Canadian
Cancer
Society

Pain Relief

A guide for people with cancer

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Pain Relief

We provide a support system for people affected by cancer. Our services help answer your questions about cancer, manage life with cancer, find community and connection, and build wellness and resilience. Many of our programs are available in different languages.

From diagnosis to treatment to life after cancer, you can trust our publications for reliable information that's easy to understand.

We're here to support you.

This booklet includes quotes from people like you who have experienced cancer. We thank them for sharing their stories with us.

We have short, easy-to-understand videos on common cancer topics. Visit **cancer.ca/cancerbasics.**

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About this booklet

This booklet is for people who have pain or are worried about having pain before, during or after cancer treatment. It may also be helpful for caregivers, family and friends.

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. Your healthcare team is there to help you find the best ways to deal with pain so that you can feel better and get more out of life.

If you have cancer pain, don't lose hope. You are not alone.

This booklet can be used as a guide to help you understand:

- causes and types of pain
- different ways to treat and manage pain
- resources for getting support

It also offers suggestions for talking to others about your pain. It's important to tell your healthcare team if you feel pain.

Throughout this booklet, you will hear from Canadians who have 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 are 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 not want to complain or bother your doctor or nurses. You may worry that if they focus on your pain, they'll be distracted from their job of treating the cancer. You may have concerns about using strong medicines or not being able to afford extra treatments for pain. Or you may think your pain isn't bad enough yet to bother doing anything.

But you don't need to suffer from pain when you have cancer. Managing your pain will not interfere with cancer treatment – it might even help you cope better with treatment. And your healthcare team will still be able to tell how your treatment is working.

Treating your pain can also help you:

- sleep and eat better
- return to work or everyday activities
- do more of the things you enjoy, such as being active and spending time with family and friends

> "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."

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Working with your healthcare team

When you have cancer, you become part of a team. Your healthcare team is there to answer your questions and help you make decisions. They can help you cope with the physical and emotional pain that sometimes come with cancer. Most cancer treatment centres also have pain specialists or palliative care teams who work with your healthcare team to manage your pain.

You can talk to any of these healthcare professionals about your pain:

- medical doctors – such as family doctors, oncologists, pain specialists and palliative care specialists
- nurses – for example, nurse practitioners, palliative care nurses and clinical nurse specialists
- pharmacists
- social workers
- psychologists or counsellors
- physiotherapists
- occupational therapists
- dietitians
- spiritual care workers

It's important to talk to your healthcare team about any pain you have or your worries about pain starting. They won't know unless you tell them. If you're not sure who to talk to, start with someone you trust – 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."


Your healthcare team is there to answer your questions and help you make decisions.

Keeping track of your healthcare team
Keep track of your healthcare team and how to contact them. You can also include any caregivers, family and friends who are supporting you. Write down their name, role and contact information in a notebook or on your phone or tablet.

WHEN TO CALL YOUR DOCTOR
Listen to your body. If everyday actions such as coughing, sneezing, moving, walking or standing suddenly cause new pain or your pain gets worse, tell a member of your healthcare team right away. Also call them if you notice other changes to your health, such as an unusual rash, bowel or bladder changes or breathing problems.

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Palliative care

Palliative care is an important part of cancer care. It helps:

- keep or improve your quality of life
- relieve your pain and make you comfortable
- provide emotional support

People often think that palliative care is for the last few days or weeks of life. But that is only a small part of this type of care. Palliative care focuses on quality of life and helps people at any stage of cancer and cancer treatment. And research shows that it can help some people live longer.

Palliative care specialists are experts who manage pain and other symptoms. They provide physical, emotional, social and spiritual support for people with cancer and their families. They include doctors, nurses, pharmacists, chaplains, social workers, home health aides and psychologists.

Talk to your healthcare team early on about palliative care and how it can help you manage cancer pain.

Pain can be something you feel physically or emotionally or both.

What is pain?

Pain is hurt, suffering and discomfort. It's any unpleasant or upsetting physical or emotional experience. When you're in pain, everything is harder – whether it's getting through a treatment appointment, running an errand or cleaning up after a meal. And because pain is not something you can see, it is often 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.'"

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 manage it.

What causes pain?

Cancer pain can be caused by the cancer itself, medical tests or procedures, treatments or side effects of treatment. Other health conditions you have may also cause pain. Pain can be something you feel physically or emotionally or both. Your healthcare team needs to understand what's causing your pain in order to help you.

Pain from cancer

Cancer tumours can cause pain as they grow and press on nearby bones, nerves or organs such as your stomach. Tumours can also stop blood from flowing well. This can block organs or tubes in the body, such as your colon, and cause pain too. Blood cancers can also sometimes cause pain. For example, people with leukemia might have bone pain as the cancer cells grow in their bone marrow.


Sometimes the medicine you take for cancer pain or other symptoms can have side effects.

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.

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. It can damage the skin or cause inflammation and scarring in the tissue being 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 for a long time.

Pain from medicines

Sometimes the medicine you take for cancer pain or other symptoms can have side effects that are also uncomfortable. For example, opioid medicines can cause constipation and some medicines can cause nausea and vomiting.

These side effects can often be prevented or they only last for a few days. Talk to your healthcare team about any unpleasant or painful side effects you experience from your medicines so that they can help you.

> "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."

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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 happen in one or more areas of bone and often feels achy, dull or throbbing. Bone pain may also be caused by growth factors – medicines that help the bone marrow produce more blood cells to fight infection – such as filgrastim (Neupogen).

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

Visceral (organ) pain starts in internal organs like the intestine, bladder or kidneys. It's often hard to describe or find the source of this pain. It can radiate (spread out) to other areas of the body and 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. Nerve pain is sometimes called neuropathy or neuropathic pain.

