



Canadian
Cancer
Society

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du cancer

Pain Relief

A guide for people with cancer



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The Canadian Cancer Society would like to thank the people who shared their personal stories with us. To protect their privacy, and with their permission, we have changed their names unless asked not to.

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Introduction

If you've been diagnosed with cancer, you may worry that you'll have pain. And if you're in pain, you know how hard it can be to cope. Pain can affect your mood, sleep, appetite, relationships and ability to tolerate cancer treatment. But don't lose hope. People who have cancer don't always have pain. And if you do have cancer pain, it can usually be controlled or reduced with medicines and other treatments so that you can feel better and get more out of life.

Your healthcare team is there to help you find the best ways to deal with pain.

This booklet was written to help you understand cancer pain. It talks about:

- causes and types of pain
- ways to manage pain
- the emotional side of pain
- different kinds of medicines and how to take them
- medical treatments to control pain
- complementary therapies
- resources for getting support

Throughout this booklet, you will hear from Canadians who've been where you are now. Their stories may not be the same as yours, but we offer their words here to help you know that you're not alone.

Treating pain is an important part of treating cancer

Treating pain is an important part of your overall cancer treatment. But some people may believe that being in pain is a necessary part of having cancer. You may think that taking pain medicines will interfere with other treatments or make it hard to know if the treatment is working. You may worry that focusing on pain will distract doctors from their job of treating the cancer. Or you may think your pain isn't bad enough to bother doing anything.

But you don't need to be in pain during your cancer journey. Taking pain medicines will not affect your treatment, and it won't stop doctors from being able to tell how your treatment is working. In fact, it might help you cope better with treatment.

“ Ultimately, it came down to making a conscious choice between living in pain and being able to do the things I need to do, the things that feed my soul. At the end of the day, I chose the things that feed my soul. ~ Kelsey



What is pain?

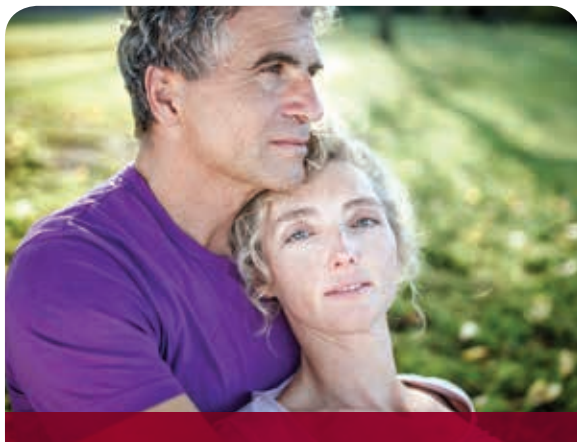
Pain is more than just hurting. It's also uncomfortable and upsetting. When you're in pain, it can be harder to fight cancer or perform day-to-day activities. And because pain is something you can't see, it can be hard for other people to understand what you're going through.

“ If you look at me, you would never think I've been sick. I don't have any scars. But I'm in a lot of pain and I can't walk very far. So sometimes it's hard for people to understand. You have to explain to them what you can and can't do. Sometimes I have to tell people, 'I'm a cancer survivor.' ~ Jamal

Everyone experiences pain differently. How much pain you feel depends on different things, like where the cancer is in your body, its stage, the type of treatment you're getting and how you cope with it. Understanding what causes your pain, what type of pain it is and its patterns can help you prevent or lessen it.

What causes pain?

Cancer pain can be caused by the cancer itself, medical tests or procedures, and treatments. Your healthcare team needs to understand what's causing your pain in order to help you.



“

I tell people to talk to their doctor right away. Tell them really how you feel and don't brush it under the carpet. If you are really exhausted about pain, show them, tell them the truth. Put everything on the table. Cry if you have to. You have to be 100% transparent and show them really how you feel to the max. That's the only thing that worked. ~ Isabelle

Pain from a tumour

Cancer tumours can cause pain as they grow and press on the areas around them. For example, a tumour can cause pain if it presses on bones, nerves or organs such as your stomach. Tumours can also stop blood from flowing well and can block organs or tubes in the body such as your colon. Removing or shrinking tumours, with surgery or other treatments like chemotherapy or radiation, can often help relieve this pain.

Pain from medical tests

Some tests used to find cancer or to see how well treatment is working can hurt. Some people are afraid of having these tests. If you're worried, ask your doctor before the test if the pain can be reduced or prevented.

“

My psychologist taught me a hypnosis technique for getting through needles. I take some deep breaths and I pick something else to focus on. Sometimes it's just striking up a conversation with the tech who's about to jab me so that I forget about what they're actually doing. Before, I could feel my body just lock right up as they put the needle in, in anticipation of the pain. But in reality the pain isn't all that bad. I mean, needles aren't fun. IVs aren't fun, but the pain's there for a moment. Once the needle's done or once the IV's in, it doesn't hurt anymore. ~ Kelsey

Pain from treatment

Treatments like chemotherapy, radiation therapy and surgery may cause pain. For example, surgery to remove a tumour can result in pain from an incision (cut) or scarring. Some chemotherapy drugs cause pain like numbness or tingling in the hands or feet, mouth sores, vomiting or diarrhea. Radiation therapy can also cause pain, depending on the area of the body that's treated.

Pain from cancer treatment can be hard to accept – these therapies are supposed to make you feel better, not worse. Fortunately, most pain that comes with the treatment goes away after the treatment is over. But for some people, pain can last a long time.

“ Even when I got my mastectomy, I didn't even take any pain pills or anything because it didn't hurt. Chemo didn't hurt either. It was only after radiation that I had a hard time. I got burns and tissue damage. It's very painful. My physiotherapist is working to help release the tissues and lessen the pain. ~ Isabelle

Different types of pain

Pain can also be described based on the cause of the pain and what part of the body it affects.

