**Pain management and the upstream care of the palliative care patient**

**Key pain management points:**

* Cancer pain etiology drives analgesic choice:
	+ Nociceptive: opioids (commonly morphine, hydromorphone, oxycodone (NB: not combined with acetaminophen), fentanyl (least S/E but only good for stable pain in opioid tolerant)
	+ Neuropathic: TCAs, SNRIs, gabapentin, methadone, cannabinoids [in that order, considering side effect profile – avoid TCAs in elderly – and other symptoms to target, e.g. anxiety (SNRI/gaba preferred), insomnia (TCA preferred)]
	+ Adjuvants: acetaminophen/NSAIDs, dexamethasone, topicals
	+ Bone pain – oxycodone/methadone over other opioids, plus NSAID/dex
	+ Liver capsule stretch pain – dexamethasone > opioids
* Relative or absolute contraindications
	+ NSAIDs: renal function, gastritis/GI bleed
	+ Dexamethasone: diabetes, GI bleed, bipolar d/o or mania hx
	+ Opioids: caution renal failure (methadone/fentanyl best, morphine worst), reliability for self-titration or caregiver monitoring, misuse/diversion risk
* Adjuvants are helpful but may interfere with cancer treatment
	+ Dexamethasone renders immunotherapy ineffective
	+ NSAIDs not recommended with chemotherapy (plts, bleeding)
	+ Acetaminophen/NSAIDs can mask fevers
	+ Methadone has ++ drug interactions
* **Consider skipping step 2 of WHO pain ladder (multiple RCTs) – go straight to low dose “strong” opioid**
* Reasons to avoid Rx codeine/tramadol
	+ More side effects, more genetic variability in response, less effective in managing pain, need to eventually switch due to ceiling effect
* Classically: Moderate-to-severe cancer pain – Morphine 10 mg oral q.4.h.
* Preferred to start low; can uptitrate every 24 p.r.n.:
	+ **Morphine 2.5** **– 5 mg oral q.4.h.**, or
	+ **Hydromorphone 0.5 – 1 mg oral q.4.h.** (5x more potent), or
	+ **Oxycodone 2.5 – 5 mg oral q.4.h.** (1.5x more potent)
* Anticipate side effects - “Breakthrough, barfing, bowels”
	+ Metoclopramide 5-10 mg q.i.d. p.r.n. nausea
	+ Sennosides 8.6-17.2 mg q.h.s. up to t.i.d. p.r.n. constipation
	+ Nausea/drowsiness get better after one week; constipation does not
	+ *Somnolence or confusion are not normal – the dose is too high*
* General principles: start with short-acting
* Transition to long-acting when dose and pain control permit
* Remember non-pharma options: Palliative radiation, cementoplasty, CP block, neurolytic procedures, neuraxial drug delivery

**Key role of the family physician points:**

* Physical symptom assessment and management
	+ ESAS
* Social assessment and management
	+ Canadian problem checklist: impact on work/finances, social roles
* Anticipatory planning
	+ **Will** & POA/finances
	+ **SDM** & medical decision making
	+ (+/-) MOST / DNAR conversations
* *Patients do not need a tissue diagnosis, or to have been seen by oncology, for PSMPC referral to occur*
* *Oncologists are available for telephone advice while patients are being triaged and awaiting their first appointment.*
* *Maintain regular connection with patients for their ongoing primary care needs.*

**Key accessing services/resources points:**

* For palliative care physician referrals:
	+ Ambulatory clinics
		- BC Cancer Victoria PSMPC clinic (RJH campus) – M-F
			* *BC Cancer PSMPC external referral form (Pathways)*
		- Island Health Westshore palliative care clinic (EWHU) – Tu
		- Island Health Peninsula palliative care clinic (PHU) – W
	+ Home-based palliative consult
		- Victoria, Sooke, Peninsula
		- *Island Health Referral for Community Palliative Consult Team / Symptom Clinic (Pathways)*
		- Sooke West Coast Family Medical – Dr. Forsberg (Pathways)
	+ Using either referral form is fine; RNs triaging can redirect if a different setting more appropriate
* Telephone advice or to reach a clinician:
	+ BC Cancer PSMPC clinic
		- 250-519-5417 (clinician line, M-F)
	+ Community palliative care
		- RACE (M-F)
		- Victoria Hospice 250-370-8715 (24/7)
		- Switchboard 250-370-8000 (24/7)
* For patients:
	+ Island health patient handout on opioids (Pathways)
	+ My Voice booklet (Pathways or BC govt webpage)