Phantom pain happens 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.

Referred pain is when one part of your body causes pain in another part. For example, a swollen liver can press on your nerves and cause pain in the right shoulder.

Acute, chronic and breakthrough pain

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

> "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."

Acute pain

Acute pain starts quickly and lasts for a short time (up to 6 months). It can be mild or severe. Acute pain is usually caused by an injury to the body, such as cutting your finger or twisting your ankle. 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 for a long time (usually longer than 6 months) 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 pain for a long time.

Breakthrough pain

If you take regular medicine to treat your pain, you may sometimes have pain that "breaks through" between doses. Breakthrough pain can start quickly and last for a few minutes or for hours. There are 3 different types of breakthrough pain: incident, spontaneous and end-of-dose.

Incident pain is caused by an activity. To prevent this type of 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.

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 spontaneous 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 this type of pain, your healthcare team may suggest a change in your dose or the type of 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 third hour – I'd feel it coming back, like the degree of pain was starting to climb again, and by the fourth hour, it was extremely uncomfortable."

Emotional pain

Pain can affect more than your body. It's emotional and can affect your thoughts and feelings too. You may find yourself feeling sad, helpless, anxious, stressed, afraid, angry or lonely. Both the physical and emotional suffering of pain have an effect on your well-being, mood and ability to cope. 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 and 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."

If you're experiencing emotional pain, you're not alone. Many people with cancer who are in pain have these emotional experiences, and there are ways to manage them. Talking about your pain with your healthcare team is a good place to start.

KEY POINTS ABOUT PAIN

Pain is hurting, feeling uncomfortable or suffering. It can be physical or psychological or both.

You may feel pain all the time, some of the time, rarely or not at all. Only you know how much pain you feel and how it affects you.

Talk to your doctor or someone on your healthcare team if you have pain or are worried about cancer pain or about any pain that gets worse or doesn't go away. A pain specialist or palliative care team can also help prevent or manage your pain.

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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. Not every member of your healthcare team will be an expert in pain relief, and the resources available to you can depend on where you live. But the more you try to tell your healthcare team about your pain, how you are feeling and what you are experiencing, the more they can help.

> “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.”

Assessing your pain

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, they might ask where in your body you feel pain, what it feels like throughout the day and what makes the pain feel better or worse.

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. You’ll be asked about all the medicines you’re taking now, including vitamins, minerals, herbs and non-prescription drugs. Your healthcare team will also ask you about any previous drug use or addiction concerns, 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.

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

If you are a caregiver for someone who cannot describe their pain using words, you can work with the healthcare team to create a treatment plan to manage pain. In these cases, the healthcare team will use different ways, such as observing changes in mood, behaviour, activities or other physical expressions, to assess the pain.

It’s important to tell your healthcare team if you feel pain.

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Describing your pain

Your pain can change from day to day and even hour to hour. Some days it might feel different, get worse or get better, or move from one place in your body to another.

Only you know how much pain you have and what it feels like. Your healthcare team, caregivers, family and friends have no way of knowing about your pain unless you tell them. But you may find it hard to describe your pain.

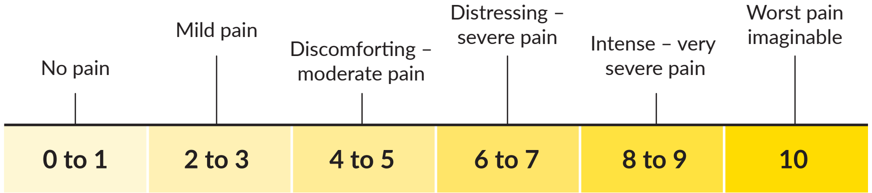
It can help to use words and pictures that clearly describe your pain and how it's affecting you.

For example, pain can feel:

- aching
- biting
- cold or burning
- constant or comes and goes
- dull
- excruciating
- nagging
- nauseating
- numb
- piercing
- radiating (spreading out)
- sharp or shooting
- sore or tender
- spreading
- stabbing
- stinging
- throbbing
- tingling
- tiring
- unbearable

A pain scale can help you rate the level of your pain from 0 to 10, where 0 is no pain and 10 is the worst pain you've ever had.

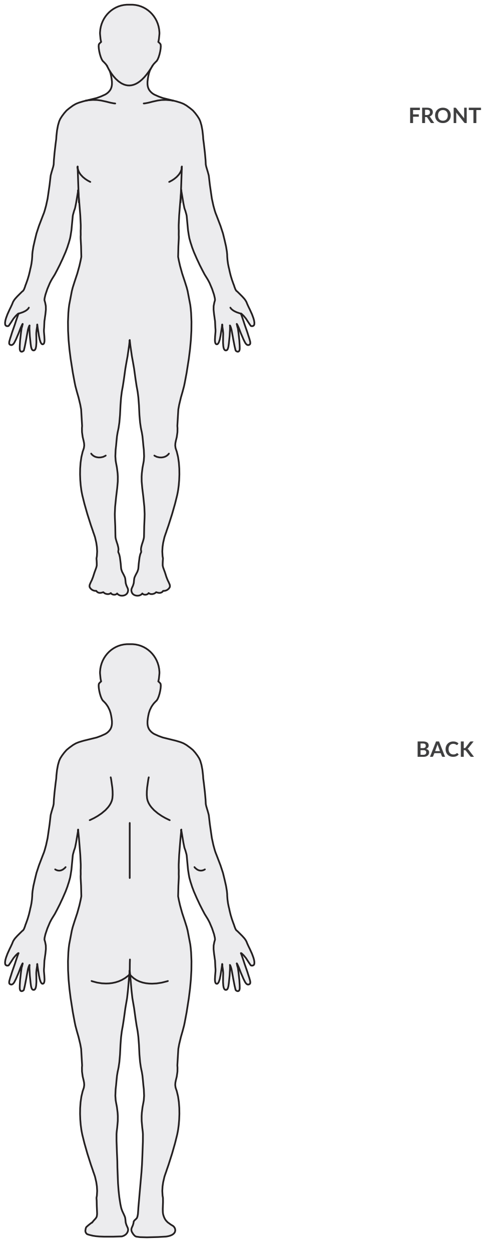
Sample pain scale



A body chart can help you show your healthcare team exactly where you feel pain. You might mark down pain in one area only or in many areas at the same time.