Bone pain develops when cancer spreads to the bone. It may occur in one or more areas of bone and often feels achy, dull or throbbing.

Soft tissue pain is caused by damage to an organ or muscle. It is usually described as sharp, aching or throbbing.

Organ pain starts in internal organs like the intestine or bowel. It's often hard to describe or find the source of this pain. It can be linked with other symptoms such as nausea and sweating.

Nerve pain is caused by pressure on the nerves or spinal cord or by damage to the nerves. It may be described as burning or tingling. You may have nerve pain after surgery, radiation therapy or chemotherapy.

Phantom pain occurs when you still feel pain from a missing body part. For example, you may feel pain in your breast even after it has been removed by surgery as a treatment for breast cancer.

Acute, chronic and breakthrough pain

Pain is often described based on how long it lasts and when it occurs. Pain can be acute, chronic or breakthrough.

Acute pain

Acute pain starts quickly and lasts a short time. It can be mild or severe. Acute pain is usually caused by an injury to the body – for example, if you cut your finger with a knife. In cancer treatment, the pain from surgery or from getting a needle is an example of acute pain. The pain usually goes away as the injury heals.

Chronic pain

Chronic pain lasts a long time and can be mild to severe. It may start as acute pain and continue as chronic pain. People with chronic pain may have pain all the time, or the pain may come and go. It can be very hard, physically and emotionally, to be in constant pain for a long time.

Breakthrough pain

You may sometimes have pain that “breaks through” your regular dose of medicine. This breakthrough pain can start quickly and last a few minutes or for hours. There are different types of breakthrough pain.

Incident pain is caused by an activity. To prevent incident pain, your healthcare team may suggest taking a certain medicine before you begin the activity that causes the pain (for example, before a physiotherapy appointment or before a long walk). Or they may suggest ways to change the activity so that it's less painful.



I can't remove the snow off my car like I used to. It's too painful to move my arms that way. I worked with an ergotherapist to find special ways to do it. Now I have a big broom and I lock my arms and move my whole body to push the snow off the car. It's funny enough to put on a YouTube video almost, but it gets the job done. ~ Isabelle

Spontaneous pain happens for no obvious reason and can start suddenly, even if you haven't done anything to cause it. There may be different reasons for this pain. Your healthcare team may suggest a fast-acting medicine or a medicine that will prevent the pain.

End-of-dose pain is when a medicine wears off before the next dose is due. For example, you may take a medicine that's supposed to control pain for 12 hours, but the pain returns after 10 hours. To control end-of-dose-pain, your healthcare team may suggest a change in your dose or medicine.



The medicine lasted 4 hours and that was the limit. Any longer than that and the pain would return. It would start at about the 3rd hour - I'd feel it coming back, like the degree of pain was starting to climb again, and by the 4th hour, it was extremely uncomfortable. Sometimes I take over-the-counter medicine with codeine when I need something to deal with that. ~ Pascal

Managing pain

People manage pain in different ways. Some people rely mostly on pain medicines while others like to try complementary therapies, like meditation or acupuncture. Many people want to reduce their pain as much as possible, while others want to feel well enough to work or exercise or “get through the day” – even if that means living with some pain. And what you want can change over time.

It is possible to manage pain most of the time for most people with cancer. Some cancer treatment centres have specialized pain teams who work together to manage your pain. Other centres or hospitals may not have a special pain-control team. Your healthcare team may include:

- medical doctors – family doctors, oncologists, pain specialists, palliative care specialists, psychiatrists
- nurses – for example, advanced practice nurses or clinical nurse specialists
- social workers
- psychologists or counsellors
- physiotherapists
- occupational therapists
- dietitians
- pharmacists
- spiritual care workers



If you're not sure who to talk to about your pain, start with someone you trust on your healthcare team – like your family doctor, a nurse or a social worker.

“ When you walk through the doors that say ‘cancer centre,’ it’s an extremely scary feeling and you’re not sure what you’re going to be facing. But I was met with smiling faces. You could see right away that these people cared about how you felt and what you were feeling, and if they could assist you they would. ~ Pascal

Talking about your pain

It can be hard for others to really understand your pain. Pain is not something you can see, and it can be hard to describe. Often the first step your healthcare team takes to treat your pain is learning more about it. This is called a pain assessment. During a pain assessment, your healthcare team asks you to describe your pain. For example:

- Where in your body do you feel pain?
- When did the pain start? Do you know what might have caused it? What were you doing when it started?
- What does the pain feel like – is it dull, sharp, burning, pinching or stabbing?
- How strong is the pain, from 0 to 10, where zero equals no pain and 10 is the worst pain imaginable?
- How long does the pain last?
- Does anything make it better – for example, lying down, walking, applying heat or ice?
- Does anything make it worse – for example, sitting or standing? Is the pain better or worse during the day or night?
- How does the pain affect your daily life? Does pain disturb your sleep or stop you from eating?

- What medicines are you taking for the pain? What treatments are you getting for the pain? How well do they work? Do you get enough relief? How long does it last? Does your medicine stop working before it's time for your next dose?
- Do you have any side effects from your medicines, and how do you handle them?
- Do you have any breakthrough pain? If so, how many times a day? When does it happen? How long does it last? Is there anything that makes it better?

Your healthcare team will also ask you about your history with pain and pain medicines. They want to know about pain you've had in the past and how you coped with it as well as the medicines you took and how well they worked. They will also ask about the medicines you're taking now, including vitamins, minerals, herbs and non-prescription medicines, as well as any previous drug use, including prescription drugs, recreational (street) drugs, and alcohol and tobacco. It can be hard to talk about some of these topics, but talking about them gives your team important information they need to treat your pain safely.

“ Be truly honest with your medical team about what you're facing or what you're feeling, so that you can work together. Don't just say, 'OK. This feels right,' or 'It's kind of doing the job.' Don't be afraid to advocate for yourself. You have to be honest and tell them, because they don't know. They're not walking in your shoes. ~ Kelsey

Your pain assessment also includes a physical exam and may include different medical or diagnostic tests to find the cause of your pain.

