
PAIN MANAGEMENT

Pain is a common symptom seen in children with cancer. It is also a symptom that causes anxiety for the patients and their families. Pain is often under diagnosed and inappropriately managed by health workers, thus causing a lot of distress for patients and families.

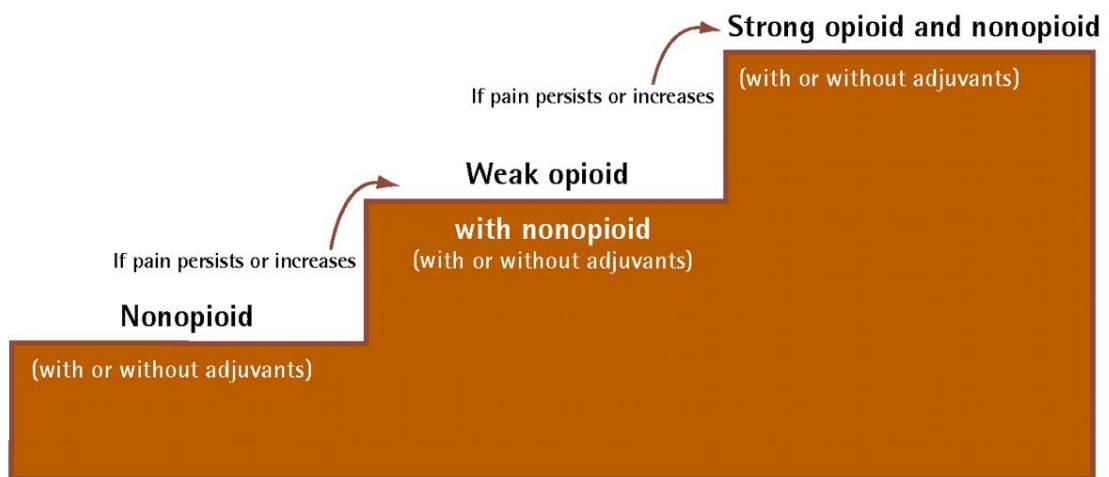
Pain management can be a challenge in resource limited areas, however pain can still be adequately relieved with careful evaluation and the use of simple drugs.

Causes of Pain in a patient with cancer

1. Malignancy
2. Procedural
3. Neuropathic
4. Anxiety

The WHO has formed an approach to pain by use of the analgesic ladder.

Figure 1. The World Health Organization analgesic ladder for treating cancer pain



Adapted from the World Health Organization.¹

The WHO analgesic ladder helps to assess pain and recommends the appropriate treatment.

WHO guidelines:

Pain medication should be given:

1. By mouth
2. By the clock
3. By the patient
4. By the ladder.

Mild Pain

1. Paracetamol 15mg/kg 4-6 hourly and
2. Ibuprofen 5-10mg/kg 4-8 hourly
3. +/- Adjuvant

Moderate Pain

1. Ibuprofen 5-10mg/kg 4-8 hourly and
2. Codeine Phosphate 0.5-1mg/kg 4 hourly
3. +/- adjuvant

Severe Pain

1. Morphine sulphate:
 - ORAL
 - (regular release) 5-30mg 4 hourly prn
 - (Slow release) 15-60 mg orally 8- 12 hourly.
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 - IM, IV, SC
 - 2.5-20mg 6 hourly, prn.

* *Addiction or dependency is not an issue in pain management for cancer patients. The aim is to relieve pain.*

* *Respiratory depression secondary to morphine is rare in children.*

2. +/- Adjuvant.

Table 2: Adjuvants used with each step for various indications.

Category	Drug	Dose	Indication
Anti-depressant	Amitriptyline	0.2-0.5mg/kg/day	Neuropathic pain
Corticosteroids	Dexamethasone	4-10mg/kg/day	Neuropathic pain, bone pain, brain metastasis, poor quality of life.
Anti-emetics	Metoclopramide	10-30mg/kg/day	Nausea and vomiting
Laxative	Coloxyl	5015mg/kg	constipation
Anti-histamine	Promethazine Diphenhydramine	0.5-2mg/kg/day 1-4mg/kg/day	Pruritis, nausea and vomiting.

References

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