Clinical Evidence in Palliative Care: Pain management update

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Pain management update

In 2019 we updated the <u>CareSearch Clinical Evidence</u> section across common palliative care symptoms including pain. Here's what we found.

- Update includes more paediatric, chronic diseases and older person evidence
- No assessment tool currently in use is regarded as ideal, but those that may be recommended for use:

Pain intensity
Self report - VNRS, or Pain Thermometer

Non-Verbal – FLACC, PAINAd, Doloplus 2, CCPOT

Neuropathic Pain LANSS, pain DETECT

Multidimensional
Brief Pain Inventory and McGill Pain Questionnaire











Pain Management Evidence Updates

Approved practice

- A multimodal approach, using a number of treatment options at the same time, including nonpharmacological is best.
- Morphine, oxycodone and HYDROmorphone first line opioids
- Titration of all opioids to effect as inter-individual variations in pharmacokinetics and pharmacodynamics

Unsupported practice

- Methadone and transdermal preparations are not recommended as first line.
- Role of simple analgesics are controversial (paracetamol vs NSAIDs)

Emerging practice

- Patient Controlled Analgesics with sublingual and intranasal routes are being examined in palliative care where oral routes are no longer available.
- The role of alpha-2 agonists