Sample body chart

Mark the areas where you feel pain



Keeping track of your pain

A pain diary is a place where you can keep track of your pain, how it feels, the ways you are managing it and how well the things you try are working. You can use the words, pain scale and body chart to help you describe your pain.

A pain diary can be a paper notebook or a digital record like a spreadsheet on your computer. You can use a pain diary app on your phone or tablet, or download a printable form at cancer.ca/paindiary.

Take your pain diary with you to your medical appointments. The information you record will help you and your healthcare team find the best ways to manage your pain.

> "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."

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. But most people can get relief with the right treatment.

Talk to your healthcare team about managing pain from advanced cancer with palliative care. Palliative care can help by relieving symptoms, focusing on quality of life and providing support for you and your family. 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.

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Ways to treat pain

Many people want to reduce their pain as much as possible. Others want to feel well enough to work or exercise or just get through the day – even if that means living with some pain. And what you want can change over time.

It is possible to effectively manage pain most of the time for most people with cancer. There are different ways to successfully manage pain, and it usually involves using a mix of 3 methods:

- physical
- psychological
- pharmacological

Together, these methods are called the 3Ps of pain control. Treating pain usually involves using more than one method at the same time. Like the 3 legs of a stool, the 3Ps work best together to support you.

Physical activities to relieve pain

Making time in your day to be active may not seem all that important when you're living with cancer pain. Or you may have trouble finding the desire to be active. But it's worth the effort.

Physical activities can help you feel better, reduce your pain and help your body heal and work better. They can be new and gentle activities that you add to your day or exercises that you already enjoy. They can be group classes that you join with a friend, online or at-home programs, or activities guided by your doctor or physical therapist.

You may be worried that being active will make your pain worse. But when you exercise, your body releases chemicals that have a similar effect as the drug morphine (a powerful pain reliever). These chemicals can help reduce your pain.


Physical activities can help you feel better.

There are many physical activities or therapies and other ways to help you prevent, reduce and relieve pain:

- walking, swimming or jogging
- gentle activities like yoga, tai chi and stretching
- massage, physiotherapy or occupational therapy
- conditioning and strengthening exercises like lifting small weights
- complementary therapies like acupuncture, biofeedback or TENS (trans-cutaneous electrical nerve stimulation)
- applying cold or heat to a painful area
- resting and getting enough sleep

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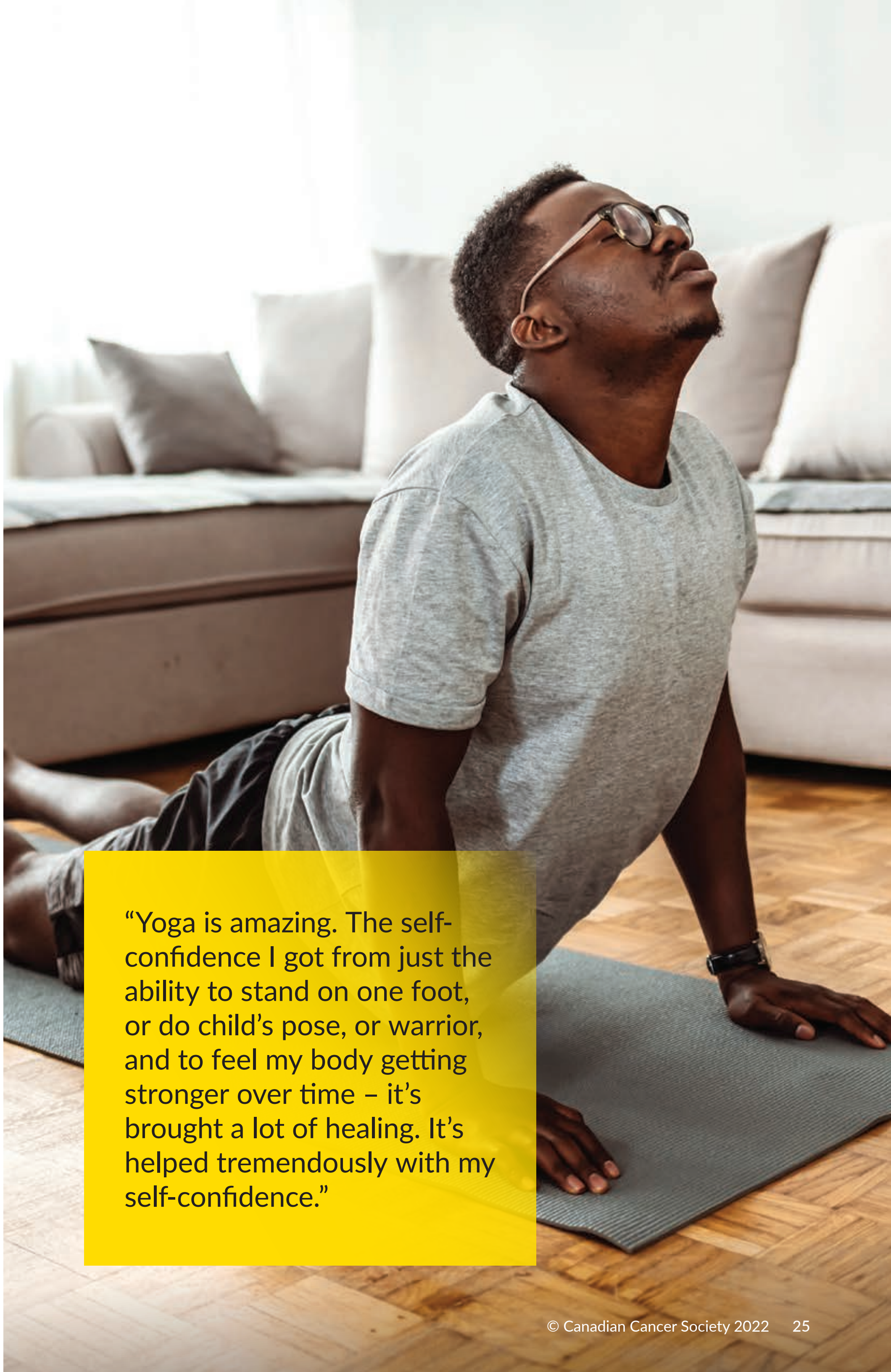
Pain may stop you from using the part of your body that hurts. This can lead to muscle or joint stiffness. A physiotherapist or an occupational therapist can help treat these problems with gentle massage and guided exercises. They can teach you how to save your energy and reduce your pain by spreading out your activities during the day. Physical therapists can also suggest wheelchairs, walkers or splints to help make you more comfortable and make it easier to move.