Keeping track of your pain

A pain diary is a place where you can keep track of your pain, the medicines you take and how well they work. Keeping track of your pain can help you understand what makes it better and worse.

“ I write down everything in the same place, about my pain, on all the problems I had, everything I’m not able to do, and I keep it up to date. I have facts and events. I check the evolution to see if it’s regressing, if it’s improving. I link it to the medication. I go to all my doctors’ appointments with it. I give them a copy all the time of where I’m at and my feelings as well. It’s all written there. I found that’s the best way to communicate with them. It’s on paper and it’s not just their notes. ~ Isabelle

Finding the right treatment

It may take a few hours or days – or even weeks or months – to find the right treatment to control your pain. It can be frustrating and upsetting if it doesn’t work right away. But try not to lose hope – keep working with your healthcare team to get the relief you need. If your pain continues to be hard to control, ask if there is a pain specialist available in your community and what the wait time might be to see them.

“ You have to be very persistent. It took a lot of tries. I tried a lot of medications, had a lot of side effects by trying all those meds as well. So I felt like a guinea pig, but I had nothing to lose. It was, I’m either still in pain or maybe it’s going to get reduced a little bit. That was part of trial and error until we found the one that worked. ~ Isabelle

The way your pain is managed may change as your needs change. For example, you may find over time that your usual dose of medicine no longer controls your pain well or for as long. You may have more breakthrough pain or unpleasant side effects.

Or you may find that over time your pain eases and you need less medicine to control it. If your pain-control treatment isn't working well for you, or if it stops working, don't give up – talk to your healthcare team. There's often another dose, treatment or medicine to try.

Try to stop pain before it gets worse

Sometimes people wait until their pain is bad or unbearable before taking medicine. But pain is easier to control when it's mild. If you wait:

- Your pain could get worse.
- It may take longer for the pain to get better or go away.
- You may need larger doses to bring the pain under control.

If your pain gets bad or returns before your next scheduled dose of medicine, talk to your doctor. Your dose may need to be adjusted.

> TIPS to manage your pain

- Tell your healthcare team if you have any side effects from your pain medicine. Many people stop taking their medicine because of side effects, but they can often be managed.
- Talk to your healthcare team before stopping any of your prescribed medicines. With some types of pain medicines, your doctor will slowly reduce the amount you take over time until you can stop taking it completely. Stopping some medicines suddenly can cause unpleasant side effects.
- If possible, continue your usual exercise routine or add some exercise to your daily activities. Walking, swimming and yoga are all gentle activities that may help you feel better and reduce your pain.

“Yoga is amazing. The self-confidence I got from just the ability to stand on one foot, or do child's pose, or warrior, and to feel my body getting stronger over time – it's brought a lot of healing. It's helped tremendously with my self-confidence. ~ Jamal

- Try to get enough sleep. Taking your pain medicine as directed and keeping active can help you rest more easily.
- Take a list of all your medicines and supplements to all your doctors' appointments. That way, your healthcare team can make sure that the combinations are safe for you. Some prescription and over-the-counter drugs, as well as vitamins, herbs or nutritional supplements or alcohol, can affect how well your pain medicine works.
- Let your friends and family help. They can keep track of your medicines and doses, update your pain diary and go to doctors' appointments with you to talk about how you're managing.



I had all these runners in my life who ran for me – ran marathons. And so, last summer, I started running. You know, steady and slow, and I've got very good runners who support me. And there are some days where I have a good run, and there are some bad days. I can't run every day, but I go out 3 times a week with a lot of stretching and yoga in between. And yeah, I live with pain, but I've done 4 half marathons this year, and a 30K, and I'm doing 2 more races in the fall, because listen: cancer can't win. ~ Jamal

Living with advanced cancer

We use the term *advanced cancer* to describe cancer that is unlikely to be cured. When a cure is unlikely, the focus of care changes in physical, emotional and practical ways. Pain is the symptom many people fear the most after a diagnosis of advanced cancer. Talk to your healthcare team about managing pain with palliative care.

Palliative care provides physical, emotional, social and spiritual support for people with cancer and their families. It can help by relieving symptoms, focusing on quality of life and providing support for you and your family at any stage of the cancer journey. This care can be given in pain clinics or palliative care clinics, palliative care units in hospitals, hospices, long-term care facilities or your home.

Want more information?

Our booklet *Advanced Cancer* offers information and support to help you and your family.

Your feelings and pain

Pain can affect more than your body. It's emotional and can affect your thoughts and feelings too. Both the physical and emotional suffering of pain affect your well-being, mood and ability to cope. You may find yourself feeling sad, helpless, anxious, afraid, angry or lonely. Pain that lasts for a long time can lead to depression.

When you're in pain, you may find yourself searching for meaning and purpose. Or you may feel like you've lost your faith. Some people find that the emotional parts of pain are as hard to deal with or as upsetting as the physical pain.

“ I was in a depression for about 8 and a half months – really angry, really tired. I just felt like an old man, and that's discouraging. It's depressing. There are times when I'm better, and there are times where I'm just a cranky, miserable person to live with. And that's hard on my wife, and it's hard on my family. ~ Jamal

If you're experiencing emotional pain, you're not alone. Many people with cancer who are in pain have these emotional experiences. And they look for different ways to manage them.

It may be hard to talk about emotions, but talking about how



you feel can:

- help you understand your emotions and make them seem less overwhelming
- make you feel more in control
- help reduce stress
- make you feel less alone
- help you and your healthcare team find ways to make you feel better

You might be able to talk to family, friends, a counsellor or people in a support group. Social workers can also help you find services and programs in your community.



