Pears for Offered End-of-Life Pain Treatment

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SAN FRANCISCO — Opioids are the mainstay of pain treatment at the end of life, but using them in this population presents some challenges, Janet L. Abrahm, M.D., said at the annual meeting of the American College of Physicians.

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Dr. Abrahm, codirector of the pain and palliative care program at the Dana-Farber Cancer Institute, Bostom, offered a series of pearls on the topic.

1. Chronic pain doesn’t look like acute pain. A person in chronic, severe pain may not have any objective, observable signs. You have to believe the patient, and be alert for behavioral signs. For example, people in pain often guard the painful part of their bodies. They don’t eat, sleep, or interact normally.

2. Do not force pharmacologic therapies. Heat, cold, and massage can all be helpful. Cold seems to work especially well with neuropathic pain. Have a family member fill a foam cup with water, freeze it, and give the patient an ice massage. Heat works well if there’s a muscle spasm. Positioning is also important. Help patients take their limbs off their pressure points. Acupuncture has been clearly shown to help with pain, and cognitive-behavioral therapy also is quite effective.

3. Pharmacokinetic studies have shown that a single oral dose of demerol will not occur for 3–4 days after initiation. The patient will complain of incomplete pain relief for the first few days, and the physician will be tempted to start the medication at too high a dose. But starting at 10 mg three times a day will result in the patient being too sleepy by day 3.

4. “Don’t do what I did and make someone else suffer from demerol,” Dr. Abrahm said. “Demerol is a useless drug for chronic, severe pain.” That’s due to its short half-life. A patient who uses it for a couple of days will start to show signs of opioid toxicity.

5. Myoclonus is one of the early signs of opioid neurotoxicity. Patients may mistake it for spontaneous jerking, or they may pull their hand away when touched. “At the end of life that’s particularly poignant,” Dr. Abrahm commented. “You might think you have a family member think that her mother was pulling her hand away, and that she had done something terrible [so] that her mother wouldn’t even hold her hand.”

Assure the family member that it was just a reflex. Other early signs of opioid neurotoxicity are hyperventilation and hyperalgesia.

6. If a patient experiences myoclonic jerks from opioid toxicity, it’s useful to administer a liter or two of fluids to flush out some of the drug and its metabolites. “It’s important for doctors to re- alize that the length of time it takes for withdrawal to see whether the frequency of headaches requires preventive treatment,” Dr. Limmroth said. Relapse is more common with tension-type headaches than with migraines, he added.

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