> "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."

Choose the physical activity that's right for you and start slowly. Balance being active with periods of rest and talk to your healthcare team. They can help you pick the right levels and types of physical activities for you.



"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."

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Psychological ways to relieve pain

Psychological methods are mind-body therapies. They use the power of the brain to help relieve physical and emotional pain. There are many books, apps and websites that can help you learn psychological methods, and you can practise them from home on your own time. Your healthcare team can also help you find specialists or programs in your community.

Psychological methods can help you:

- reduce your fearful thoughts about pain
- decrease your stress and anxiety
- return to the routines and activities that your pain may have interrupted, such as work, school, sleep or socializing

Distraction

Short and regular periods of distraction can help you feel better and cope with your pain. Watching TV, reading, playing games and listening to music are all ways of using your mind to think of something else. Meeting friends and spending time together may also help distract you from your pain.

Guided imagery

You can use guided imagery to cope with an episode of pain by imagining you are in a calm, peaceful environment or thinking of a happy memory. Guided imagery works best when the scene that you are imagining includes what you would see, smell and hear. You can find guided imagery recordings and scripts online or borrow them from your local library.

Relaxation

Relaxation can reduce your pain or keep it from getting worse by removing tension in your muscles. It may help you sleep and give you more energy. Relaxation may also reduce anxiety and help you cope with stress. Belly breathing is an example of a technique that can help you slow down your breathing and feel more relaxed.

Meditation

Meditation may help reduce chronic pain as well as emotional pain from stress and anxiety. It helps quiet your mind so that you become more relaxed and less focused on your pain. You can practise meditation on your own, join a group or yoga class guided by an instructor or learn it with the help of a counsellor.

Behavioural therapy

Behavioural therapy can help change worried or unhelpful thought patterns when your pain is getting in the way of your day-to-day life. Working with a therapist, you can develop practical strategies and tools to understand and change unhelpful feelings, beliefs or behaviours associated with pain so that you can get back to enjoying everyday activities.

Music and art therapy

Making music or art can relax you and help you deal with stress or anxiety. You might find that it helps to express your feelings about cancer and pain in a creative way. You don't have to be musically or artistically talented. Music or art therapists often run classes at hospitals and hospice centres.

WANT MORE INFORMATION?

Ask your healthcare team about other physical and psychological therapies that may help you cope with cancer pain and side effects of treatment. Many of these therapies, activities and methods can be described as complementary therapies. Your healthcare team may be able to suggest or refer you to qualified complementary therapy practitioners who have worked with people with cancer. Your treatment centre may also offer therapies that can help.

Some complementary therapies should not be used at the same time as standard cancer treatments, so always talk with your healthcare team before using any physical or psychological therapies for pain relief. Together, you can decide what's best for you.

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Pharmacological ways (drugs) to treat pain

Pain medicines can help relieve your pain. Different medicines work better for different people and for different types and causes of pain. Some people won't need medicine. For others, drugs will be the only treatment that works for some 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 increase your dose or give you stronger pain-relieving medicine right away.

Your healthcare team may also try a combination of drugs and other treatments to relieve your 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.

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 (called end-of-dose pain), talk to your doctor. Your dose may need to be adjusted.

Here are some ways you can manage your pain with medicine:

- Tell your healthcare team right away 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.
- Take your medicine as instructed and don't skip doses. Talk to your healthcare team before you stop taking 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.
- Write down the name and dose of each medicine and supplement you are taking. Bring the list to every appointment. Share it with your healthcare team so that they can make sure that the combinations are safe for you. Some prescription and over-the-counter drugs, as well as vitamins, herbs, nutritional supplements and alcohol, can affect how well your pain medicine works.
- Talk to your healthcare team if you are running out of your pain medicine. The same doctor should prescribe your pain medicine each time.
- Try to use only one pharmacy, so that all of your prescriptions are on file in one place. Your pharmacist can also answer questions about your medicines and how to take them, interactions with other medicines and possible side effects.