You have to be able to talk to people. You have to be able to open up and let people see the inside because if you don't, if you keep that within yourself, it'll eat you alive. ~ Pascal

Getting support

Family, friends and community

Your family, friends and community can support you emotionally by being there and listening. They can also help by doing practical things to make your life easier, like doing housework or yard work, cooking meals, taking care of children, walking the dog and so on.

If you're having trouble asking for or accepting help, remember that many people really want to support you. People often don't know what to do when someone is ill, and helping out is one way for them to feel they are supporting you. Many people see the opportunity to help as a gift, something that is good for them and for you.

Counsellors

If pain and your emotions are making it hard to cope, you may find it helpful to talk to a counsellor. Many different professionals – including psychologists, psychiatrists, nurses and social workers – can give counselling. Some cancer centres offer free counselling to people with cancer and their families. You can also get counselling from spiritual care workers at treatment centres or at your place of worship. These people are trained to listen and to help you cope with your situation and your feelings.

“ My younger daughter started seeing a counsellor to help her cope with all the changes. That’s helped. And I just found someone new a couple of weeks ago. She’s somebody who helps me find solutions, to work through the issues that I have and what I need to do to improve things. Sometimes, it takes a few tries to find the right person to talk to, somebody who works for you. ~ Isabelle

Other support

Cancer support groups allow you to reach out to others who’ve been through the same thing as you. It can help to know you’re not alone and to hear about the experiences of people who’ve been where you are now. A support group is a safe place to talk about your feelings and how you’re doing. These groups meet in person in your community at a cancer centre or in a hospital. Or you can connect with people online. Just being part of a community like this can help you feel better.

“ It’s being able to talk and get it out to people that understand – that’s what’s so important. It’s a whole different thing to talk with people that understand, that have an idea of what you might be going through because they’ve been through it. It’s having that commonality with people. ~ Pascal

If a group isn't right for you, try one-to-one support by telephone, online or in person.

“ Connect with other people that have pain and maybe get some resources that they have or learn some tricks they found. With social networking, there's always someone somewhere who will try to help you or knows somebody who can help you. ~ Isabelle

Talking to someone who's been there

If you would like to talk to someone who's had a similar cancer experience, you can connect with a volunteer who will listen, provide hope, offer encouragement and share ideas for coping – all from the unique perspective of someone who's been there.

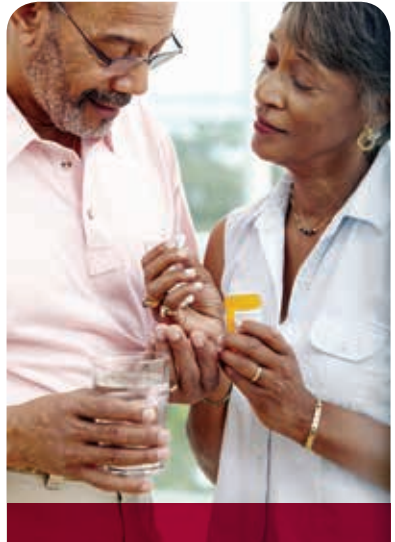
To find out more, contact us by phone, by email or on cancer.ca.

Want to connect with people online?

If you'd like to join our online community, visit CancerConnection.ca. You can read news, join discussion groups that interest you, get support and help others at the same time. You'll find caring, supportive people there.

Drugs to treat pain

Different medicines work better for different types and causes of pain. Your healthcare team may start treating you with weaker pain medicines first. If these drugs don't manage the pain, stronger medicines can be given. Your doctor also considers your response to pain and to the medicine. If you have medium to very bad pain, your doctor may give you stronger pain-relieving medicine right away.



The healthcare team may also try a combination of drugs and other treatments to relieve the pain. It may take a few weeks – or sometimes longer – to find the right drug and dose to control your pain with the fewest side effects.

Understanding drug names

Many drugs are referred to by both their generic and brand names. For example, Tylenol is a brand name for the generic drug acetaminophen. In this booklet, we have included some of the more common generic names with their brand names.

It's helpful to know both names of your drugs because you may hear either name when you talk about your pain medicine. Knowing both names can also help you keep track of prescription medicine bottles. Your healthcare team – your pharmacist in particular – can tell you both names of any drug you're taking.

For mild to moderate pain – non-opioids

Most drugs that are used to treat mild to moderate pain are over-the-counter medicines. This means you don't need a prescription. (They may also be prescribed with opioid drugs to relieve moderate to severe pain.)

You may not have side effects from these medicines, but if you do, the tips in the section on opioids may be helpful. Ask your healthcare team about possible side effects. If you have any unusual or uncomfortable symptoms, tell your team.

Acetaminophen

Acetaminophen (Tylenol, Atasol) helps relieve common aches, mild pain and fever.

Most of the time, people don't have side effects from a normal dose of acetaminophen. But taking large doses every day for a long time can damage your liver.

NSAIDs (nonsteroidal anti-inflammatory drugs)

NSAIDs help control pain and reduce inflammation (swelling). They can help manage pain related to cancer that affects bones or soft tissues. You can buy some NSAIDs without a prescription, including ibuprofen (Motrin, Advil, Nuprin), acetylsalicylic acid (ASA, Aspirin) and some versions of naproxen (Aleve). Other NSAIDs are available only with a prescription.

Talk to your healthcare team before taking NSAIDs. Some NSAIDs can upset your stomach or cause bleeding in the stomach. Taking NSAIDs with some food or just after a meal can lower the risk of stomach problems. NSAIDs can also stop blood from clotting the way it should. This may be a problem if you're having chemotherapy or about to have surgery. NSAIDs can cause kidney problems, especially for people who are dehydrated or already have kidney problems. Some people can't take NSAIDs because of these side effects.

NSAIDs can also interact with other medicines. Talk to your healthcare team to make sure they are safe to take. Your team can tell you what type and strength of drug might work best for you.

