

Management of cancer pain and the opioid epidemic

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

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How have concerns about opioid addiction impacted health care providers?

Most primary care doctors, no longer prescribe opioids. Oncologists also prescribe these medications, but they are a little anxious to do so in certain situations. This has made it impossible for some patients to even get a prescription for pain medicine. There is a great deal of concern about legal action against individuals who prescribe opioids and the knowledge that prescribing activities are being tracked even more closely than in the past. In addition, insurance providers have made it much more difficult to access these medications and, as a result, more and more prescribers have been hesitant to incorporate opioids into their patients' treatment regimens.

Have there been any positive advancements within the management of cancer torment as a result of the expanded center on the opioid epidemic?

To some extent, the pain clinicians, we have looked more closely at our opioid prescribing patterns and are starting to doubt the risk-benefit ratio of opioids more than we have done throughout the past. As a community, oncology providers are beginning to look at the long-term side effects of these drugs, and whether their use is appropriate for a person who is not receiving active treatment, who has no active disease, and who is going to live for a decade or more.

Are the patient's concerns of opioid dependency a legitimate concern?

Anyone may get an addiction disorder. The incidence of these diseases is unknown — depending on how addiction is defined — but is estimated to be about 14% or more in the general population. Many people have believed that people with cancer are not at risk of being addicted when, in fact, they could be at the same risk as, or perhaps even higher than, the general population. "Some people think," Who cares if a patient with cancer [advanced illness] becomes an addict? But many cancer patients do care, especially if they have had a substance abuse problem in the past and have resolved that. With their sobriety intact, these individuals would choose to die.

What are the recommended best practices for the use of opioid drugs to treat cancer?

Oncology care suppliers ought to decide whether opioids are the correct medicine for a specific sort of cancer-related pain. According to a later clinical practice rule for unremitting pain administration in cancer survivors published by the American Society of Clinical Oncology, cautious appraisal of torment and its effect on work and conceivable dangers related with the utilize of opioid is the primary step. Providers ought to survey each understanding for risk variables for enslavement when considering opioids.

Providers should also use strategies to reduce the risk of misuse of opioids in all patients taking opioids. These strategies may include urine testing, state-of-the-art prescription drug monitoring programs to evaluate a person's history of filling prescriptions for controlled substances, pill counting, and patient-provider agreements or contracts. Each provider has to determine what makes the best sense in their practice.

We need to use these techniques for all patients, because implicit bias can occur if we just take precautions for those patients we think are at risk of becoming addicted. Compulsion crosses all gender lines, all racial lines, all financial lines, and influences individuals of all ages.

In patients who are thought to be at high risk of developing a substance use disorder, providers may even decide not to use opioid. Or maybe we need to prescribe smaller amounts of medication at a time.

How can providers strike a balance between the need for adequate control of pain and concerns about possible misuse of opioids?

The utilize of these exceptionally clear appraisals and widespread safety measures permits prescribers to recognize potential issues early on. Another critical calculate is that, not at all like 10 or 20 a long time prior, the objective is not to totally kill torment, which is unrealistic. We suppliers ought to teach our patients to assist them get it that the part of opioids and other pain solutions is to empower them to move and work way better.

For some people, that might mean being able to walk around the block. For some, controlling the pain will allow them to get back to work. And for those patients who are more fragile, the goal of pain medications may be to make them comfortable enough to hold their grandchildren or to sit comfortably on a chair.

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