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BACKGROUND

There is general agreement that despite great improvements in cancer treatments that pain is not consistently well managed in the advanced cancer setting. While guidelines and recommendations exist for the management of cancer pain, some focusing on a particular aspect of care including pharmacological and/or non-pharmacological treatments, there is little available specifically focussing on the management of pain associated with metastatic cancer.

‘Managing Advanced Cancer Pain Together’ (MACPT) is a pan European multi-professional group of cancer-pain-management specialists who have drawn on their expertise and current best practice guidelines to offer guidance on the management of pain in the advanced cancer setting.

The clinical based guidance was developed from a person centred, and multi-focal and multi-professional perspective, with the aim of supporting those working in the field to improve the approach to pain management. The guidance and tool are an innovative and improved approach to managing the personal experience of pain.

METHODS

The MACPT guidance and tool was published with the aim of creating highly practical materials that can be used by oncologists, nurses, health professionals, hospital and community teams involved in cancer pain management.

The guidance considers the physical, social, emotional and spiritual components of pain including pain as a disruption or disturbance in key relationships. This innovative project addresses under treatment and patient empowerment using a creative multi-modal approach.

The guidance recognises that managing pain in advanced cancer may be more challenging than single-site cancer due to the spread of the disease, in addition to the psychological impact of living with advanced disease and what this might mean for the individual.

Conversation Tool - co-creating a plan of care

Good communication is a major contributor in the better treatment of cancer related pain and the multifactorial impact on the person.

Effective communication from the health care team can help educate people living with advanced cancer about pain management including what to expect from the treatment. Good communication can increase adherence to treatment, provide the person with the vocabulary to talk about all aspects of their pain and what it means while supporting patient empowerment, self-management and personal choice. Conversely, hearing the experience of pain, the priorities and concerns of the person with cancer helps their care team understand the meaning of an individual’s pain and the impact on their life, which in turn helps with the pain assessment, informs additional education that may be required, and ultimately ensures the best pain management strategies are co-created between both parties.

The newly created guidance suggests communication strategies and a newly developed 'pain management conversation tool' to support the clinical meeting and to help the patient communicate the more hidden aspects of pain.

Having clearly assessed and discussed the person’s concerns, the results of the investigations and the cause of pain, and having a better understanding of what the pain means to the person, a treatment plan is discussed and developed. The treatment plan should include looking beyond the obvious physical symptoms to encompass the more hidden social, emotional and spiritual aspects of pain

PAIN CONVERSATION TOOL



- Key Learning**
- Pain is frequently under-reported and under-treated in people with advanced cancer
 - All members of the clinical team have an important role to play in assessing and addressing advanced cancer pain
 - The physical, social, emotional and spiritual dimensions of the person need to be considered
 - Open, honest and sensitive communication is essential
 - A comprehensive pain assessment should be conducted at baseline and repeated at regular intervals
 - The use of assessment tools including the MACPT conversation tool can help
 - Prevention is an often overlooked component of pain management and should be considered
 - A person-centred pain management plan should be co-created with the person with advanced cancer pain

“I love being a mother, basically I love my life and I think.....the pain of.....yes it is the pain.....of cancer in a psychological way for me, that there is no ending” (Yvonne)

CONCLUSION

Managing all aspects of pain is the responsibility of each member of the team supporting the person with advanced cancer. The majority of people with advanced cancer will experience some form of pain and while some will not have access to or require a pain specialist, the MACPT guidance can support the team to consider a person-centred pain management plan. While medicine has sometimes tended to focus on the more tangible and treatable forms of pain, there are less tangible forms of pain that need addressing. If the care team aims to address the reality of pain and the personal distress it can cause, this can help to lessen the sense of isolation and helplessness in the person living with advanced cancer.

Having developed the guidance and the conversation tool the MACPT group are working on further translations, training materials and research exploring this innovative approach to supporting patients and clinicians in the field of advanced cancer.

The guidance and tool are currently available in German, French and English and are available to download on the group website www.macpt.eu.

PAIN – DISRUPTION IN KEY RELATIONSHIPS

Table 3: Pain classifications ^{1,2,3,4}
Pathophysiology
Noceptive Pain resulting from tissue damage, often described as sharp, an aching or a throbbing sensation
Neuropathic Pain resulting from nerve damage or a tumour putting pressure on a nerve, often described as burning, a heavy sensation or numbness
Duration
Acute Sudden onset, may last for days, hours, minutes, e.g. post-operative
Chronic More than 3 months' duration, e.g. bone metastases
Onset
Refractory and intractable Cannot be adequately controlled despite interventions (not always physical in nature)
Breakthrough Exacerbation of pain despite adequately controlled baseline pain
Incident Pain that arises as a result of activity

Table 2: The human dimension of pain
Physical pain A disturbance or disruption in the relationship between the person and their body
Social pain A disturbance or disruption in the relationship between the person and their world including their family, work and society
Emotional pain A disturbance or a disruption in the relationship between the person and their emotions, or how they see themselves
Spiritual pain A disturbance or disruption in the relationship between the person and their beliefs and values



Figure 1: Many of the more challenging aspects of a person's pain, including the social, emotional and spiritual elements, exist below the surface, hidden from the view of others.

Table 6: Preventative measures
Physical pain <ul style="list-style-type: none">• Coping strategies• Attention-diversion strategies• Physical therapies• Complementary therapies• Pharmacological intervention• Cancer treatments
Social pain <ul style="list-style-type: none">• Addressing a possible need for increased family/ social support• Support to engage with family and social groups and to continue working, if that is important• Provide guidance on family and/or peer support
Emotional pain <ul style="list-style-type: none">• Support to continue things the person enjoys doing• Provide guidance on supporting self-esteem and self-worth• Encouragement to share their thoughts and feelings• Keeping a diary about feelings and emotions
Spiritual pain <ul style="list-style-type: none">• Acknowledging the person's values and beliefs• Seeking religious or non-religious pastoral support• Talking to a trusted friend or a member of the oncology team• Talking with a psychologist, counsellor or a member of the pastoral care team