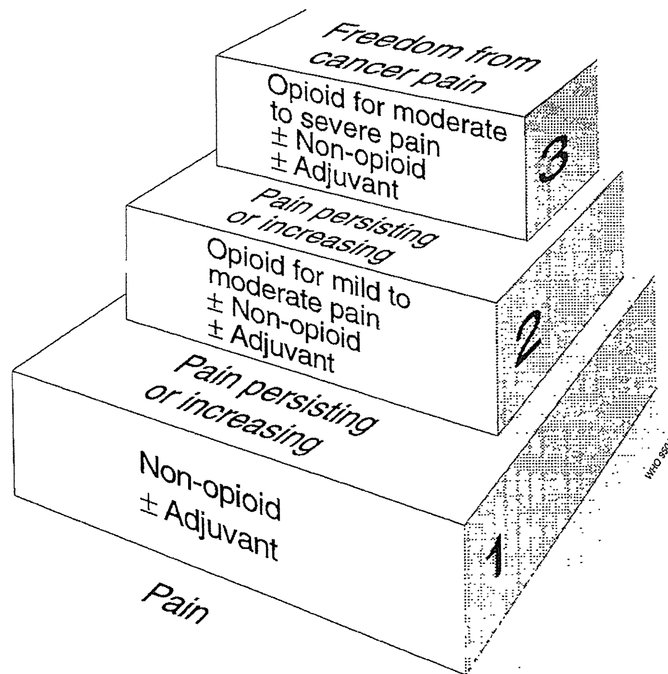
If possible, analgesics should be given by mouth. Rectal suppositories are useful in patients with dysphagia, uncontrolled vomiting or gastrointestinal obstruction. Continuous subcutaneous infusion offers an alternative route in these situations. A number of mechanical and battery-powered portable infusion pumps are available.

"By the clock"

Analgesics should be given "by the clock", i.e. at fixed intervals of time. The dose of analgesic should be titrated against the patient's pain, i.e. gradually increased until the patient is comfortable. The next dose should be given before the effect of the previous one has fully worn off. In this way it is possible to relieve pain continuously.

Some patients need to take "rescue" doses for incident (intermittent) and breakthrough pain. Such doses, which should be

Fig. 1. The three-step analgesic ladder



50–100% of the regular four-hourly dose, are in addition to the regular schedule.

"By the ladder"

The sequential use of the drugs is shown in Fig. 1. The first step is a non-opioid. If this does not relieve the pain, an opioid for mild to moderate pain should be added. When an opioid for mild to moderate pain in combination with a non-opioid fails to relieve the pain, an opioid for moderate to severe pain should be substituted. Only one drug from each of the groups should be used at the

same time. Adjuvant drugs should be given for specific indications (see p. 32).

If a drug ceases to be effective, do not switch to an alternative drug of similar efficacy (e.g. from codeine to dextropropoxyphene), but prescribe a drug that is definitely stronger (e.g. morphine).

"For the individual"

There are no standard doses for opioid drugs. The "right" dose is the dose that relieves the patient's pain. The range for oral morphine, for example, is from as little as 5 mg to more than 1000 mg every four hours. Drugs used for mild to moderate pain have a dose limit in practice because of formulation (e.g. combined with ASA or paracetamol, which are toxic at high doses) or because of a disproportionate increase in adverse effects at higher doses (e.g. codeine).

"Attention to detail"

Emphasize the need for regular administration of pain-relief drugs. Oral morphine should be administered every four hours. The first and last doses of the day should be linked to the patient's waking time and bedtime. The best additional times during the day are generally 10:00, 14:00 and 18:00. With this schedule, there is a balance between duration of analgesic effect and severity of adverse effects.

Ideally, the patient's drug regimen should be **written out in full** for the patient and his or her family to work from, including names of drugs, reason for use (e.g. "for pain", "for bowels"), dose (number of ml, number of tablets) and number of times per day. The patient should be warned about possible adverse effects.