O3_A2_A_Scientific Evidence

PRESCRIBING PAIN MEDICATION ACCORDING TO THE WHO-PAIN LADDER

The formal recommendation of early palliative care as a gold standard in palliative cancer care is a further milestone towards the widespread implementation of truly multimodal ("holistic") concepts for the treatment of cancer pain. (3)

Q1	**What are the benefits of a holistic approach to treat chronic pain**
Patients	Patients elderly and/or frail and/or end of life indications in a palliative facility Frail, aged, end of life adults Children in a palliative facility
Intervention	Holistic approach in pain management
Comparator	Classic pain treatment (on demand)
Outcome	Quality of Life Efficiency of treatment Other benefits
Methodology	Systematic review Guidelines

Studies:
- Systematic reviews
- Evidence based guidelines

Indications:
- Treatment of pain in palliative care

Recommendations:
- Screening all individuals with cancer for pain (10)
- Involve patients in the holistic approach of their pain (3, 7)
- Assessing and reassessing cancer-related pain at regular intervals (7, 8)
- Rigorous use of the WHO pain ladder on the clock (9)
- Consider alternative treatment and/or drugs in case of side effects and drug interactions. (2)

Conclusions:
New pharmaceutical developments hold promising options for the treatment of cancer pain. Yet, it may be even more important to realize that the gold standard of cancer pain management has been identified to lie in the realization of truly holistic care that acknowledges the different physical, psychosocial, and spiritual dimensions of suffering. The treatment of cancer pain should be provided as a "broad therapeutic approach known as palliative care" that is based on interdisciplinary and multi professional collaboration. (3)

This project has been funded with support from the European Commission. This publication [communication] reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

References:
1. Laufenberg-Feldmann, R., et al. (2012). "[Cancer pain in palliative medicine]." Anaesthesist **61**(5): 457-467; quiz 468-459.
2. Harris, D. G. (2014). "Management of pain in advanced disease." British Medical Bulletin **110**(1): 117-128. (SR)
3. Gaertner, J. and C. Schiessl (2013). "Cancer pain management: what's new?" Curr Pain Headache Rep **17**(4): 328. (SR)
4. Smith, T. J. and C. B. Saiki (2015). "Cancer Pain Management." Mayo Clinic Proceedings **90**(10): 1428-1439. (Review)
5. Montauk, S. L. and J. Martin (1997). "Treating chronic pain." American Family Physician **55**(4): 1151-1160, 1165-1156.
6. Vayne-Bossert, P., et al. (2016). "Interventional options for the management of refractory cancer pain--what is the evidence?" Supportive Care in Cancer **24**(3): 1429-1438. (SR)
7. Arslan, D., et al. (2014). "Cancer pain prevalence and its management." Asian Pacific Journal of Cancer Prevention **15**(20): 8557-8562. (Review)
8. Fielding, F., et al. (2013). "Achieving effective control in cancer pain: a review of current guidelines." International Journal of Palliative Nursing **19**(12): 584-591. (SR)
9. Smith, T. J. and C. B. Saiki (2015). "Cancer Pain Management." Mayo Clinic Proceedings **90**(10): 1428-1439.
10. Clinical Best Practice Guidelines (2013) "Assessment and Management of Pain (Third Edition)" RNAO (BPGL)

During the course of cancer progression up to 90% of the patients suffer from pain of nociceptive, neuropathic or mixed nociceptive/neuropathic origin. The WHO "analgesic ladder" provides a large variety of effective drugs that can be used according to the specific pain type. (1)

Q2	**How to correctly use the WHO pain ladder**
Patients	Patients elderly and/or frail and/or end of life indications in a palliative facility Frail, aged, end of life adults Children in a palliative facility
Intervention	Correct use of WHO pain ladder
Comparator	Classic pain treatment on demand
Outcome	Quality of Life Efficiency of treatment
Methodology	Systematic review Guidelines

This project has been funded with support from the European Commission. This publication [communication] reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Studies:

- Systematic reviews
- Evidence based guidelines

Indications:

- Treatment of pain in palliative care

Recommendations:

We recommend that the WHO pain ladder be rigorously used in the management of chronic pain in a palliative setting as no scientifically proven alternatives are available.

Conclusions:

The WHO pain ladder has been in use for over 20 years. In 70 to 90% of the cases, the pain ladder offers adequate treatment of palliative care associated pain. In light of new evidence and strong mandates from Member States, new guidelines are needed. The World Health Organization is developing new guidelines for the clinical management of cancer pain in adults. (2) Additionally, literature underlines the importance of correct and timely assessment of pain as well as an on the clock treatment (as opposed to an on demand distribution of pain medication). (2,4,5) For the treatment of refractory pain, other techniques are available. (3)

References:

1. Laufenberg-Feldmann, R., et al. (2012). "[Cancer pain in palliative medicine]." Anaesthesist **61**(5): 457-467; quiz 468-459.
2. “Cancer Pain Relief, 2nd Edition, with a guide to opiate availability”, WHO, 1996
3. Vayne-Bossert, P., et al. (2016). "Interventional options for the management of refractory cancer pain--what is the evidence?" Supportive Care in Cancer **24**(3): 1429-1438. (SR)
4. Harris, D. G. (2014). "Management of pain in advanced disease." British Medical Bulletin **110**(1): 117-128. (SR)
5. Ripamonti, C. I., et al. (2012). "Management of cancer pain: ESMO Clinical Practice Guidelines." Annals of Oncology 23 Suppl 7: vii139-154.

This project has been funded with support from the European Commission. This publication [communication] reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.