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Help Optimize Management of Cancer Pain

You can **reduce med issues when patients with cancer pain are admitted**.

About 1 in 3 adults with cancer pain report difficulty getting their opioid prescriptions...for a variety of reasons.

But opioids are often needed to improve quality of life for those with cancer...and they're excluded from typical opioid restrictions.

Use strategies to help optimize pain management while these patients are in-house.

When taking med histories, expect patients to have multiple opioid Rxs...usually a long-acting opioid (*MS Contin*, etc) taken around-the-clock plus a short-acting opioid (morphine IR, etc) taken prn.

For example, a patient may be prescribed oxycodone ER 60 mg twice daily and oxycodone IR 20 mg Q4H as needed for breakthrough pain.

Don't be surprised to also see non-opioids, such as an NSAID for bone pain...a steroid for inflammation...or an antidepressant (duloxetine, etc) for neuropathic pain.

Document details about how patients take their pain meds at home...not just how they're prescribed. If possible, check the prescription drug monitoring program (PDMP) to help confirm.

Having this info for opioids is especially important...to reduce the risk of under- or overdosing.

For instance, if a patient is started on a patient-controlled analgesia (PCA) pump, the initial dose will be based on their home opioid regimen.

Note whether patients taking opioids for cancer pain have naloxone at home. If not, clinicians will want to facilitate this at discharge.

Review our resource, *Safety Considerations With Opioids*, for ways to prevent errors and ensure patient safety.

Key References:

-https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf (6-1-22)
-https://www.mdanderson.org/content/dam/mdanderson/documents/for-physicians/algorithms/clinical-management/clin-management-cancer-pain-web-algorithm.pdf (6-1-22)
-J Pain Symptom Manage. 2020 Nov;60(5):915-922

Hospital Pharmacy Technician's Letter. June 2022, No. 380614