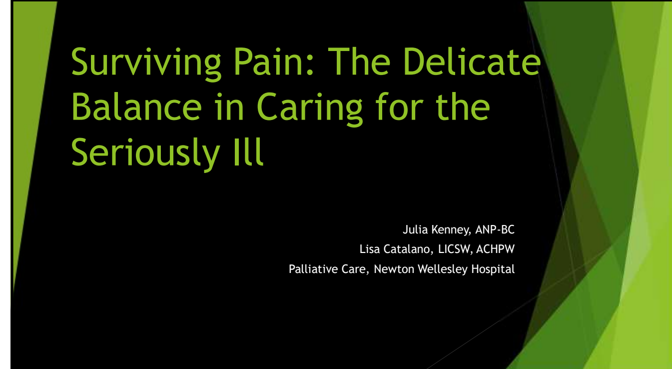

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WHAT IS PALLIATIVE CARE

"Palliative care is a holistic practice using a multidisciplinary approach in addressing multidimensional needs. It is care that helps with personal, social, and medical problems associated with serious and potentially mortal illness, assists families and carers, and uses approaches from a trained team, but also involves the wider community."

- Who are our patients?
- What is pain management in the Palliative Care patient?

Taels, B., &Hermans, K., et al. "How Can Social Workers be meaningfully involved in Palliative Care? A Scoping review on the pre-requisites and how they can be realized in practice." Palliative Care & Social Practices. (2021), Vol 15:1-16

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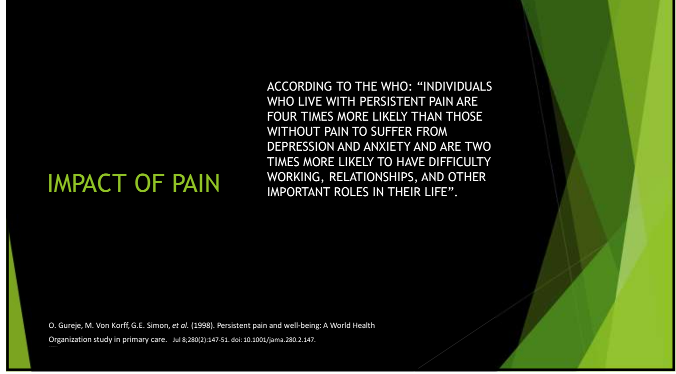

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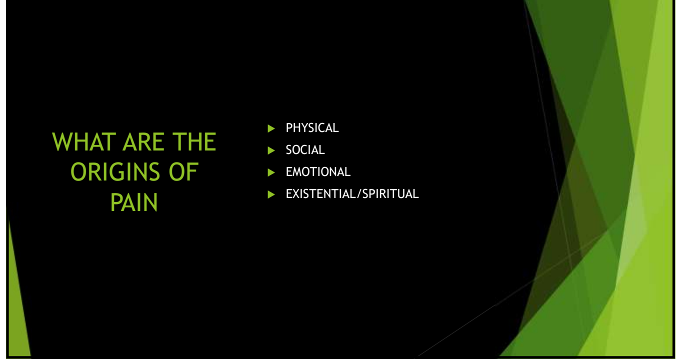

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THE IMPACT & CONTRIBUTORS OF TOTAL PAIN

- COPING
  - ANXIETY
  - DEPRESSION
- OVERALL FUNCTIONAL STATUS AND QOL
- RELATIONSHIPS
- UNDERMINES WELL-BEING- LOSS OF HOPE & MEANING
- DEMORALIZATION
- HINDERS ABILITY TO NAVIGATE LIFES MANY ROLES
- MEDICAL DECISION MAKING
- VIEW ON PROGNOSIS OR ILLNESS PROGRESSION
- BREAKDOWN IN THE FAMILY SYSTEM
- TRAUMA TRIGGER

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ASSESSMENT OF TOTAL PAIN

- What are some of the ways that your pain is affecting your life, or life as you once knew it?
- What do you miss most as a result of the pain/your illness?
- How well do you think that you are functioning?
- What is making you most uncomfortable (in your body, in your heart/mind)?
- Who else knows?
- What keeps you up at night?

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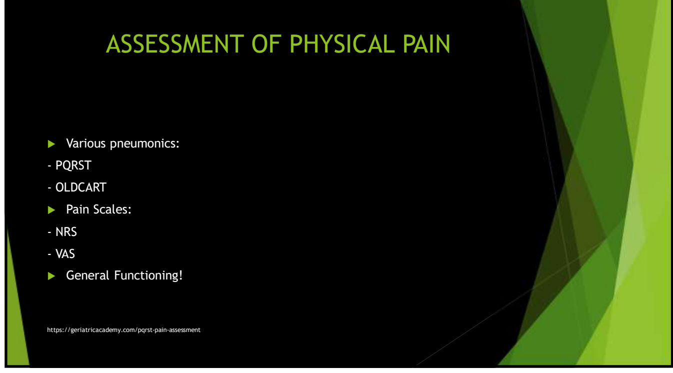

