

How We Relieve Patient Pain and Fears

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Montgomery Hospice patients know that we listen to their priorities and wishes as well as their fears and questions. We try to help each patient live as fully as possible during his or her remaining time. One issue that frequently concerns patients is pain; they ask: "Will my condition eventually cause me pain, and will we be able to do something about it?" or, "I have terrible pain now; can you help relieve this pain?"

Yes. We can help!

Our Montgomery Hospice clinicians are experts in pain management at the end of life. All of our Montgomery Hospice doctors who care for adult patients are board-certified in Hospice and Palliative Medicine. This is the specialty that deals with chronic and terminal illness and the management of symptoms related to those conditions. Our physicians are very accustomed to managing a variety of symptoms that might occur, including pain.

Pain is one way that our body has of letting us know that something needs attention. However, once we know what is causing the pain (or while we are figuring that out), we use a variety of techniques to treat it. Studies show that when pain is well-controlled, the patient can be more active, avoid anxiety and depression, and sleep better. A patient whose pain is managed also has better immune system functioning and may, in fact, live longer.

There are many causes and types of pain, such as pain related to nerve damage, injury, or various treatments that a patient may have had before enrolling in hospice. Montgomery Hospice has doctors, nurse practitioners and nurses who can evaluate and treat pain. Besides medicines, our patients also have access to many non-drug treatments, such as massage, aromatherapy, music, and so forth.

As far as using medications to help manage pain, we like to individualize our approach depending on each patient's needs, but we also follow recommendations from the World Health Organization. The first step is to use over-the-counter medications, such as acetaminophen (Tylenol) or ibuprofen (Advil). These can be very effective, but can also cause stomach bleeding, and kidney or liver problems in some people, so should always be used with a doctor's knowledge. For patients who have already tried these, we will work with them to determine when stronger medications might be needed. The next step for many types of pain is to use a particular type of medication known as an opioid.

Opioids, commonly called "narcotics," are stronger pain medications that require a prescription. They work very well for both chronic and acute pain, and have the added benefit of being the best type of medication to help with shortness of breath, which is another common symptom in terminally ill patients. Another good thing about opioids is that they do not interact with other medications very often, and typically do not cause serious side effects. The side effects that *do* occur are almost always temporary, as the patient's body builds up tolerance to them. (These medications do cause constipation, however, and people's bodies do not get used to that side effect, so it is important to be on a treatment to prevent constipation if taking opioids.)

There are many different opioids (such as oxycodone, codeine, hydrocodone, hydromorphone, tramadol, fentanyl and others), but they are all measured against the opioid morphine. Morphine has been used for hundreds of years because it is so effective, comes in many forms, can be easily adjusted, is inexpensive, and is well-tolerated by the majority of patients.

Many people are worried about using morphine (see sidebar), but we hope to reassure you with some helpful information. First, and most importantly, use of morphine (or other opioids) does *not* hasten death when used at appropriate doses and appropriately increasing increments.

Second, use of opioids, including morphine, will *not* make a patient a drug addict. Although some

people can become addicted to any of these strong medications if used inappropriately, taking these medications for appropriate indications (most often, pain and shortness of breath) will *not* cause drug addiction. Our physicians, nurse practitioners and nurses offer patients expert advice about the proper use of opioids.

Finally, if patients who are eligible for hospice are worried about taking morphine or other strong pain medicines, we want to reassure them that we will work with them to make them as comfortable as possible, and to give them the best quality of life in the time they have remaining. We do not want patients to suffer from pain or other symptoms that

can occur at the end of life, nor do we want patients to take any medicine without making sure they have a good understanding of why and how we think they should take it. Morphine and other opioids are just one of many ways that we have of gentling the journey at the end of life.

Questions & Answers about MORPHINE

I've heard that morphine can slow breathing and cause death more quickly. Is that true?

When opioids such as morphine are given carefully and increased gradually, there is a very low risk of respiratory depression. By observing the patient closely, our clinicians can advise when more medication is needed and when it is appropriate to stay with the current dose of opioid.

BOTTOM LINE: When used appropriately and with expert guidance, morphine will not hasten death.

I've heard that patients on morphine sleep all the time. Is that true?

One side effect of any opioid is sleepiness or sedation. However, this is one of the side effects that will wear off after a few days of use. This is why it is important to take pain medication as scheduled, so that the pain will be better controlled and so that a patient's body will be able to build up tolerance to the sleepiness. Another thing to be aware of is that unrelieved pain can be exhausting, so when pain is better controlled, a patient may finally be able to relax and "catch up on" deep sleep.

BOTTOM LINE: Opioids do cause sleepiness, but this side effect usually wears off after a few days.

I've heard that taking strong pain medicine now means those drugs won't work when they are really needed. Is that true?

No. Controlling pain, using a variety of methods, is important for many reasons (see article). Although a patient might get used to the effects of the opioid, and might need higher doses, there is no upper limit to the amount of medication we can use to relieve symptoms. We can control pain well before very high doses are needed, and the hospice team will work with the patient to decide when symptoms are controlled.

BOTTOM LINE: There is no need to suffer if the physician determines that morphine is indicated for certain symptoms, because we can safely increase the dose if needed.

It is very easy to overdose on morphine, isn't it?

Morphine has been safely used for hundreds of years to help relieve pain. It would require a very large dose given all at once to cause an overdose. Because our experts are so familiar with opioids, it would be exceedingly unlikely for an overdose to occur, because each individual's symptoms will be managed on a case-by-case basis.

BOTTOM LINE: Morphine taken at doses to relieve pain is safe and effective.

I don't want my loved one to become an addict. Can you treat pain, yet prevent becoming "hooked" on opioids?

Drug addicts take these types of drugs in order to "get high," so they become dependent on the drug for that effect, regardless of whether or not they are having pain. In contrast, hospice patients who take opioids for pain do not become addicted, because they are only taking the amount of medicine needed to control pain.

BOTTOM LINE: People at the end of life who take morphine appropriately and as directed for pain or shortness of breath do not become addicted.

I think that I should only take morphine when my pain is really severe. Do your experts agree?

No. Pain can become a vicious cycle, and it becomes harder to control pain if we don't stay ahead of it. We can make adjustments to your pain regimen so that your side effects are minimized.

BOTTOM LINE: Pain medications should most often be taken regularly, not just "as needed," to achieve the best pain control possible.