

UP-DATE SULLA TERAPIA DEL DOLORE IN ONCOLOGIA

Renata Di Gregorio



clinical practice guidelines

Annals of Oncology 23 (Supplement 7): vii139–vii154, 2012
doi:10.1093/annonc/mds233

Management of cancer pain: ESMO Clinical Practice Guidelines†

C. I. Ripamonti[1], D. Santini[2], E. Maranzano[3], M. Berti[4] & F. Roila[5], on behalf of the ESMO Guidelines Working Group*

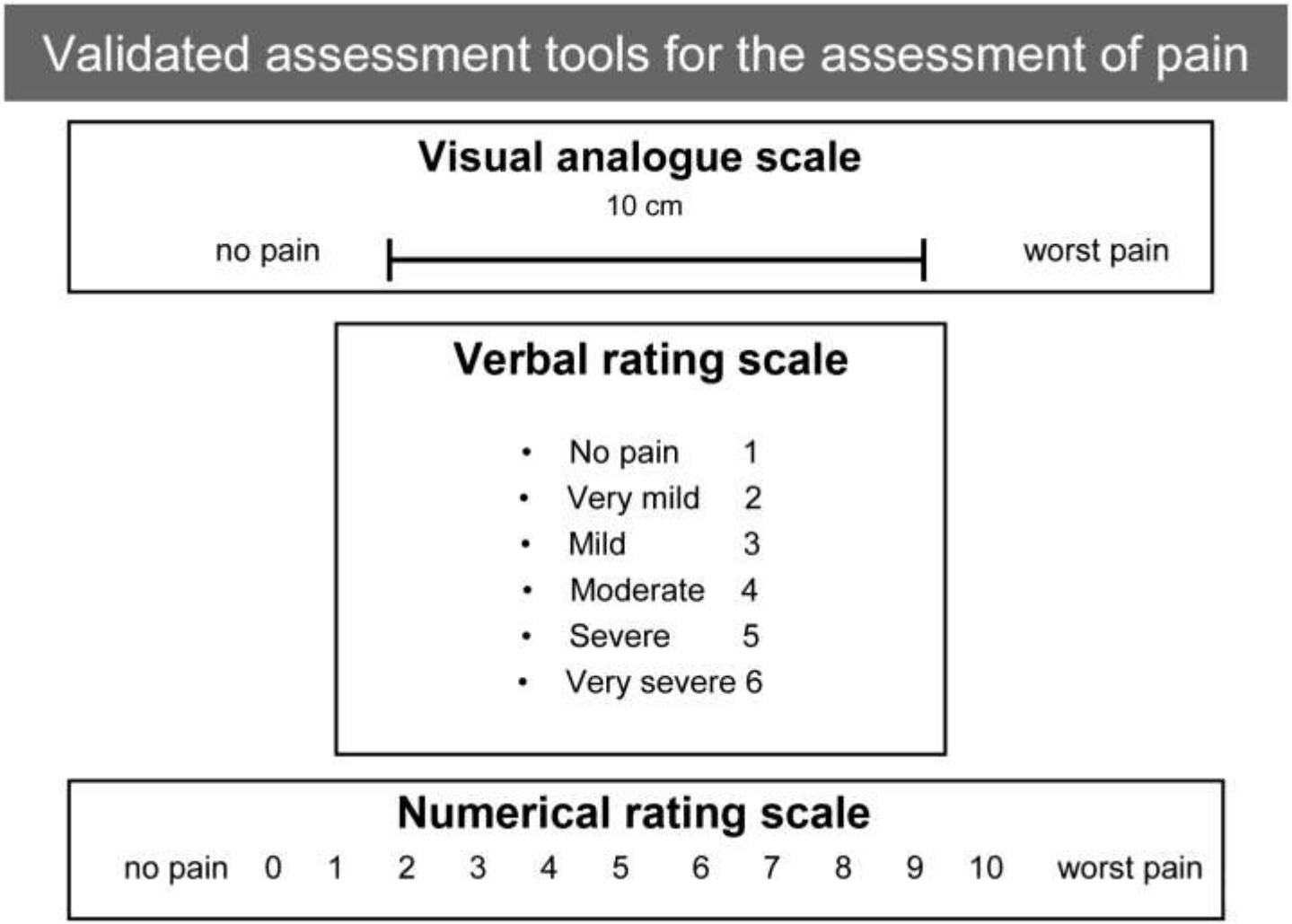
Adequate assessment of the patient with pain at any stage of the disease

