



# Atypical Pain

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## ***Narcotics do not treat all pain.***

If a resident is taking narcotics and it produces sedation or other SE such as decreased respirations you must evaluate other sources of pain.

## BONE PAIN

Cancers: LUNG, BREAST, KIDNEY, POSTATE HEAD/NECK, RECTUM, BLADDER, PANCREAS, COMMON BILE DUCT, MELANOMA, MYELOMA, LYMPHOMA, SARCOMA, CHONDROSARCOMA

- Dull aching pain, throbbing (LIKE A BAD TOOTH ACHE)
- Movement of painful area increases pain.
- Pain is normally severe due to summation
- Morphine will only dull pain- not eliminate it

(Ibuprofen 600mg qid or Mobic 7.5- 15mg qd or other NSAID or frequently with cancer- Prednisone 5-50 bid or Decadron 4mg bid to qid) (Note: topical ibuprofen available with possible less GI concerns or swallowing concerns – can be applied to pulse points on wrist for systemic effect)

## SMOOTH MUSCLE SPASM PAIN

Cancers: HEAD/NECK, RECTUM, BLADDER, PANCREAS, COMMON BILE DUCT, MELANOMA, MYELOMA, LYMPHOMA

- NARCOTIC THERAPY USUALLY MAKES THIS PAIN WORSE
- Waxing and waning pattern (due to fatigue of muscle and loss of contraction)
- Bladder and rectal cancer produce urgency to evacuate affected organ
- Pain emanating from spasm of pancreatic ducts does not show this fluctuation

(Scopolamine 1.5mg q3d patch or atropine 0.4-0.6mg po or sc Q4h)

(If you get the usual side effects of atropine- dry mouth, dilated pupils, blurred vision , tachycardia- this signals the absence of smooth muscle spasm pain or too high of dose)

## NEUROPATHIC PAIN

Cancers: LUNG, BREAST, FEMALE REPRODUCTIVE TRACK, MELANOMA, MYELOMA, LYMPHOMA, SARCOMA, CHONDROSARCOMA

Note: all pain is transmitted through nerves and treating neuropathic pain can sometimes reduce the amount of narcotic required

- “INTENSE BURNING” “NUMBNESS” ‘PINS and NEEDLES”
- Involved area commonly a limb t
- Describes as horrible pain
- Pain not helped by morphine

(Neurontin -benefit within 24 hours -100mg bid- titrate to 300 tid if necessary and then up to 1200mg tid [to d/c taper over 7 d ] or Elavil 25-150mg qhs -Elavil is an older treatment and is on the Beers list, (Topical Neurontin or Ketamine also available)

# Voluntary Muscle Spasm

Cancers: PROSTATE, MELANOMA, MYELOMA, LYMPHOMA, BRAIN

- EPISODIC IN NATURE
- Cycle of pain lasts 5-15 min
- Pain is extremely severe
- Visible arching of the back, loud crying out

(Zanaflex 4-8mg q8h, Flexeril 10-20mg at hs, , Skelaxin 80mg tid-qid)

# Raised Intracranial Pressure with HA

Cancers: BREAST, KIDNEY, MELANOMA, MYELOMA, LYMPHOMA, BRAIN

- Always with primary brain tumor
- Described as ban of pressure around head
- Most severe upon wakening

(Elavil 25mg-75mg hs or Neurontin 100mg bid- titrate to 300-1200mg q 8 hr as necessary, with Prolixin 1mg at 6pm up to 3mg at 6pm)

## **Other medications for pain control :**

Capsaicin – apply to site such as knee, shoulder, hip also can be used on the back to dermatomes associated with the area of pain. Available as 0.025%, 0.075% and 0.1% Apply bid to tid and use low dose to start and small amount since burning sensation can be significant the first days of treatment and will dissipate usually within a week.

(It is suggested that local capsaicin treatment of peripheral nerves selectively damages the chemosensitive nerve fibers presumably by depleting their substance P content.)

Ketamine and Ketamine with Ketoprofen can be applied to the site of pain and to the dermatomes with significant relief. (

