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EXPERIENCES IN BRONCHOGENIC CANCER PAIN RELIEF

Dr. HOOD ALSAGAFF
Dept. of Pulmonology, Airlangga School of Medicine

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Hood Alsagaff
Head, Department of Pulmonology
Airlangga Medical Faculty - Dr.Soetomo General Hospital
Surabaya, Indonesia

INTRODUCTION

The WHO data on cancer pain, reports that 45 - 100% of patients with cancer, experience some degree of pain during the course of their disease, ranging from mere discomfort to unbearable excruciating pain.
We are convinced that in this last decade of the twentieth century not much improvement is going to be made in the PREVENTION, DIAGNOSIS and CURATIVE therapy of cancer, at least not in the developing countries. On the other hand, we are positive that in PALLIATIVE therapy, especially the management of pain, there should be no reason why a gap should exist between developed and developing countries. Pain relieving drugs and techniques are readily available almost anywhere in the world. The only thing needed is AWARENESS that approximately 90 % of cancer pain, can be succesfully managed.
Our experience at the Pulmonary ward of the Dr.Soetomo General Hospital during the past 6 months has taught us that the STEPWISE PAIN APPROACH of the WHO is easily adaptable to local conditions and convenient to use.

HISTORY

The cancer pain relief program was innitiated in June 1990 patterned on the stepwise pain control approach advocated by the WHO, adapted to local conditions and is summarised as follows :

1. Belief the patient, when they say that they are in pain
2. Take a good history of the pain that they reported :
   when, where, the degree and quality, whether the pain interferes with their daily activities or sleep, what drugs did they take and it's effectiveness
3. Grade the degree of pain, on a 1 to 5 pain scale.
   (the relatively simple Smiley scale was used)
4. Take a complete physical, radiological and laboratory examination, BUT pain relief must be inniated WITHOUT waiting for the confirmation of diagnosis.
5. Pain relief rules :
   - 5.1.right drug, use 4 step ladder
   - 5.2.right dosage
   - 5.3.orally, if possible
   - 5.4.by the clock, at regular intervals, without waiting for the reappearance of pain
   - 5.5.avoid sedation, if possible
   - 5.6.be aware of medication side effects e.g. naussea and obstipation associated with opiates, drug induced gastritis etc

6. 4 step ladder of pain relief

IV. parenteral strong opioid
III. oral strong opioid (*)
II. weak opioid
I. non opioid analgesics

should a step no longer suffice to conquer the pain, DO NOT try another medication of the same step, but go on to the next step.

(*) during this 6 months experience, this step was omitted, due to drug regulation legislation, where strong oral opioid are prohibited. But we are still trying to convince the authorities that it's availability will not create a drug abuse problem e.g. by giving it as a solution.

RESULT :

233 cases of bronchogenic carcinoma were diagnosed in the period starting June 1, 1990 till December 31,1990. There were 170 men and 63 women, antemortem histopathologic diagnosis of bronchogenic carcinoma was confirmed in 195 (84%), with squamous cell carcinoma and adeno carcinoma having almost the same prevalence (40%) and regrettably almost all the patients sought medical help much too late to receive curative treatment. Only 2 cases made it to the operation table. (table I).

Pain was acknowledge by 99 (42.4 %) of the patients. Correlating the Smiley grading scale against sex, histopathologic diagnosis and clinical staging, did not enable us to reach a conclusion, except that most patients opted for the third grading scale, which may reflect the Indonesian mentality of conforming to the averages and not to stand out, rather than truly giving a picture of pain.(table II)

By adhering to the stepladder approach and its rules, we found that 75.8% of the pain was controlled by only analgesics (we used a NSAID : sustained release Indomethacine - 75 mg/ once a day); 17.2 % required the addition of a weak opioid (codein HCL 15 mg t.i.d.) and only 4.8 % required parenteral morphine (10 mg q.i.d.)(table III)

DISCUSSION :

Pain is a subjective sensation, so we must believe the patient when he / she complained of pain. Using a questionaire may raise the objectivity of the examination, but on the otherhand may also focus / or worse, may make the patient aware of the possibility of feeling pain. Before using the pain questionaire, we rarely encounter a bronchogenic cancer patient, with pain as main complain, but after utilising the questionaire, pain became a more prominent complain, forcing the use of analgesics and opioid

in 42.4% of them.
It turned out that most of the pain could be controlled by sustained release preparation of NSAID, and that the addition of weak opioid drugs (Codein HCL) were required in 17.2 %. Strong parenteral opioid drugs (Morphine HCl) were used in only 4.8%.
We were happily surprised that up to now, we have a 100 % record of pain relief, considering the simplicity and relatively low cost of the pain controle program; so based on our experience we can wholeheartily recommend the WHO stepladder approach.

Table I. baseline data

	total	male	female
number of cases :	233	170	63
antemortum PA (+):	195	161	34
sq.cell.ca	79	68	11
adeno ca.	77	54	23
large cell ca	-	-	-
small cell ca	39	39	-
clinical staging			
stage I	-	-	-
stage II	3	3	-
stage III	230	167	63

Table II. Smiley pain grading (1 - 5)

SMILEY /	sex		PA			clin.st.		
	M	F	sq.	adeno	small	I	II	III
1	91	43	51	56	7	-	-	134
2	4	-	3	1	-	-	-	4
3	69	18	23	15	31	-	3	84
4	4	1	1	4	-	-	-	5
5	2	1	1	1	1	-	-	3

Table III. Correlation of Stepladder - Smiley scale

	Smiley scale				
	1	2	3	4	5
Stepladder 0	134	-	-	-	-
1	-	4	67	3	1
2	-	-	16	1	-
(3)					
4	-	-	1	1	2

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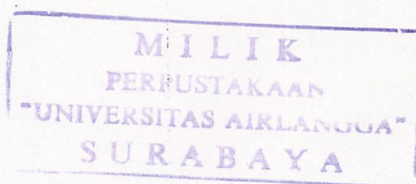
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