

Pain relief – an essential part of coping with illness

Modern medicines work in several ways. They can prevent disease, cure disease or palliate (ie, reduce the severity of) the symptoms.

There's nothing new about palliative care. In fact it's the major effect of many of our prescriptions and non-prescription products and the concept of palliative care has been around for centuries. Medicines which provide a cure are comparatively new arrivals on our pharmacy shelves.

Perhaps it's because we're now living much longer these days and, therefore, there is a greater focus on palliative care – the process of providing quality of life – especially towards the end of life.

The need for pain relief as a part of palliative care would seem quite obvious, but for many reasons pain relief is neglected or not provided in an effective way.

It was about ten years ago that an article in "New Scientist" magazine drew attention to the need for a reassessment of pain relief in palliative care.

The author stated that "the magic solution that would allow the vast majority of terminally ill people to die in relative comfort is not expensive or dangerous. It is one of the oldest medicines known: morphine. But because morphine is a narcotic and associated with heroin, it has gained a reputation among the medical profession and the public as a dangerous drug."

A decade on, most doctors and pharmacists certainly have a better understanding of the benefits of the opioid pain relievers such as morphine. However, there are still misconceptions in the minds of many patients, their families and carers.

In recent years we have seen the development of a number of variations on the old morphine mixtures – preparations which are easier to take, more palatable and less likely to cause uncomfortable side effects. There are long-acting and sustained release tablets and capsules, as well as patches and lozenges in doses which can be individually tailor-made.

Of course, opioid analgesics aren't the only option – nor even the most appropriate one on many occasions. Simple pain relievers like paracetamol or the non-steroidal anti-inflammatories can be very effective when taken in the right dose. And medicines such as antidepressants, antiepileptics, antispasmodics and steroids – medicines not normally associated with pain relief by patients and their families – are often the drugs of choice.

People who are terminally ill will be under the care of their doctor; and the pharmacist can also provide good advice about the role of various medicines – the way they work, the appropriate dose, whether they are given routinely or just as required and also the potential for side effects and how to treat them.

There might also be the need for regular laxatives or occasional antinauseants and possibly something for dry mouth caused by the side effects of some of the medicines.

Pain is experienced by more than 50% of people with advanced cancer; but it is also often a problem with other chronic conditions. There is no valid reason why effective pain relief should not be available for all these patients.

The World Health Organisation (WHO) has a so-called Analgesic Ladder to help explain how pain relievers are best given. Your pharmacist can guide you through the steps. Ask also for the series of "pain reliever" fact cards available from pharmacies around Australia providing the Self Care health information. Phone 1 300 369 772 for the nearest location or check out the website www.psa.org.au/psc