Implementing Therapy With Opioids in Patients With Cancer

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**Purpose/Objectives:** To review strategies to optimize the management of chronic pain in patients with cancer, with an emphasis on the role of opioid analgesics.

**Data Sources:** Published research, articles from a literature review, and U.S. statistics.

**Data Synthesis:** Treatment for cancer pain remains suboptimal. With the therapies currently available, as much as 90% of cancer pain can be controlled. Opioid analgesics are an important component of pain management in patients with cancer.

**Conclusions:** The management of cancer pain is a challenging endeavor that requires an understanding of the etiologies of cancer and the types of pain they can produce. Opioid analgesics are a mainstay of treatment for cancer pain. New drug formulations, delivery systems, and strategies, particularly opioid rotation, are available to optimize cancer pain management.

**Implications for Nursing:** Opioid rotation may be useful for opening the therapeutic window and establishing a more advantageous analgesic-to-toxicity ratio in patients with cancer.

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**Key Points . . .**

- Although as much as 90% of cancer pain can be controlled, approximately 42% of patients do not receive adequate palliation.
- A physiologic approach to cancer pain management is required to determine whether pain is visceral, somatic, or neuropathic in nature.
- Approximately 20% of patients rotate through three or more opioid medications before achieving an acceptable balance of efficacy and side effects.
- A therapeutic armamentarium of at least three different opioids should be available for the management of cancer pain.

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**Classification of Pain**

In 1990, the World Health Organization (WHO) established guidelines for cancer pain relief and palliative care. According to the guidelines, potent opioids such as morphine were reserved for treatment of the most severe pain. However, the WHO three-step analgesic stepladder approach is no longer excessive administrative demands on healthcare providers (de Leon-Casasola & Lema, 2003). In fact, in the nearly 70 years since regulatory controls were placed on opioid use, rebuilding confidence in the use of opioids as an effective, safe, and humane treatment for cancer pain has been difficult (Ballantyne, 2003). With the therapies currently available to clinicians, as much as 90% of cancer pain can be controlled with the use of aggressive multimodal pharmacologic therapy and invasive techniques (de Leon-Casasola & Lema). In 2008, there is no reason for most patients with cancer to be in pain.

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