Recommendation

The intensity of pain and the treatment outcomes should be regularly assessed using VAS, or VRS or the NRS

In older age, the presence of limited communicative skills or of cognitive impairment such as during the last days of life makes self-reporting of pain more difficult, although there is no evidence of clinical reduction in pain-related suffering.

Validated and most frequently used pain assessment tools.



Ripamonti C I et al. Ann Oncol 2012;23:vii139-vii154

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Annals of Oncology

Principles of pain management

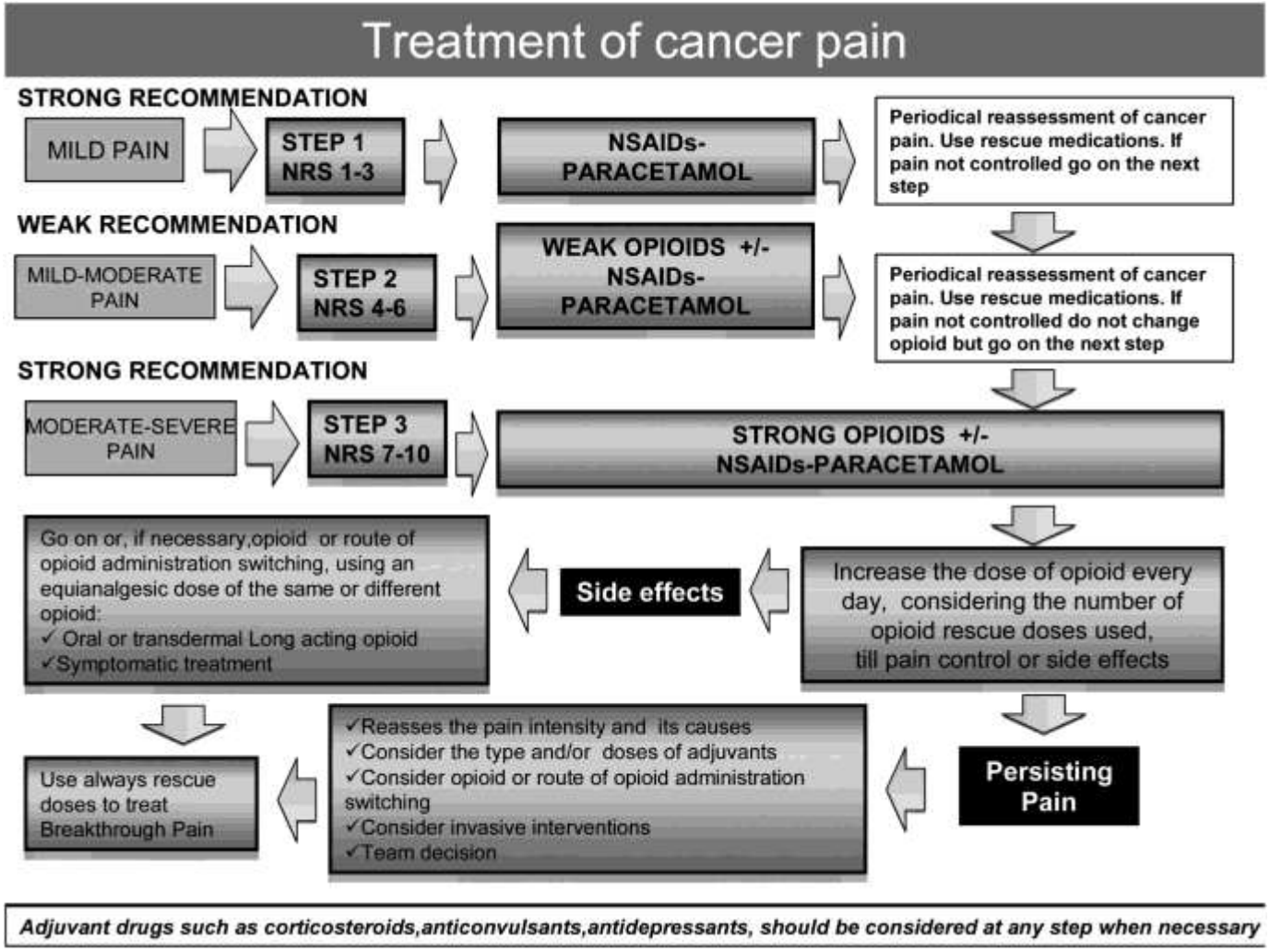
Patients should be informed about pain and pain management and be encouraged to take an active role in their pain managemen

