

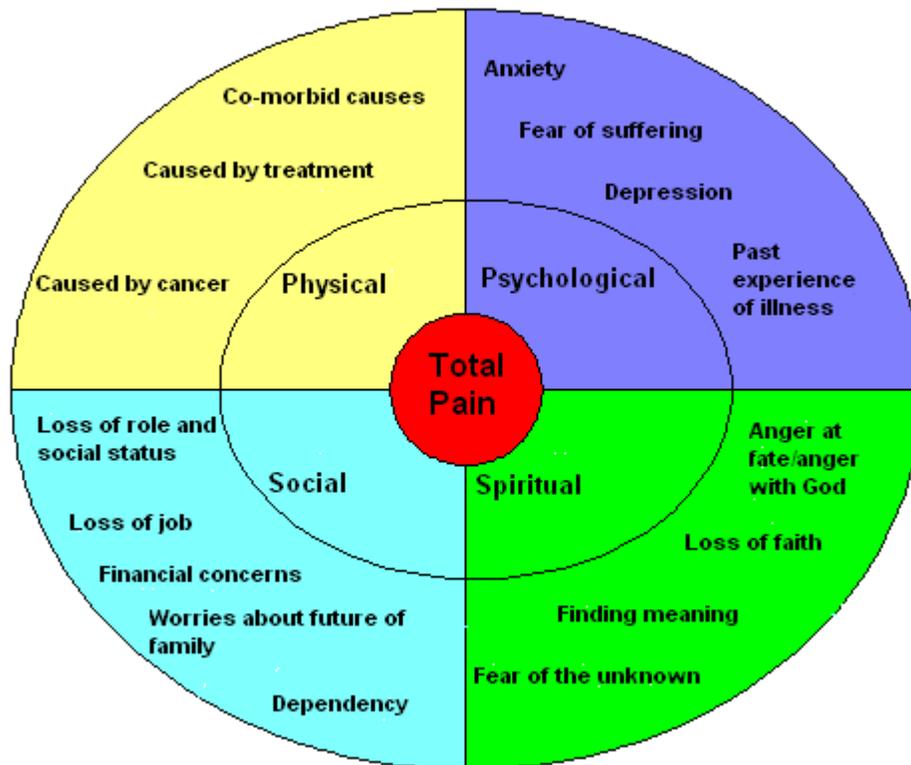


Global Year Against Cancer Pain

OCTOBER 2008 – OCTOBER 2009

Total Cancer Pain

Pain is one of the most common and distressing symptoms described by cancer patients. However, it is not purely a physical experience but involves various other components of human functioning, including personality, mood, behavior, and social relations. In an attempt to describe the all-encompassing nature of pain within a “whole-person” framework, Dame Cicely Saunders coined the concept of “total pain” [4]. She suggested that pain has psychological, social, emotional, and spiritual components that make up the “total pain” experience. Yet the contribution of each component will be specific to each individual and his or her situation. This concept has been well accepted in the palliative care community, although some have preferred to broaden it to the concept of “total suffering,” which includes multiple symptoms but also extends beyond the physical to threats to the “intactness” of the person and an impending sense of disintegration of a familiar world [2].



Physical pain may be caused by direct tumor effects, by treatment, by general debility, and by unrelated comorbidities. Spiritual distress is often overlooked in clinical assessments and will include existential questions, the search for meaning and purpose, and anger at “fate,” as well as specific faith issues in some patients. Social pain relates to the position the patient has within society and culture, financial issues, and the impact the pain has on the family and caregivers. Psychological pain causes and is affected by fear, anxiety, and depression.

A systematic review has identified an association between psychological distress, lack of social support, and cancer pain [7]. Cognitive, emotional, socioenvironmental and nociceptive aspects of pain and the interactions among these factors have been discussed by many authors [1,3,5]. Others have attempted to develop a model for multimodal interventions [6]. This approach to pain management recognizes the role of idiosyncratic patient

thoughts and beliefs in influencing the behavioral response to pain. Past experience of pain, family influences, and contact with health care professionals will play a role.

A biopsychosocial approach to assessment and management is needed that takes into account all these areas of the pain experience. This approach calls for a multidisciplinary team including physicians from different disciplines (such as palliative care, oncology, chronic pain, and orthopedics), nurses, medical social workers, physiotherapists, pharmacists, psychologists, and chaplains. Physical aspects of pain cannot be treated in isolation. The term “opioid-irrelevant pain” is sometimes used to describe components of pain that are not amenable to analgesics, such as fear or financial distress, which need different management strategies. The various components must be addressed and treated simultaneously, and failure to do so will mean that pain is inadequately treated in many cases. In addition, recognition that some contributions to the pain may have roots in long-standing problems that are not easily solved and that patients may struggle to distinguish between the different components will allow the team to set realistic goals of treatment.

References

1. Breitbart W, Payne D. In: Holland J, editor. *Psycho-oncology*. New York: Oxford University Press; 1998. p. 450–67.
2. Cassel EJ. The nature of suffering and the goals of medicine. *N Engl J Med* 1982;306:639–45.
3. Padilla GV, Ferrell B, Grant MM, Rhiner M. Defining the content domain of quality of life for cancer patients with pain. *Cancer Nurs* 1990;13:108–15.
4. Saunders CM. *The management of terminal malignant disease*, 1st ed. London: Edward Arnold; 1978.
5. Sela RA, Bruera E, Conner-Spady B, Cumming C, Walker C. Sensory and affective dimensions of advanced cancer pain. *Psychooncology* 2002;11:23–34.
6. Syrjalak K, Chapka M. Evidence of a biopsychosocial model of cancer-related pain. *Pain* 1995;61:69–79.
7. Zaza C, Baine N. Cancer pain and psychosocial factors: a critical review of the literature. *J Pain Symptom Manage* 2002;24:526–42.