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CLASSIFICATION OF PAIN

- **Nociceptive:** arises from tissues damaged by physical and/or chemical agents

- somatic: think skin, muscles, bones, joints
- visceral: think swelling/stretching of organs (tumors, bowel obstruction)

- **Neuropathic:** arises from diseases or damage mediated directly to sensory nerves
  - Think descriptors including tingling/numbness, burning/prickling/electric like sensations (paresthesia), can difficult to describe, pain distributed along path of nerves

Armstrong, S. & Herr, M. (2023). Stat Pearls. https://www.ncbi.nlm.nih.gov/books/NBK551562/

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STRATEGIES TO MANAGE PHYSICAL PAIN IN THE SERIOUSLY ILL

- Non-opioid Analgesics: Acetaminophen, NSAIDs
- Opioids: tramadol, hydrocodone/acetaminophen, oxycodone, hydromorphone, morphine, morphine ER, oxycodone ER (OxyContin or Xtampza), fentanyl, methadone and buprenorphine
- Adjuvants: Corticosteroids (dexamethasone), TCAs (nortriptyline, amitriptyline), anticonvulsants, bisphosphonates, muscle relaxants, topicals (lidocaine patch/cream), cannabis
- Non pharm approaches: radiation, relaxation/mindfulness, PT/OT, acupuncture, interventional approaches

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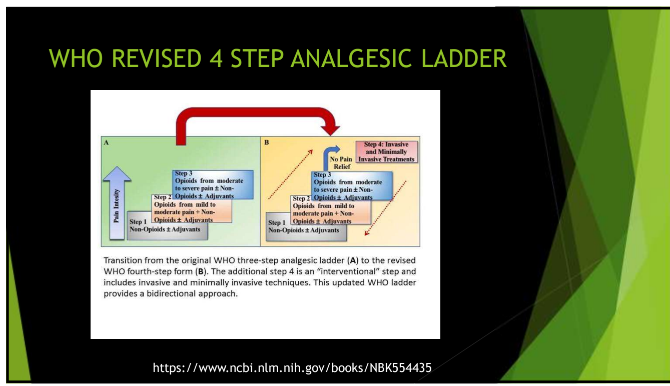

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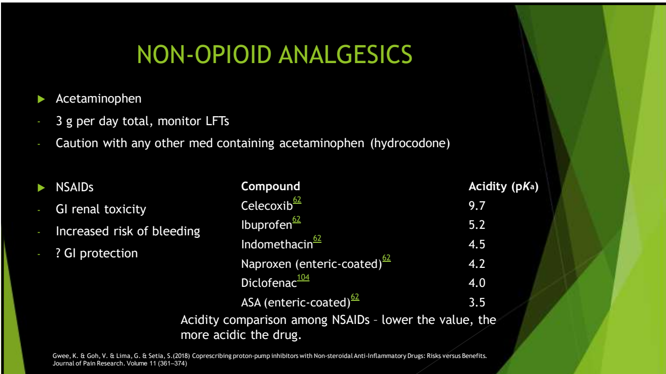

Compound	Acidity (pK_a)
Celecoxib[62]	9.7
Ibuprofen[62]	5.2
Indomethacin[62]	4.5
Naproxen (enteric-coated)[62]	4.2
Diclofenac[104]	4.0
ASA (enteric-coated)[62]	3.5

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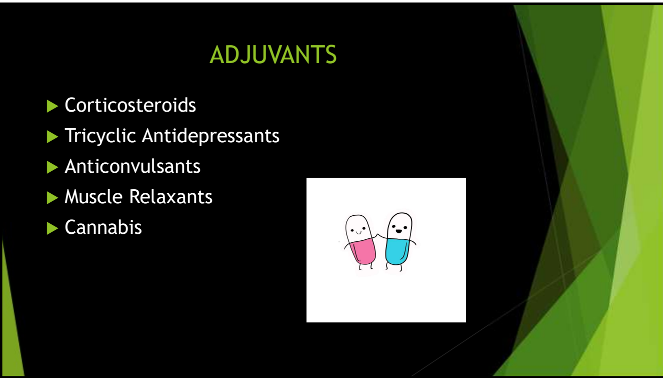

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SHORT ACTING OPIOIDS

Short Acting:

- Tramadol
- Hydrocone/acetaminophen
- Oxycodone, with or without acetaminophen
- Morphine immediate release
- Hydromorphone

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LONG ACTING OPIOIDS

Long Acting:

- Morphine ER
- Oxycodone ER, OxyContin or Xtampza
- Fentanyl
- Methadone

Partial Agonist:

- Buprenorphine

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OPIOID PEARLS

- Write down dosing and frequency instructions when possible
- Think of 4-6 hours as needed dosing when opioid naïve
- Consider long acting when pt consistently needs short acting; breakthrough dose should be 10-15% of total daily dose
- When converting, use equianalgesic table and dose reduce by 25%
- Narcan is recommended for anyone who is prescribed opioids
- Recommend keeping meds in a safe, especially important if children/teenagers around
- Do not drive the first few days of starting/adjusting opioid regimen
- Monitor constipation and adjust bowel regimen (stool softener and bulking agents not effective, requires laxative like senokot)
- “Start low and go slow” for the elderly, frail, and with any organ impairment

