



## *Five for Fighting: Battling Chronic Non-Cancer Pain*

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Twenty-nine per cent of respondents to a recent Canadian study reported having chronic non-cancer pain (CNCP).<sup>1</sup> Often referred to as the fifth vital sign, pain is one of the most common complaints primary care physicians hear.

It is unlikely the painful sensation of CNCP will ever stop. The management of CNCP involves decoupling the physical sensation of pain from the suffering. Reducing the unpleasant sensation and/or reducing suffering can accomplish this.

### *► If I use opioid therapy, will my patients become addicted?*

The addiction rate among CNCP patients is quoted at 10% to 15%.<sup>2</sup> The primary risk factor for addiction is a history of addiction to opioids. Still, it is tolerance that is more likely to affect the majority of patients on opioid therapy.

One method of preventing dose escalation is to set a medication ceiling. Once the ceiling is reached, the patient has the option of maintaining their opioid dose, or slowly withdrawing to take a 'medication holiday' of one to two months. Following this holiday, the opioid can be re-started at a lower dose.

### *► How do I withdraw patients from long-acting opioids?*

Long-acting opioids are preferred for managing CNCP, but reducing the dose can stimulate withdrawal. It is best to convert one tablet of the long-acting opioid to its short-acting dose equivalent and slowly withdraw the patient from the short-acting opioid. The long-acting opioid can then be reduced by another tablet in the same manner until the final dose is reached. While opioid therapy addresses the sensation of pain, it does not treat suffering directly.

### *► What can I do to reduce CNCP suffering?*

CNCP is often associated with major depression. Treating this mood disorder improves a patient's capacity to cope and reduces suffering.<sup>3</sup> All antidepressants are effective in treating depression associated with CNCP. Suffering can also be reduced by:

- dealing with the negative changes in family systems affected by CNCP,
- advocating on behalf of patients with workplaces and insurance providers, and
- improving a patient's coping skills.<sup>4</sup>

## ► *How do I help patients improve their coping skills?*

Good coping skills are central to helping patients with CNCP learn to live life in spite of their pain. This is difficult to achieve in the primary care setting. Relaxation is one pain management skill that can be taught in the office setting. Some relaxation strategies include:

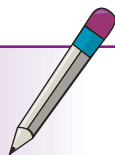
- autogenic training (allows individual to control stress by training the autonomic nervous system to become more relaxed),
- visualization, and
- self-hypnosis.

Progressive muscle relaxation should be used with caution in patients with CNCP, as the tension component of this method often increases patients' pain. Relaxation training is an active treatment with the end goal being to teach the patient to relax even when they are involved in activity.<sup>5</sup>

## ► *How do I select a pain management program for my patients?*

Programs offering pain management have increased over the past few years, but there is no uniformity amongst them. The current gold standard for teaching coping skills is a multidisciplinary pain program with a functional restoration approach, offering over 100 hours of therapy. CME

## Take-home message



- Decoupling the physical sensation of pain from the suffering is key to CNCP management.
- Long-acting opioids are preferred, but do not treat suffering directly.
- Treating depression improves a patient's ability to cope and reduces suffering.
- Multidisciplinary pain programs with a functional restoration approach, offering over 100 hours of therapy, is the current gold standard for teaching coping skills.

### References

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