

Introduction: Practical Approaches to Optimizing the Effective Use of Opioids in Cancer Pain

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The undertreatment of cancer pain remains a significant clinical problem. Of note, large variability exists in pain among individuals. Inadequately controlled pain results in unnecessary suffering and a diminished ability to tolerate primary cancer therapy. New drug formulations and delivery systems are under development, and new approaches are required to individualize pain management. Oncology nurses must become acquainted with new strategies to manage cancer pain, including opioid rotation; understand the importance of balancing side effects; recognize potential misuse; and provide effective pain control. The purpose of the symposium “Practical Approaches to Optimizing the Effective Use of Opioids in Cancer Pain” was to enhance oncology nurses’ understanding of strategies to optimize the management of cancer pain, particularly the use of opioid analgesics.

In this supplement, which reviews the content of that symposium, Oscar de Leon-Casasola, MD, professor and the vice chair for clinical affairs in the Department of Anesthesiology at the University of Buffalo and the chief of pain medicine and professor at Roswell Park Cancer Institute in Buffalo, NY, reviews the basic principles of implementing opioid therapy in patients with cancer. According to de Leon-Casasola, managing cancer pain is a challenging endeavor that requires an understanding of not only the etiologies of cancer but also the types of pain they produce. He explains that opioid rotation may be useful for opening the therapeutic window and establishing a more advantageous analgesic/toxicity ratio in patients with cancer.

Side effects associated with opioid therapy significantly contribute to patient reluctance to follow cancer treatment plans. Also in this supplement, issues in side-effect management are

reviewed by Guadalupe R. Palos, RN, LMSW, DrPH, assistant professor in the Division of Internal Medicine, Department of Symptom Research, at the University of Texas M.D. Anderson Cancer Center in Houston. Palos stresses that clinicians must build comprehensive treatment plans that include preventive approaches to side effects and implement opioid rotation when side effects do not resolve.

I close this supplement by discussing risk-management approaches to protect patients and providers. As oncology nurses, we should perform assessments to determine whether our patients are at risk for the undertreatment of pain or whether they are at risk for opioid abuse or addiction. Significant risk for undertreatment exists because of the fears of patients, families, and clinicians. We need to be able to balance the effective management of cancer pain with the identification of patients at risk for abuse.

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