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Keeping track of your medicines

Keep track of any medicines you are taking, including prescription and over-the-counter drugs and any supplements. You can use a notebook, phone or tablet, or download a printable form at cancer.ca/medicationdiary.

You might find it helpful to keep track of the following information for each medicine you are taking:

- the name of the medicine
- what the medicine is for
- the date you started taking the medicine
- the days of the week and time of day you take it
- the amount you take
- the doctor who prescribed the medicine and the pharmacy that filled the prescription
- any side effects and your healthcare team's advice for managing side effects

You may also want to note the names of any previous medicines and the dates when you started and stopped taking them.

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 non-opioids. You do not need a prescription to buy these over-the-counter medicines.

Tell your healthcare team if you are taking any over-the-counter medicines. Ask them about possible side effects from non-opioids, and tell them if you have any unusual or uncomfortable symptoms. Non-opioids may also be prescribed with opioid drugs to relieve moderate to severe pain.

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 (nonsteroidal anti-inflammatory drugs) 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. They can also cause kidney problems, especially for people who are dehydrated or who already have kidney problems. Some people can't take NSAIDs because of these side effects.

NSAIDs can also stop blood from clotting the way it should. If your healthcare team thinks this may be a problem because you're having chemotherapy or about to have surgery, they will tell you when to stop taking your NSAIDs before treatment.

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

Corticosteroids

Corticosteroids (hormone-like steroids) may help relieve pressure caused by inflammation and reduce pain caused by swelling, especially when a tumour is pressing on a nerve or damaging it. These drugs act like the hormone cortisol, which is naturally produced by the body. They may also increase appetite and reduce nausea. Corticosteroid drugs such as prednisone and dexamethasone are available only with a prescription.

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

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

For moderate to severe pain — opioids

If you have moderate to severe pain, your doctor may recommend that you take stronger drugs called opioids. Opioid drugs are also called narcotics. They may be given alone or with other non-opioid medicines to relieve pain. They can be long acting (controlled release over time) or short acting (starts to work right away).

The most common opioids for pain relief include:

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

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, Oxycocet, Endocet)
- oxycodone and acetylsalicylic acid (Percodan, Oxycodan, Endodan)

Using and storing opioid drugs

You or your family might have concerns about the safety of using opioid drugs and the risk of becoming addicted to them. Doctors are very careful about prescribing these medicines. You will usually start with a small amount taken for the shortest time needed to control your pain.

Talk to your healthcare team before taking any opioid prescribed to you so that you understand the benefits and risks. You can always ask about other, non-opioid drugs or treatments you might be able to use instead.

> “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.”

Here are some ways you can safely use and store opioid drugs:

- Take only the opioid drug prescribed for you.
- Take only the amount prescribed and only at the time of day prescribed. Talk to your doctor if you think you need to make changes to your dose.
- Never give your prescription opioids to someone else. Sharing opioid medicine is dangerous and illegal.
- Store your medicine safely and securely. Keep it locked out of sight and out of reach of infants, children and teens.
- Never combine your opioids with other drugs (unless prescribed) or alcohol.
- Talk to your doctor before you stop taking your opioid medicine or start taking it again. Your tolerance to opioids can change in just a few days and make your regular dose too strong.
- Ask your pharmacist for a free naloxone kit. They will train you on how to recognize an opioid overdose and explain how to use the kit. Show your family and friends where it is stored and how it works. Naloxone is an emergency medicine that can reverse the effects of an opioid overdose for a short time until medical help arrives.
- Return any unused medicine to a pharmacy.

Side effects of opioids

Talk to your healthcare team about any side effects you have when taking opioids or other pain medicines. They can help you manage these effects with other medicines or with other ways of coping.

Constipation

Constipation is a common side effect of opioids. You will need to take other medicine to prevent or control it. Your healthcare team may first recommend taking a laxative along with your prescription opioid. To relieve more severe or long-term constipation, your doctor might suggest an enema.

Tips to help prevent and relieve constipation

- Drink plenty of liquids throughout the day.
- 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. Skipping a dose may make the constipation worse the next day.
- Be more physically active if and when you can. Even walking around the house can help.

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 to help with drowsiness and confusion

- 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 that you're taking can also cause drowsiness.
- Ask your doctor if you can have caffeine during the day.

Dry mouth

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

Tips to help with dry mouth

- Make solid foods easier to eat 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 could help.

Itching

Some people may feel itchy when they take an opioid drug. This side effect may happen all over the body, but it usually affects only the face, neck and upper chest. It often goes away on its own, but using medicine, taking oatmeal baths and keeping your skin clean and dry can help relieve itching. Your doctor might also change your prescription to a different opioid to help manage this side effect.

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 happen 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 in 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 to help with nausea and vomiting

- Rest quietly for a little while after taking the opioid medicine.
- 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.
- Nibble on dry foods like crackers, toast, cereal or bread sticks every few hours during the day. Keep dry foods by your bed so that you can eat a little before you fall asleep or when you wake up if it makes your stomach feel better.

Other treatments

Using other drugs to manage pain

Other drugs may also be given to help control pain. They may not be specifically designed for cancer pain, but they can help your symptoms.

Most of the time, side effects from these other 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. Your healthcare team can help you treat and manage any side effects you might have.

The following table describes some common drugs and what they can do for pain relief.

