



## Management of cancer pain and the opioid epidemic

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### Abstract:

The opioid crisis affects people with cancer who depend on opioids to help them relieve their pain. It can be caused by cancer, by its treatment or by a combination of factors. While some pain lasts for a relatively short period and recovers on its own, cancer or its treatment may also lead to long-lasting, chronic pain. Opioid medications are an important component of the treatment of many forms of unreliable cancer pain.

Types of medications or other approaches used to manage pain in cancer patients and survivors

Any prescription opioid drug can be used in people with cancer. Non-opioid agents are often used, including drugs such as acetaminophen (Tylenol) and ibuprofen (Motrin or Advil). Antiseizure drugs such as gabapentin (Neurontin or Gralise) or antidepressant drugs such as duloxetine (Cymbalta) can be used for nerve pain. Oncology services rely heavily on opioids, but we never rely exclusively on opioids. We always use many treatments that operate in a number of ways. This covers other pharmacological (drug) treatment and, as far as possible, non-pharmacological treatments such as physical therapy, occupational therapy, orthotics, cognitive behavioral therapy, massage and other integrative therapy.

How the opioid crisis has impacted cancer patients, cancer survivors and their family members

It has heightened fear – especially the fear of addiction – that some patients might be reluctant to take opioid medication for pain. Often it's not a patient, it's a family member who's thinking about addiction. As a consequence, family members may withhold treatment for a loved one who is in pain, or may doubt the need for opioid medication even when that person is at the end of life. Another big consequence is the decrease in access to prescription pain medications. The latest findings from a report released by the American Cancer Society Cancer Action Network and the Patient Quality of Life Alliance indi-



cate that one-third or more of cancer patients and survivors have trouble obtaining their prescription opioid medicines.

### Biography:

Evangelia Michailidou, Intensive Medicine Department, Hippokration General Hospital, Thessaloniki, Greece.

### Publication of speakers:

1. Michailidou, Evangelia. (2020). The Dunning-Kruger Effect to residents and young Attendings in Intensive Medicine. 5. 10.32474/SCSOAJ.2020.05.000219.
2. Michailidou, Evangelia. (2020). HEALTH CARE SYSTEM FOR IMMIGRANTS (ACCESSIBILITY, QUALITY, COST). 6. 2208-2425.
3. Michailidou, Evangelia. (2020). Extended Abstracts Journal of Aging and Geriatric Psychiatry. Journal of Aging and Long-Term Care. 4.
4. Michailidou, Evangelia & Hampla, Antigoni. (2020). Ethical Harassment in ICU Workplaces. 5. 569-573. 10.32474/SCSOAJ.2020.05.000225.
5. Michailidou, Evangelia. (2020). The Partnership between Surgeons and Anesthesiologists.

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