Analgesic for chronic pain should be prescribed on a regular basis and not on an ‘as required’ schedule

The oral route of administration of analgesic drugs should be advocated as the first choice

Rescue dose of medications (as required or prn) other than the regular basal therapy must be prescribed for BTP episodes

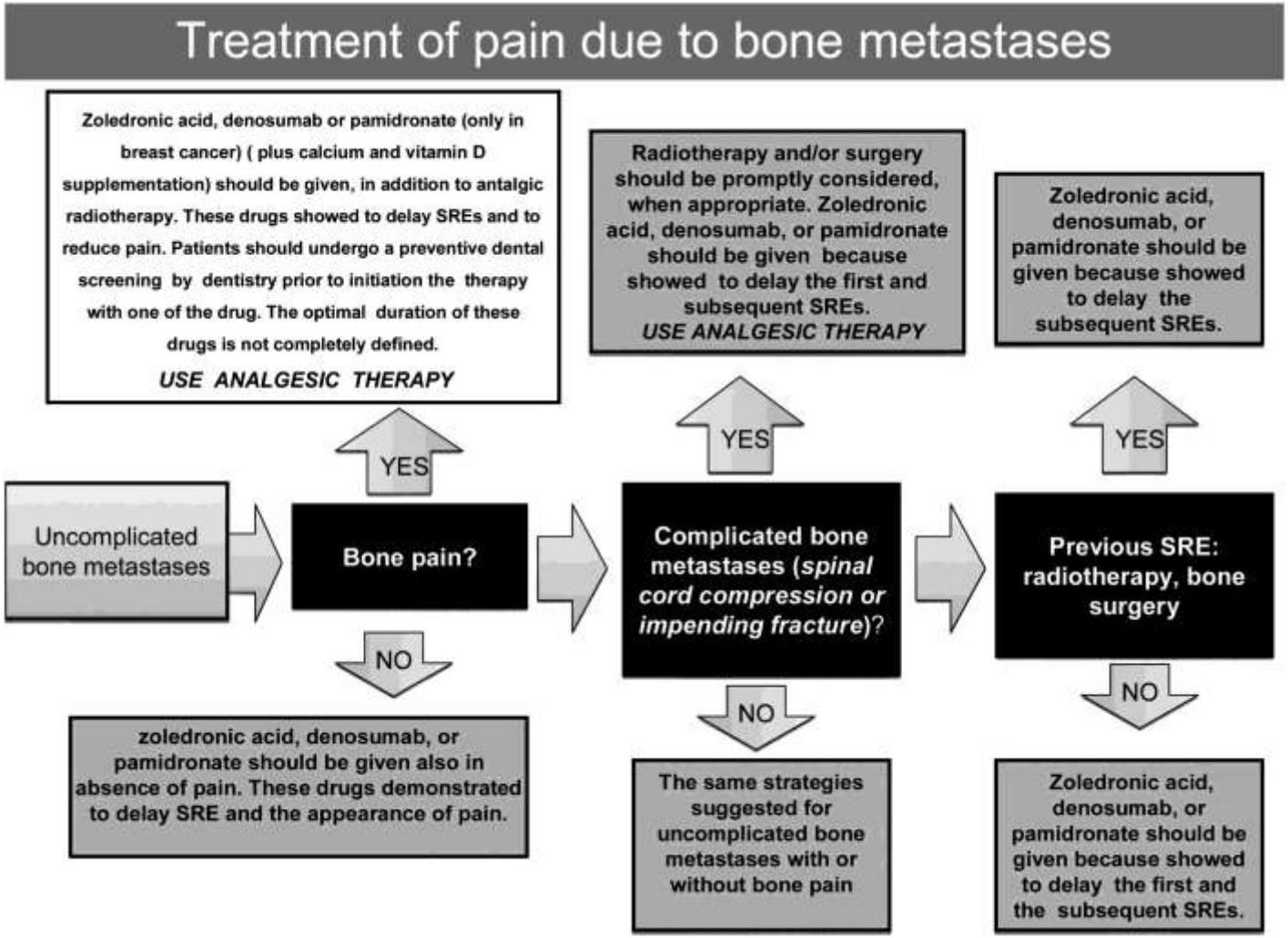
The analgesic treatment should start with drugs indicated by the WHO analgesic ladder appropriate for the severity of pain