Drug types	Drug names	What they can do
anti-anxiety drugs	· clonazepam · lorazepam (Ativan)	· help make you feel less anxious · help treat muscle spasms that often come with severe pain
antidepressants	· amitriptyline (Elavil) · nortriptyline (Aventyl) · desipramine · selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine (Prozac) and paroxetine (Paxil)	· help treat tingling or burning pain from damaged nerves
antiseizure or anticonvulsant drugs	· gabapentin (Neurontin) · phenytoin (Dilantin)	· help treat tingling or burning pain from damaged nerves
bisphosphonates	· clodronate · pamidronate · zoledronic acid (Zometa, Aclasta)	· help relieve pain caused by cancer that has spread to the bone
muscle relaxants	· baclofen (Lioresal) · cyclobenzaprine (Flexeril)	· help relax muscles if muscle spasms cause or increase pain

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Using cancer treatments to manage pain

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 or healthcare team 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* 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.
- *Hormone 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.

Cannabis

Cannabis (sometimes called marijuana or hemp) has chemicals called cannabinoids that affect cells in the central nervous system. Cannabis comes in many forms including dried, oil, and fresh buds or leaves. It can be smoked, vaporized or eaten in food (edibles).

Both medical cannabis and recreational cannabis are legal in Canada. To purchase cannabis made for medical treatment, you need a prescription from your doctor or nurse practitioner. Compared to recreational cannabis, medical cannabis can be more readily available and of better quality.

Talk to your healthcare team about the benefits and risks of using cannabis for pain relief. They can help you decide if cannabis is right for you and make sure it won't interact with any other medicines you are taking.

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. Pain is reduced because the brain doesn't get the message.

Nerve blocks can only be used in certain situations. Talk to your healthcare team to see if a nerve block might help to reduce your pain.

Ways to take pain medicines

Pain medicines can be given in many different ways. How you take your medicine depends on your needs (for example, you may not be able to swallow easily) and how the drug can be taken.

By mouth (orally)

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 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. Talk to your pharmacist if you are unsure about the type of oral medicine you have and the right way to take it.

Skin patches

Some medicine moves easily through the skin into the blood. A patch (like a bandage) that has pain-relieving medicine in it can be placed on the skin to give a constant amount of the drug. Always remove the previous patch before placing a new one on the skin.

Creams, gels and ointments

Medicines such as creams, gels and ointments are called 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 may relieve joint pain.

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, vomiting or swallowing problems make 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, under the skin or into muscle tissues. There are several ways to inject medicines into the body:

- An intravenous (IV) injection is given through a small needle or tube, called a catheter, placed in a vein. It can be left in place for several days to avoid the discomfort of repeated needle sticks.
- A subcutaneous injection puts medicine into the fatty tissue just below the skin. If you need to have this type of injection often, a tiny metal or plastic needle may be placed just under the skin and left in place for several days to avoid the discomfort of repeated needle sticks.

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- An epidural or intrathecal injection is given through a needle 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 has severe side effects with other methods of pain relief. The needle is often placed under the skin if it will be left in place for a while. This lowers the risk of infection and the risk that the needle 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 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 under the skin or into a vein. 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 continuously. You can push the button for an extra dose if you need it.

Common worries about taking pain medicines

It's normal for people to worry about taking pain medicines. Don't let your worries stop you from taking your medicine or from taking enough to control your pain well. Talk to your healthcare team or pharmacist. They can answer your questions and help calm your fears.

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 give you enough pain relief, your doctor may increase the dose and how often you take it or suggest a stronger drug. This is safe and effective under your doctor's care. Do not increase the dose of medicine on your own.

Pain medicines will get me high. I won't 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 pain medicines are prescribed and taken properly, people don't get 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 the dose or change the medicine.

I'll get addicted to my pain medicine. Needing drugs to relieve physical pain is different than being addicted. Addiction is when your craving and use of a drug is out of control, despite the consequences. Your healthcare team will prescribe opioids carefully and monitor you to make sure your dose is just enough to control the pain and not cause other problems.

WANT MORE INFORMATION?

If you have concerns about craving opioids or are in recovery from addiction, your doctor can help you manage your dose or find other types of treatment that work better for you. The Centre for Addiction and Mental Health (CAMH) is a good resource for addiction help and information. To learn more, visit camh.ca.