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NON-PHARMACOLOGIC APPROACHES

- Radiation therapy
- Relaxation/Mindfulness
- PT/OT
- Acupuncture
- Interventional Procedures

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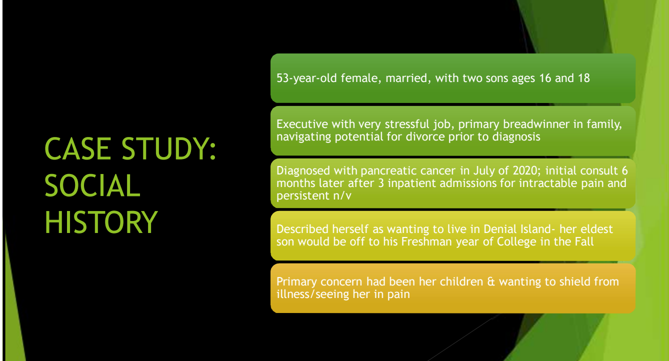

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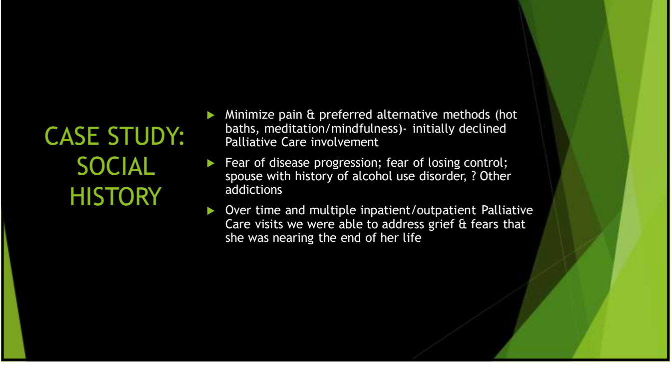

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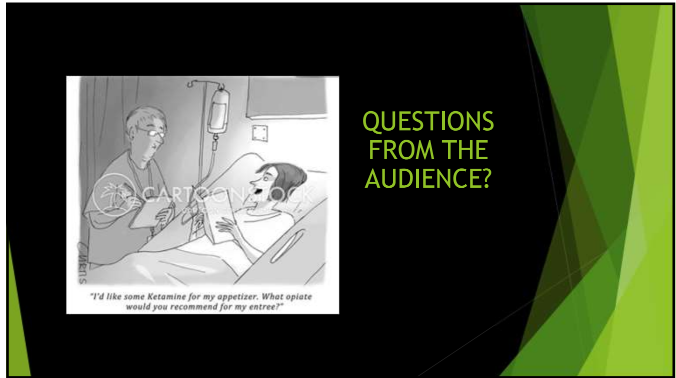

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REFERENCES

- Nyatanga, B. (2020). Understanding Emotional Pain in Palliative Care. British Journal of Community Nursing. Vol 25(9)
- Altilio, T. (2007). Pain Management-Speaking to Social Work. Social Work Today, Vol 7(6)
- Mendenhall, M. (2003). Psychosocial Aspects of Pain Management: A Conceptual Framework for Social Workers on Pain Management Teams. Social Work in Healthcare Vol 36(4)
- Katz, N. (2022). The Impact of Pain Management on Quality of Life. Journal of Pain and Symptom Management. Vol 24 (18)
- Gwee, K., Goh, V., Lima, G. & Setia, S.(2018) Coprescribing proton-pump inhibitors with Non-steroidal Anti-Inflammatory Drugs: Risks versus Benefits. Journal of Pain Research. Volume 11 (361–374)
- Soprano, S., Hennessy, S., Bilker, W., et al. (2020). Assessment of Physican Prescribing of Muscle Relaxants in the United States, 2005-2016. JAMA Network Open.
- Armstrong, S. & Herr, M. (202;3(6):e207664. doi:10.1001/jamanetworkopen.2020.76643). Stat Pearls. https://www.ncbi.nlm.nih.gov/books/NBK551562/
- Bockbrader HN, Wesche D, Miller R, Chapel S, Janiczek N. & Burger P. (2010). A comparison of the pharmacokinetics and pharmacodynamics of pregabalin and gabapentin. Clin Pharmacokinet. Oct;49(10):661-9.
- Blake, A., Wan, B., Malek, L., DeAngelis, C., Diaz, N., Chow, E., O'Hearn, S. (2017). A Selective Review of Medical Cannabis in Cancer Pain Management. Annals of Palliative Medicine. Vol 6, Supplement 2 (December 04,)
- Pruskowski, J. & Arnold, R. Pregabalin in Palliative Care. https://www.mypcnow.org/fast-fact/pregabalin-in-palliative-care/
- O. Gureje, M. Von Korff, G.E. Simon, *et al.* (1998). Persistent pain and well-being: A World Health Organization study in primary care. Jul 8;280(2):147-51. doi: 10.1001/jama.280.2.147.

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