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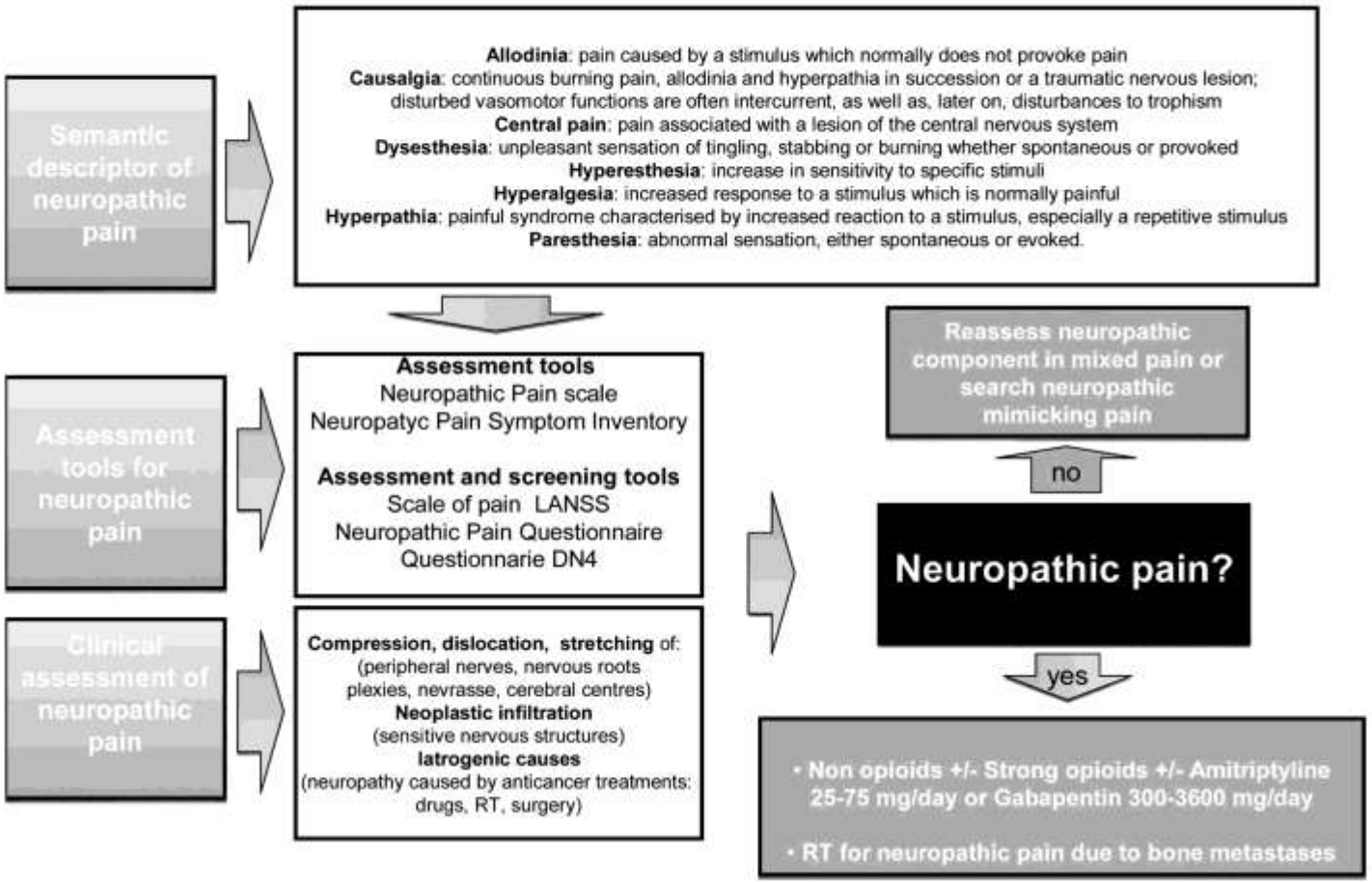