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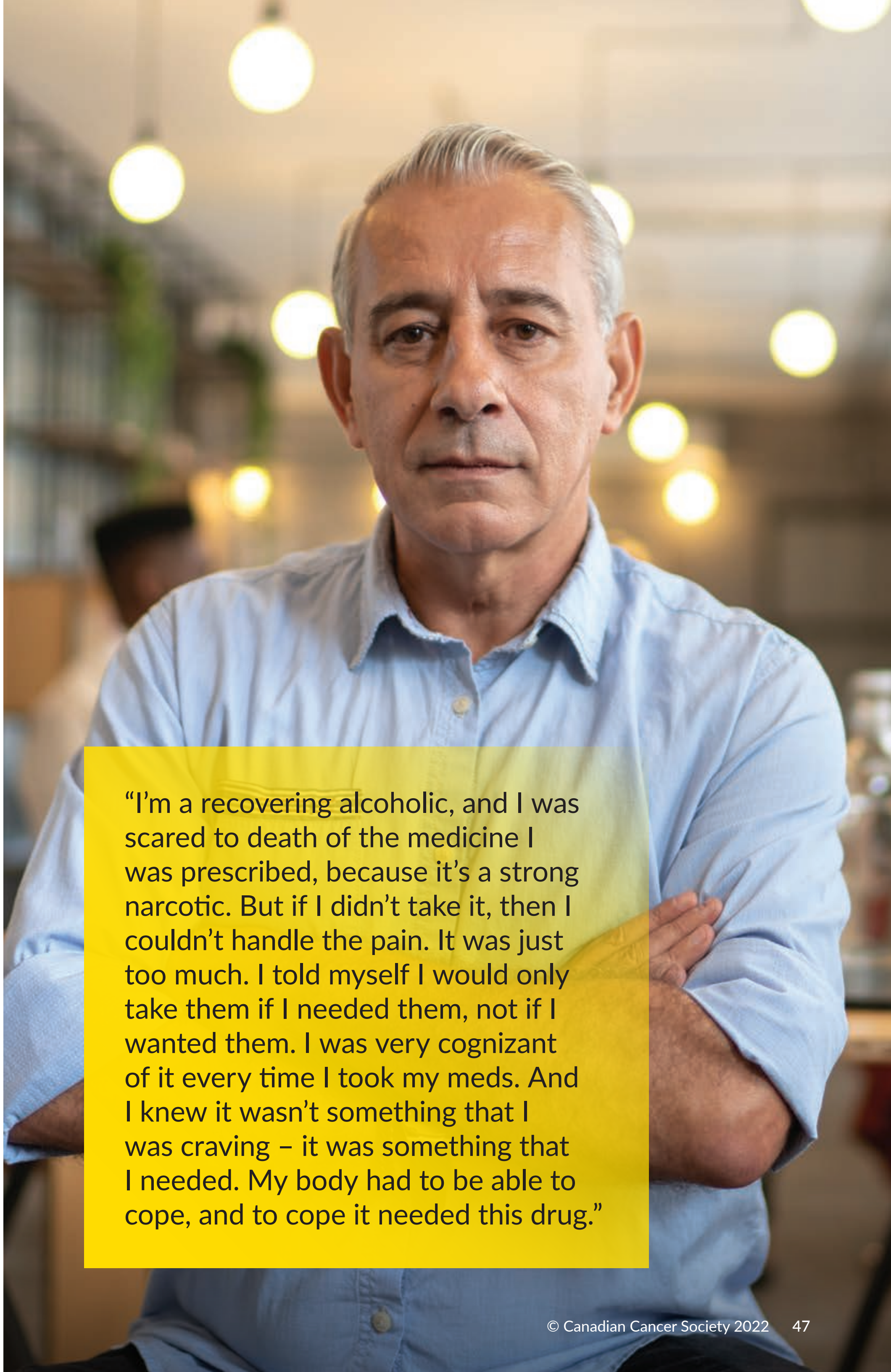
If I take pain medicines now and get used to them, they won't work later when I really need them. Sometimes the body gets used to a drug, so then a higher dose is needed for it to work. This drug tolerance is not the same as an addiction. If you develop tolerance, your healthcare team can adjust the 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 you take them 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, your healthcare team will slowly lower the dose so that your body has time to adjust.

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 live longer when their pain is better controlled.

Taking drugs is against my personal, religious or cultural beliefs. If you have beliefs about taking medicine or another personal reason for not wanting a pain treatment, share them with your healthcare team. They can help you find a pain management plan that works best for you.



"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."

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Clinical trials

Clinical trials test new treatments or ways to give treatment. There are many types of treatments being tested with clinical trials, including new or different ways to reduce or relieve cancer pain.

Clinical trials are carefully planned to have as few risks and as many benefits as possible for everyone who takes part. Being part of a clinical trial may help you, but you may have side effects from the treatment being tested. You may also need to travel far from home to be part of the trial. If you are thinking about taking part in a clinical trial for pain relief, talk to your doctor about what trials are available, your eligibility and all of the possible risks and benefits.

Taking part in a clinical trial is up to you. Your choice will not affect how your healthcare team cares for you. If you decide not to take part in a clinical trial or to leave the trial that you joined, your doctors will continue to work with you to manage your pain. Talk to them about your options.

Learn more about clinical trials in Canada at canadiancancertrials.ca.

Finding the right treatment

Once your healthcare team assesses your pain, they will help you choose the best ways to manage it. You will have a pain-control plan that's just for you.

It may take some time – even weeks or months — to find the right treatment plan 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 or palliative care 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."

How you manage your pain may change as your needs change. For example, you may find over time that massage or relaxation exercises no longer help you cope with your pain well or for as long. If you take pain medicine, you may have more breakthrough pain or unpleasant side effects. Or you may find that over time your pain eases and you need less physical therapy or medicine to control it. Keep track of your pain and what treatments work or stop working. If your pain-control plan isn't working well for you, or if it stops working, don't give up – talk to your healthcare team. There is often something else to try.

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THE COST OF TREATMENTS

You may be concerned about the cost of pain treatments and how you will pay for them. The cost and coverage of treatments can be different depending on where you live.

Your healthcare team often includes a social worker. Social workers can help you understand what costs are covered. They can tell you about programs that can help you pay for your pain relief or where to find free or low-cost treatments online or in your community.

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

Getting support

Talking about your pain can be hard. People won't always understand what you need or what you're going through. But asking for help and 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 your stress
- make you feel less alone
- help you and your healthcare team find ways you can feel better

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. They can help keep track of your medicines and doses, update your pain diary and go to appointments with you.

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 like 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 can give counselling – including psychologists, psychiatrists, nurses and social workers. 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.

