



UNDERSTANDING BREAKTHROUGH CANCER PAIN

What is breakthrough pain?

People with cancer pain usually experience a persistent discomfort. This is known as 'background pain' and can normally be controlled with painkillers that are taken on a regular basis. However, some people with controlled background pain may still experience short-lasting episodes of more severe discomfort. These episodes are known as 'breakthrough pain'.

In some patients breakthrough pain is brought on by particular activities such as movement, and so the person is able to predict when they are going to get the pain. Doctors and nurses often refer to this as 'incident pain'. However, in other patients, the breakthrough pain does not appear to be related to any specific activity, and so the person is unable to predict when they are going to experience an episode.

How do I know if I have breakthrough pain?

The following questions are used by doctors and nurses to decide whether patients have breakthrough pain (which is treated in one way) or other types of pain (which are treated in different ways):

1. Do you have discomfort / pain for most of the time (or would have if you were not taking painkillers)? – If the answer is yes, then please continue.
2. Is your pain well controlled? – If the answer is yes, then please continue.
3. Do you have short-lived episodes of more severe pain? – If the answer is also yes, then it is likely you have breakthrough pain.

What does it mean if I have breakthrough pain?

Pain is common in people with cancer, and may be due to the cancer itself, the cancer treatment, or a co-existent condition (e.g. osteoarthritis, osteoporosis). It's important to remember that the severity of the pain you experience is not necessarily an indication of the severity of the underlying condition. In other words, the development of breakthrough pain, or the worsening of breakthrough pain, does not necessarily mean that the cancer has worsened (or that the cancer treatment has not worked).

What should I do if I have breakthrough cancer pain?

If you think you have breakthrough pain, then you should arrange to see the doctor or nurse who is responsible for managing your 'background' cancer pain (or your cancer). Your doctor or nurse will make an individualised assessment of your breakthrough pain and then decide on the best treatment option for you.

It is very helpful to keep a record of your breakthrough pain episodes. It is particularly important to inform your doctor or nurse about the effectiveness of any treatment, and any side effects that you experience. This information will help them to decide whether your treatment needs to be adjusted, or whether you need a completely new treatment.

How is breakthrough cancer pain treated?

Breakthrough pain varies from patient to patient, and so there is no standard way of managing it. Every patient needs a personalised assessment in order to determine the best treatment options for them. Most patients can be treated by their usual doctors and nurses, but some will require treatment from specialist doctors and nurses. The aims of treatment are to reduce the number of breakthrough episodes, the severity of episodes, and any interference the pain has on daily activities (without causing significant side effects).

Treatment options for breakthrough pain include:

- Treating the cause of the pain
- Changing the regular painkiller(s)
- Taking a painkiller at the very start of a pain episode (known as 'rescue medication') – this is the most common method of treating breakthrough pain
- Non-drug treatments
- Nerve block / other specialist treatments
- A combination of these options

Most patients require 'rescue medication' which is taken at the start of a breakthrough pain episode. Many patients are treated with similar drugs to those that they take to control their background pain (e.g. morphine, oxycodone). However, these drugs may not be as effective in treating breakthrough pain due to their slow onset of pain relief. Several drugs have been developed to specifically treat breakthrough pain. These new drugs have a number of advantages over older drugs (particularly their faster onset of pain relief), but they are not suitable for all patients with breakthrough pain.

What should I do if my breakthrough pain is not getting better?

If your usual doctors and nurses are not able to control your pain, then you should ask to be referred to a specialist with a specific interest in breakthrough cancer pain. In some cases these pain specialists are attached to palliative care teams, whilst in other cases they are attached to 'pain teams' or anaesthetic departments.