Corticosteroids

Corticosteroids may help relieve pressure and reduce pain caused by swelling, especially when a tumour is pressing on or damaging a nerve. These drugs are stronger than NSAIDs. They may also increase appetite and reduce nausea to make you feel better. Corticosteroid drugs such as prednisone (Deltasone) and dexamethasone (Decadron, Dexasone) are available only by prescription.

Side effects from corticosteroids can include upset stomach, anxiety, weight gain, increased risk of infection and trouble sleeping. Corticosteroids can also increase blood sugar.

Corticosteroids must be reduced gradually rather than stopped all at once. When it's time for you to stop taking these drugs, the healthcare team will slowly reduce your dose.

For moderate to severe pain – opioids

Opioids are also called narcotics. They may control moderate to severe pain and are the type of drug used most often to control cancer pain. Opioid drugs may be given alone or with other opioids to relieve pain. Common opioids include:

- codeine
- oxycodone (OxyContin)
- hydromorphone (Dilaudid)
- methadone
- morphine (MS Contin)
- fentanyl (Duragesic patch and others)

Opioids and non-opioids are sometimes combined to control pain. For example:

- codeine and acetaminophen (Tylenol 1, Tylenol 2, Tylenol 3)
- codeine and acetylsalicylic acid
- oxycodone and acetaminophen (Percocet)
- oxycodone and acetylsalicylic acid (Percodan)

Side effects of opioids

Constipation

Constipation (problems having a bowel movement) is a common side effect of opioids. You will need to take other medicine to control it. The best way to manage constipation is to prevent it. Your healthcare team may recommend a stool softener, laxative or enema when they prescribe opioids. You can also try the following tips to help prevent and relieve constipation.

> TIPS

- Drink plenty of liquids throughout the day.
- Be more physically active if and when you can. Even walking around the house can help.
- Ask your dietitian or doctor whether eating more fibre would help. Examples of high-fibre foods are bran, whole grain breads and cereals, brown rice, vegetables and fruit.
- Take medicines for constipation as prescribed. Don't skip a dose because you feel better. This may make the constipation worse the next day.

Drowsiness and confusion

Opioids affect everyone differently. Some people may feel sleepier than usual when they first start taking opioid medicines or when the dose of an opioid is increased. You may also feel confused. These feelings often go away within a few days, once you get used to the dose. People taking opioids may also feel sleepy because their body needs to rest now that the pain is under control. Talk to your healthcare team if you still feel sleepy or confused after taking the drug for a few days. Your doctor may change your dose or the type of opioid.

> TIPS

- Let yourself rest for a few days. Being in pain is tiring, and your mind and body may need the chance to relax.
- Ask your doctor about changing your dose or the type of medicine.
- Check to see if other medicines you're taking can also cause drowsiness.
- Ask your doctor if you can have caffeine during the day.



I didn't feel coherent on the dose my doctors prescribed. I slept a lot. I was forgetful and I couldn't remember conversations I had 10 minutes earlier. So I asked my doctors to cut it back. We had to work for a while to find the right balance. ~ Kelsey

Dry mouth

Opioids (and other cancer treatments) can reduce the amount of saliva your body produces and cause a dry mouth.

> TIPS

- Add moisture to solid foods by adding broth, soup, sauces, gravy, creams, butter or margarine. You can also blend foods into a purée.
- Sip fluids often throughout the day. Try water, juices, soups, milk or milk products, herbal teas and gelatin. But limit drinks with caffeine like coffee, black tea and some soft drinks. Caffeine can dry out your mouth.
- Take your favourite fluid with you everywhere you go, in a bottle, travel mug or thermos.
- Sip on club soda or ice water to help loosen thick saliva. You can also try sucking on ice chips or popsicles.
- Keep your mouth clean by using a soft-bristle toothbrush and rinsing often throughout the day (especially before and after you eat).
- Ask your healthcare team if using a humidifier in your home is right for you and could help keep your throat less dry.

Itching

Some people may feel itchy when they take an opioid drug. This side effect may occur all over the body, but it usually affects only the face, neck and upper chest. Using medicine, taking oatmeal baths and keeping your skin clean and dry can help relieve itching.

Muscle jerks or twitching

Some people feel a twitching or jerking in their muscles, especially as they fall asleep. This could just be how their body reacts to taking opioids. Muscle jerks can also occur with higher doses of opioids. Talk to your healthcare team if jerking or twitching happens a lot or stops you from doing any activity.

Nausea and vomiting

Some people may have nausea or vomiting or an upset stomach during the first week after starting opioids. Usually, the nausea goes away on its own. If it doesn't, your healthcare team may suggest that you take an anti-nausea medicine. Or they may suggest you take the medicine before taking opioids to help prevent nausea.

> TIPS

- Rest quietly for a little while after taking the opioid medicine.
- Nibble on dry foods like crackers, toast, cereal or bread sticks every few hours during the day. Keep dry foods by your bed so you can eat a little before you fall asleep or when you wake up if it makes your stomach feel better.
- Sip water and other liquids (ginger ale, sports drinks, broth or herbal teas) throughout the day. Cool or warm liquids may be easier to drink than hot or cold liquids.

Other drugs

“ I take one drug for nerve pain and another for stomach ulcers. I take an anti-anxiety drug to sleep at night. I was in a depression for a while and they gave me an antidepressant for that. ~ Jamal

Other types of medicine may also be given to help control pain. They may not be specifically designed for cancer pain, but they can help your symptoms. For example, taking an antidepressant doesn't always mean that a person is depressed. Some antidepressant medicines can help relieve nerve pain. The following table describes these medicines and what they do.