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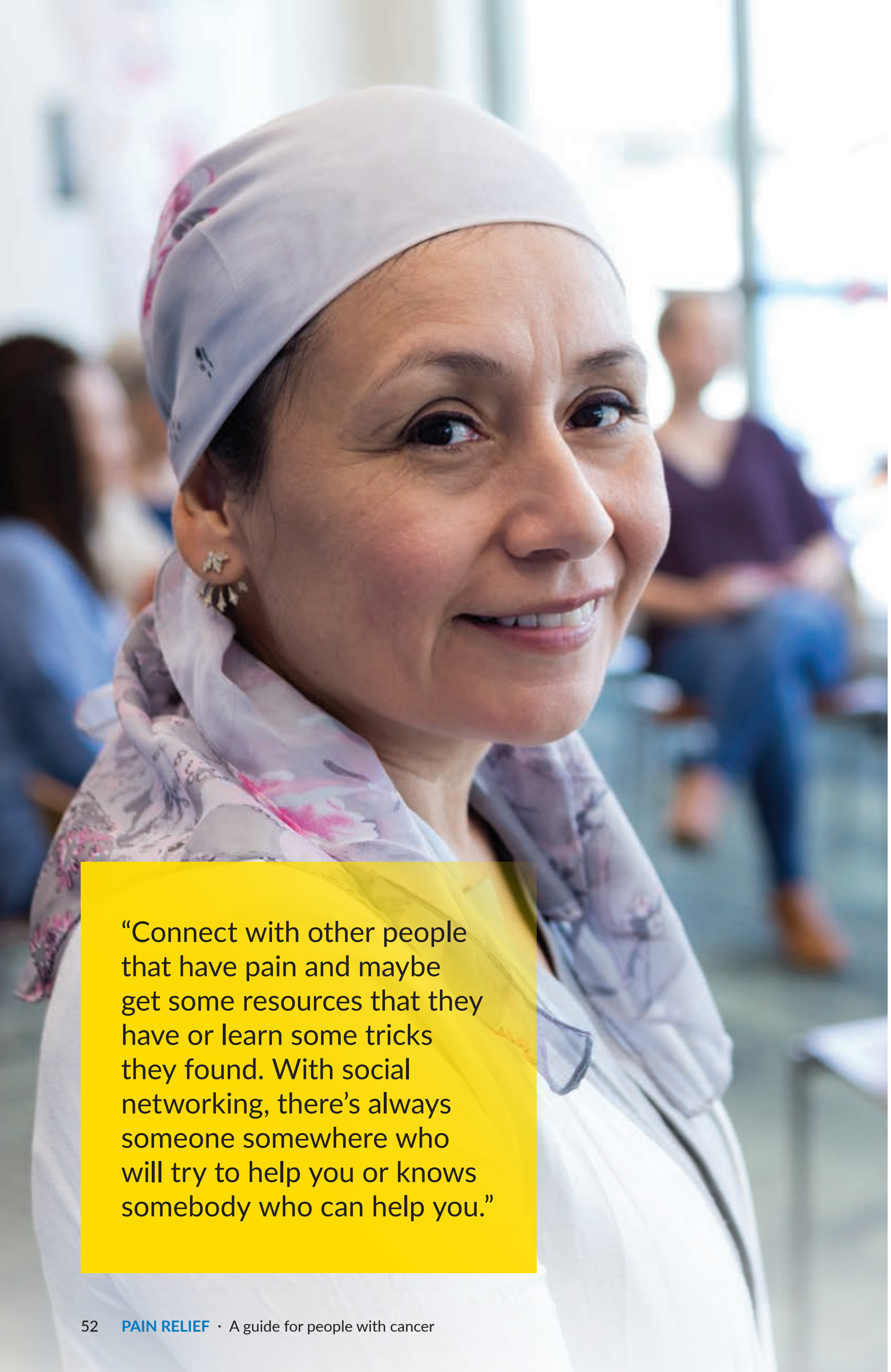

"Connect with other people that have pain and maybe get some resources that they have or learn some tricks they found. With social networking, there's always someone somewhere who will try to help you or knows somebody who can help you."

Spiritual leaders

A leader from your spiritual, cultural or religious community can listen, offer support and help you regain a sense of control and well-being. Many are trained to help people cope with illness. Your hospital or treatment centre may have a staff chaplain who can counsel people of all faiths.

Other support

Cancer support groups allow you to reach out to others who have 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 have been where you are now. A support group is a safe place to talk about your feelings and how you're doing. You can find support groups that meet in person or online. 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."

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

WANT TO CONNECT WITH SOMEONE 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.

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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.

Living well with pain often involves a combination of medicines, physical and psychological (mind-body) therapies, help from pain specialists or palliative care teams, and support from family and friends. It can involve changing everything from the way you do your job and everyday activities to the way you 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.

It can also help to focus on the future. Some research shows that people who still have goals and continue doing the activities they enjoy – 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 their healthcare team, therapists, caregivers, 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.”

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Notes

WE'RE HERE TO HELP

Find information you can trust
Visit cancer.ca for information on more than 100 cancer types. You'll find topics ranging from diagnosis and treatment to managing side effects, living with cancer and reducing your risk. We also have publications, videos and webinars.

Get answers to your questions
When you have questions about diagnosis, treatment, prevention, emotional support and other services, our trained cancer information specialists can help you find answers. Call us at 1-888-939-3333. Our Cancer Information Helpline is available in English and French with an interpreter service for other languages.

Connect with someone who's been there
Visit CancerConnection.ca to join our moderated online community. You can join discussion groups, get support and help others at the same time. It's a safe place to connect, learn and share your experience with cancer.

Find services in your community
Our Community Services Locator (CSL) helps you find the cancer-related services you need. You can search over 4,500 listings across Canada for emotional support programs, home care, help getting to your cancer treatment, where to find a wig or prosthesis and much more. Start your search at cancer.ca/csl.

The Canadian Cancer Society works tirelessly to save and improve lives. We raise funds to fuel the brightest minds in cancer research. We provide a compassionate support system for all those affected by cancer, across Canada and for all types of cancer. Together with patients, supporters, donors and volunteers, we work to create a healthier future for everyone.

Because to take on cancer, it takes all of us. It takes a society.

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