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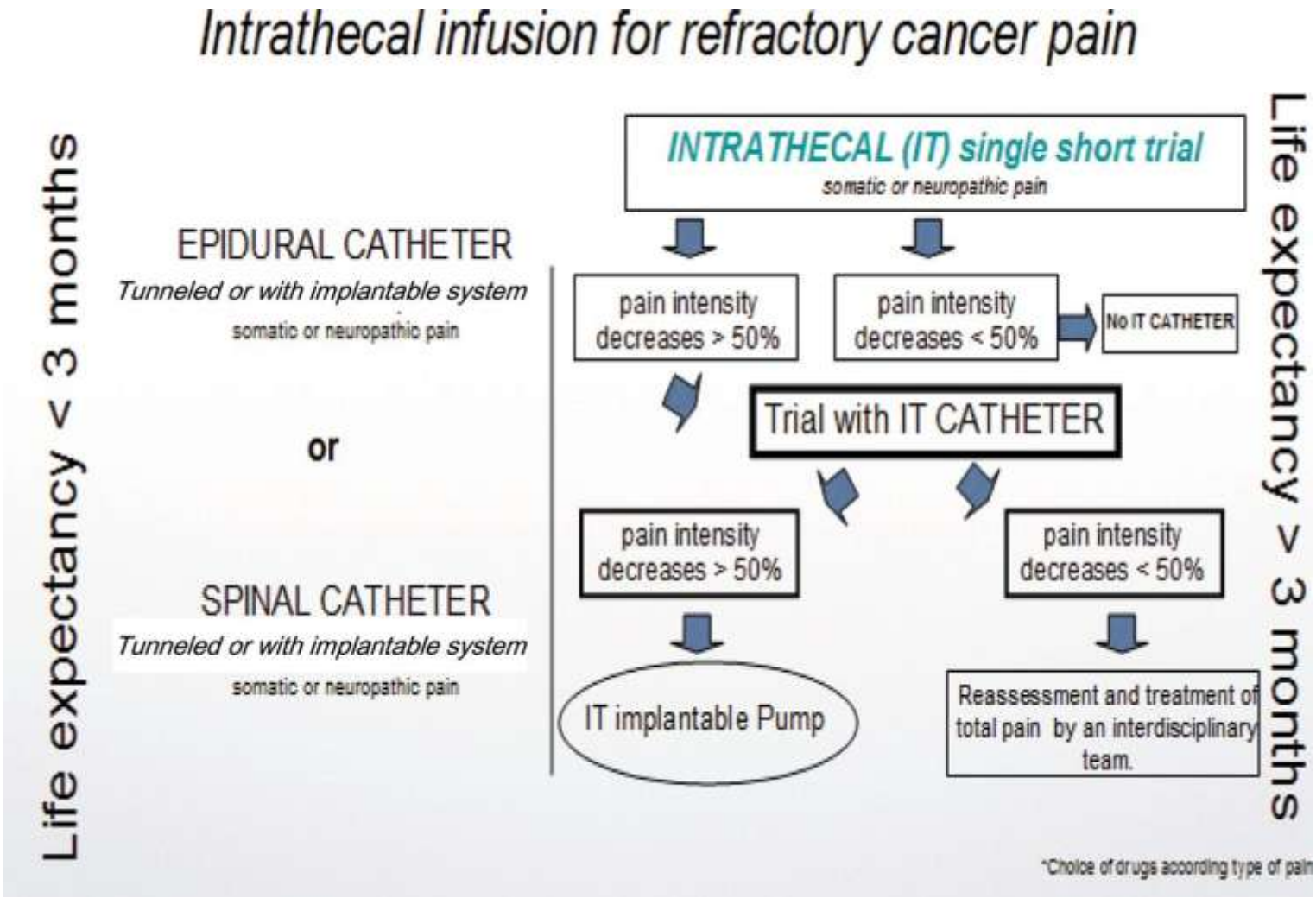
Assessment and treatment of neuropathic pain