Drug type	Generic name (brand name)	How it could help
Anti-anxiety drugs	<ul style="list-style-type: none">• diazepam (Valium)• lorazepam (Ativan)	<ul style="list-style-type: none">• helps make you feel less anxious• helps treat muscle spasms that often come with severe pain
Antidepressants	<ul style="list-style-type: none">• amitriptyline (Elavil)• nortriptyline (Aventyl)• desipramine (Norpramin, Pertofrane)• SSRIs - selective serotonin reuptake inhibitors	<ul style="list-style-type: none">• helps treat tingling or burning pain from damaged nerves
Antiseizure or anticonvulsant drugs	<ul style="list-style-type: none">• carbamazepine (Tegretol)• gabapentin (Neurontin)• phenytoin (Dilantin)	<ul style="list-style-type: none">• helps control tingling or burning for nerve pain caused by cancer or cancer treatments
Bisphosphonates	<ul style="list-style-type: none">• clodronate (Bonefos)• pamidronate (Aredia)• zoledronic acid (Zometa, Aclasta)	<ul style="list-style-type: none">• helps relieve pain caused by cancer that has spread to the bone
Muscle relaxants	<ul style="list-style-type: none">• baclofen (Lioresal)• cyclobenzaprine (Flexeril)	<ul style="list-style-type: none">• relaxes muscles if muscle spasms cause or increase pain

Most of the time, side effects from these other types of drugs are mild. But sometimes they can be more serious. Some of the most common side effects are drowsiness, having a dry mouth or nose or both, nausea, vomiting, and diarrhea or constipation. Talk to your healthcare team about managing these side effects when you are taking a combination of pain medicines.

The cost of medicines

You may be concerned about the cost of pain medicines and how you will pay for them.

Your healthcare team often includes a social worker. Social workers can help you understand what costs are covered and tell you about programs that can help you pay for your pain medicines.

Some Canadians can have all or part of the cost of pain medicines covered by private insurance plans (3rd-party insurance), provincial or territorial drug benefit programs, or federal programs for certain groups of people. Each province or territory has different rules.

Visit drugcoverage.ca to find out about benefit programs across the country and some options you can try if medicines are not covered by your insurance plan.

Ways to take pain medicine

Pain medicines can be given in many different ways. How you take your medicine depends on your needs and how the drug can be taken.

By mouth (oral medicines)

The most common way of taking medicine is by mouth in the form of pills (tablets, capsules), liquids or lozenges that you suck on. Some pills, tablets and capsules are made with a special coating so they keep working over many hours. Medicines with these coatings should not be crushed or chewed.

Some medicine is sublingual, which means that it goes under the tongue and dissolves – you don't have to swallow it.

Skin patches

Some medicine moves easily through the skin into the bloodstream. A patch (like a Band-Aid) that has pain-relieving medicine in it can be placed on the skin to give a constant amount of the drug.

Creams, gels and ointments

Medicines such as creams, gels and ointments are topical. This means that they are put on the skin to prevent or relieve pain on the surface of the body. For example:

- Topical anesthetics may relieve pain from damaged nerves in the skin's surface. Topical anesthetics are also used to freeze or numb the skin and may be used before you get a needle or have minor surgery or a medical test.
- Topical NSAIDs (nonsteroidal anti-inflammatory drugs) may relieve the pain of swollen joints.

Rectal suppositories

A rectal suppository may be used to deliver pain medicine slowly and evenly over several hours. The drug is placed in the rectum, which contains many blood vessels that absorb the drug. Your doctor may suggest this method if nausea or vomiting makes it hard to take pills.

Injections (a shot or needle)

Pain medicines may be given by injection when you can't swallow pills or when pain needs to be controlled right away. Injections are given through needles inserted into a vein or into muscle tissues. There are many ways to inject medicines into the body:

- Subcutaneous injections put medicine into the fatty tissue just below the skin. If you need to have these injections often, a tiny metal needle may be placed just under the skin and left in place for several days to avoid the discomfort of repeated needle sticks.

- Intravenous (IV) injections are given through a small needle or tube, called a catheter, placed in a vein. IV devices can be left in place for several days to avoid the discomfort of repeated needle sticks.
- Epidural or intrathecal injections are given through a needle or catheter placed in the space next to the spine. This type of injection is usually used only after some surgeries. It may also be used when someone continues to have moderate or severe pain or severe side effects with other methods of pain relief. The catheter is often placed under the skin if it will be left in place for a while. This lowers the risk of infection or that the catheter will move out of place.

If you're worried about the pain of needles, talk to your healthcare team. You can ask for a topical cream to numb the skin before your injection. You may also want to try an ice pack on your skin for a few minutes before having a needle. Relaxation methods like deep breathing or using guided imagery can also help.

Pain pumps

Computerized pain pumps allow you to control when and how much pain medicine you receive (within safe limits). With patient-controlled analgesia (PCA) pumps, you push a button to receive a controlled amount of pain medicine through an intravenous line. There is a limit to how much drug can be given over a certain amount of time. Once you reach that limit, no more medicine is released. The PCA pump can also be programmed to give a small amount of pain medicine all the time. You can push the button for an extra dose of medicine if you need it.

Common worries about taking pain medicines

It's normal for people to worry about taking pain medicines. But sometimes those worries can stop people from taking their medicine or from taking enough to control their pain well. Here are some common concerns about pain medicines:

The medicines will be too strong. Usually, doctors prescribe weaker medicines and lower doses first. They try to control the pain with the fewest side effects. If these drugs don't manage the pain, doctors suggest stronger ones.

Pain medicines will get me high. I will not be able to function. Some people may worry that they will lose control, get a mental high or not be aware of what's going on when they take pain medicines. When prescribed pain medicines are taken properly, people don't get a mental high or lose control. You may feel drowsy or confused when you first start taking pain medicines, but this usually goes away within a few days. If it doesn't, let your healthcare team know. They can decrease or change the medicine.

I'll become addicted to my pain medicine. It's very rare for people to become addicted to their medicines for cancer pain. Part of addiction is a mental need for the drug. It's a craving or an impulse that is more than just physical. This is different from needing drugs to relieve physical pain. Your healthcare team will monitor you to make sure the pain is controlled and you're not having problems with your medicines.

“

I'm a recovering alcoholic, and I was scared to death of the medicine I was prescribed, because it's a strong narcotic. But if I didn't take it, then I couldn't handle the pain. It was just too much. I told myself I would only take them if I needed them, not if I wanted them. I was very cognizant of it every time I took my meds. And I knew it wasn't something that I was craving – it was something that I needed. My body had to be able to cope, and to cope it needed this drug. ~ Pascal

If I take pain medicines now and get used to them, they won't work later when I really need them. Sometimes the body gets used to a drug, so then a higher dose is needed for it to work. This is known as drug tolerance. People don't usually develop a tolerance to medicines used to treat cancer pain. If they do, the healthcare team can adjust the dose slightly or prescribe a different type of medicine.

I'll have withdrawal symptoms if I stop taking the medicine. Your body can get used to some drugs if they are taken for a long time. This is called physical dependence and it's a normal response. When you're ready to stop taking pain medicines such as opioids, the healthcare team will slowly lower the dose so that your body has time to adjust.



I came off the opioids very easy. I had no problems. I went from 8 pills a day down to 6, and then it was 4 a day and eventually I was able to go to 2 and then none. I had no issues with that at all. ~ Pascal

Taking stronger pain medicines like opioids will shorten my life. Using opioids regularly to control pain doesn't damage internal organs or cause permanent side effects. Many people need these stronger drugs to control their pain and can continue to use them for a long time. In fact, there is some evidence that people whose pain is better controlled live longer.

Other ways to manage pain

Medicine is an important part of pain control for people with cancer, but there are other ways to get pain relief. Your healthcare team may try some of the following ways to control your pain.

Cancer treatments

Cancer treatments, such as surgery, chemotherapy and radiation, may help reduce pain by removing or shrinking tumours.

Depending on the type of cancer you have and its stage, as well as your pain and overall health, your doctor may suggest some of the following treatments:

- **Radiation therapy** may be used for pain caused by cancer in the bones or to shrink tumours that press on nerves or tissues.
- **Chemotherapy** drugs may reduce pain by shrinking tumours that press on nerves or tissues.
- **Surgery** may remove part or all of a tumour that is causing pain by pressing on or blocking organs and tissues.
- **Hormonal therapy** changes hormone levels in your body to slow the growth and spread of cancer cells. It may be used to relieve pain by shrinking a hormone-dependent tumour such as breast or prostate cancer.





Don't be afraid to question. That's one thing, and you do have the right to say no. I found that out at a procedure they were trying on me. It was extremely invasive, extremely painful, and they did it once and I said, 'No. You're not doing that again.' Try to make sure there are people who will speak up for you if you're not able to do that but it's being able to communicate with your caregivers – that's the most important part. ~ Pascal

Nerve block

Nerves carry messages of pain from different parts of the body to the brain. A nerve block stops pain messages from reaching the brain. Doctors inject drugs into or near a nerve or near the spinal cord. These drugs freeze or turn off the nerves that carry pain messages to the brain.

Complementary therapies

Complementary therapies – such as meditation and massage – may help relieve pain. Some may also help reduce the stress and anxiety caused by pain that can make pain worse.

Complementary therapies include acupuncture, aromatherapy, guided imagery, hypnosis, massage therapy, meditation, tai chi and yoga.

Some complementary therapies should not be used at the same time as some conventional cancer treatments. For this reason, you should talk to your doctor or other members of your healthcare team about possible risks and benefits before using any complementary therapies. Together, you can decide what's best for you.

“

My physiotherapist works with my neck. He keeps my neck moving, keeps my range of motion to its maximum so that I can drive. He also works on the intercostals of my ribcage to keep them moving so that I'm not in pain and I'm not knotted up on a weekly basis. I've also had reflexology, which was amazing for pain control. All those things help so that I don't have to take as many drugs. ~ Kelsey

Want more information?

Our booklet *Complementary Therapies: A Guide for People with Cancer* has more information on what to consider when choosing complementary therapies.

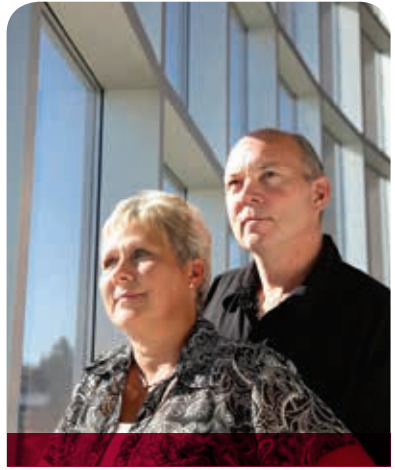
Medical marijuana

Research studies do not yet give a clear answer about the effectiveness of smoking marijuana to relieve pain.

Marijuana is an illegal substance in Canada, but regulations give eligible, seriously ill people legal access to medical marijuana. Under the 2013 regulations, you must get a medical document (similar to a prescription) from your doctor or nurse practitioner. You can then register with a licensed producer to order medical marijuana.

Continuing with life

For many people, pain related to cancer or its treatment can be controlled. They can go on to live their lives with little or no pain. But some people continue to live with pain, and it is tiring. It can change the way you see yourself, your relationships and the way you approach life. If your pain is hard to manage or goes on for a long time, it can feel unfair.



For many people, living well with pain involves a combination of medicines, physical and complementary therapies, and social support from family and friends. It can involve changing everything from the way they do their jobs and everyday activities to the way they think about life itself.

Sometimes, making even small changes can make a big difference in how you cope with pain - you may find that it can help to talk with friends, listen to music or a favourite podcast, practise deep-breathing or relaxation exercises, or watch a funny TV show or movie.



You've just got to let it go, however you find your peace. Maybe some people find it through yoga, or some through prayer, or whatever. With me, part of it is getting busy and trying to give back to somebody else, whether it's another person with cancer or your family, but also realizing my own limitations ... I know I do better when I interact with people, when I exercise, when I listen to music. Or I try to watch comedies. That's a coping mechanism. ~ Jamal

It can also help to focus on the future. Some research shows that people who still have goals and who continue the activities they like – even if they have pain – say the pain interferes less with their lives.

Over time, many people with cancer pain develop ways to cope with the physical, emotional, social and spiritual challenges. On their own and with the support of healthcare professionals, therapists, family and friends, they find a way to make the most out of life.

“ Everybody has a life before cancer, before pain. And then they have a life after. And the psychological effect of not being able to do things the way you used to be able to do them has a huge impact. I had to look at some of my joys, my hobbies, and then say, OK. I can't do that anymore, but I can do that one modified. I can't run, but I walk my dogs. I can't play sports with my kids anymore, but I bought a boat so that I could be on the water with them and we can fish. I can't referee their hockey games, but I'm the director of training and I supervise the officials. And if I'm in pain, well, it means that I'm alive. ~ Kelsey

Resources

Canadian Cancer Society

We're here for you.

When you have questions about treatment, diagnosis, care or services, we will help you find answers.

Call our toll-free number 1 888 939-3333.



Ask a trained cancer information specialist your questions about cancer.

Call us or email info@cis.cancer.ca.



Connect with people online to join discussions, get support and help others.

Visit CancerConnection.ca.



Browse Canada's most trusted online source of information on all types of cancer.

Visit cancer.ca.

Our services are free and confidential. Many are available in other languages through interpreters.

Tell us what you think

Email cancerinfo@cancer.ca and tell us how we can make this publication better.

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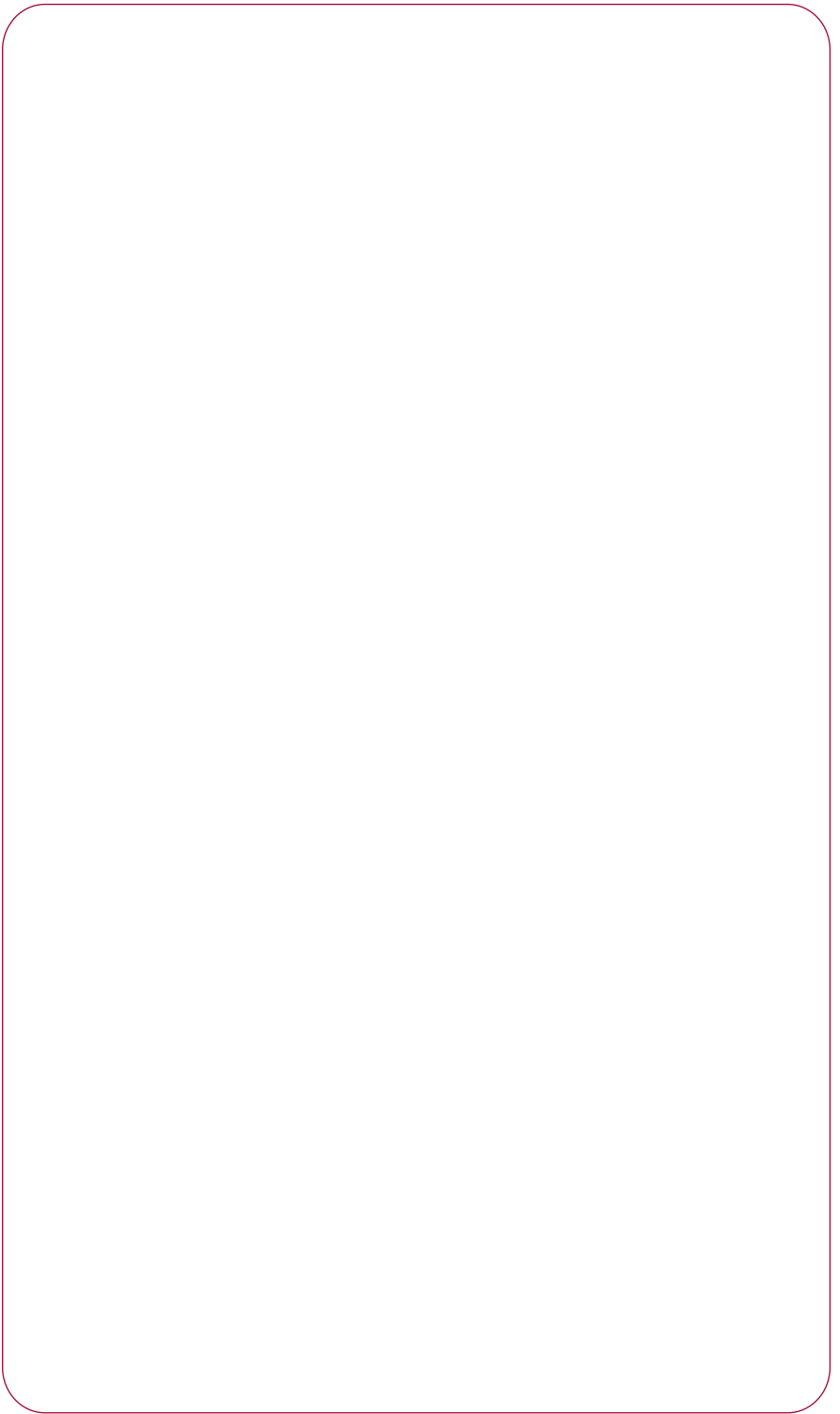
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What we do

The Canadian Cancer Society fights cancer by:

- doing everything we can to prevent cancer
- funding research to outsmart cancer
- empowering, informing and supporting Canadians living with cancer
- advocating for public policies to improve the health of Canadians
- rallying Canadians to get involved in the fight against cancer

Contact us for up-to-date information about cancer and our services or to make a donation.



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