Ripamonti C I et al. Ann Oncol 2012;23:vii139-vii154

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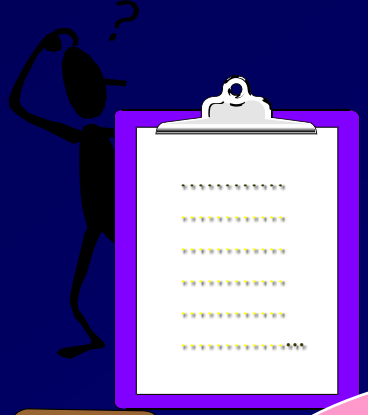
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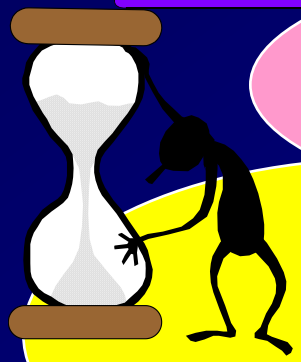
Annals of Oncology


Caratteristiche del dolore
intensità, diffusione anatomica, andamento temporale
Caratteristiche del Paziente
Attesa di vita, qualità di vita residua, diagnosi eziopatogenetica accurata, efficacia di precedenti terapie
Analgesico adeguato
rispetto della quantità del dolore, rispetto della qualità del dolore
Profilassi degli effetti avversi
rescrivendo una terapia cronica se ne devono prevedere anche agli effetti indesiderati (ad esempio la stipsi causata dall'uso di oppiacei)
Criteri di orientamento terapeutico
Dosi adeguate
Conoscere la posologia corretta dei farmaci per il dolore cronico, non ignorare l'effetto tetto
Orari fissi di somministrazione
il dolore cronico, per definizione, persiste: va prevenuto, non inseguito al momento della sua ricomparsa per questo è necessario conoscere la farmacocinetica e la farmacodinamica del farmaco impiegato
Via di somministrazione razionale
privilegiare la via orale o comunque la meno invasiva, in considerazione della cronicità della terapia e della compliance del paziente


dolore non neoplastico cancro debolezza effetti collaterali
SORGENTE SOMATICA
DEPRESSIONE
perdita del lavoro
problemi finanziari
perdita del ruolo in famiglia
stanchezza cronica
insonnia
senso di abbandono
alterazioni dell'aspetto
DOLORE GLOBALE
RABBIA
difficoltà burocratiche
ritardi nella diagnosi
irritabilità
fallimento terapeutico
medici irreperibili
allontanamento degli amici
ANSIA
paura dell'ospedale o del ricovero preoccupazioni per la famiglia
paura della morte inquietudine spirituale paura del dolore
perdita della dignità e del controllo del proprio corpo incertezza sul futuro

TERAPIA DEL DOLORE



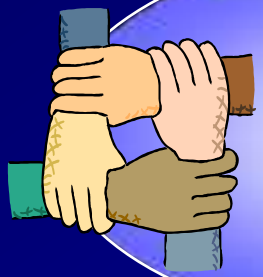


Trattamento farmacologico

Tempo a disposizione

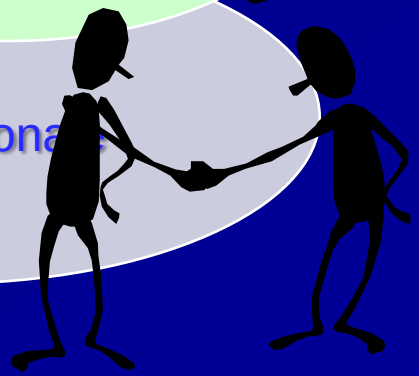
Ascolto





Lavoro di Gruppo

Relazione Interpersonale



Terapia Patient-Oriented

Malattia della Persona

Persona con una malattia

Curare la malattia

Prendersi cura del malato

ALLEANZA TERAPEUTICA:

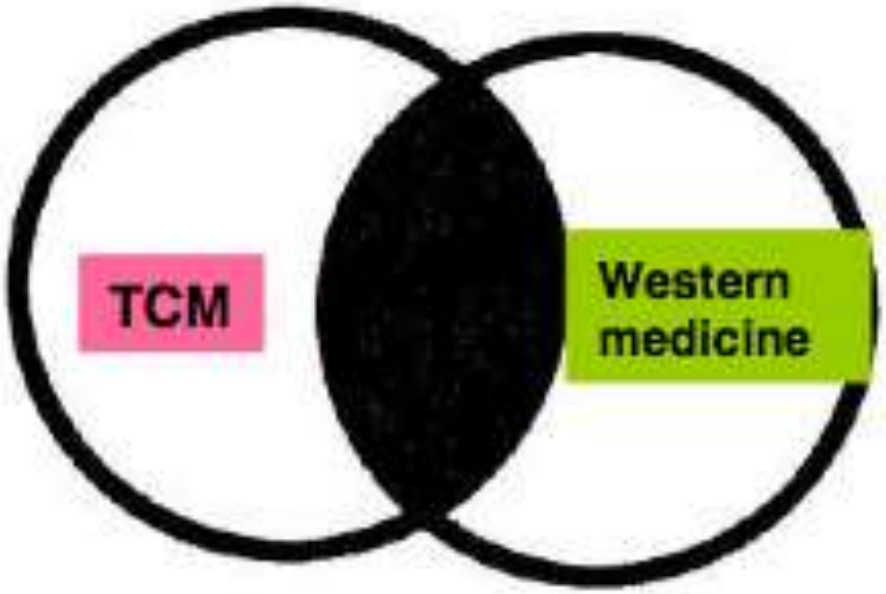
Cura come fine, guarigione come possibilità*

*F. D'Agostino, Comitato Nazionale Bioetica


Ospedale senza dolore
Gli Anestesisti Rianimatori in prima linea nella lotta contro il dolore, attenti nel cercare le soluzioni più idonee per dare sollievo a chi soffre

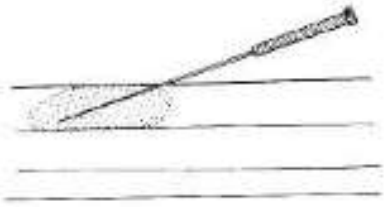
http://www.regione.emilia-romagna.it/agenziasan/mnc/pdf/seminari/2011/17giugno2011

Integration between TCM and Western Medicine

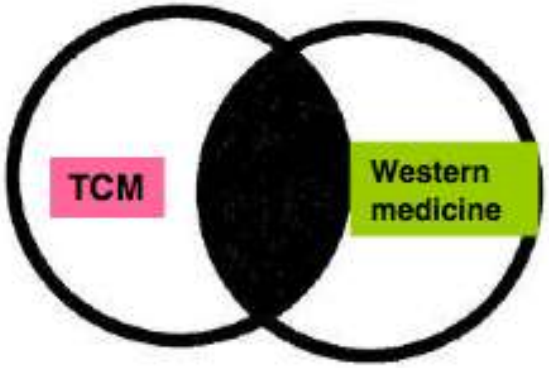


The advantage of acupuncture in cancer pain-relief

- **Acup. analgesic effect on cancer pain**
- **has a high value to release endo-opioids**
- --- put off the time of taking drugs of opioids
- --- Reducing the dose of drugs for pain-relieving
- --- compare, acupuncture has no side-effect in clinical treatment



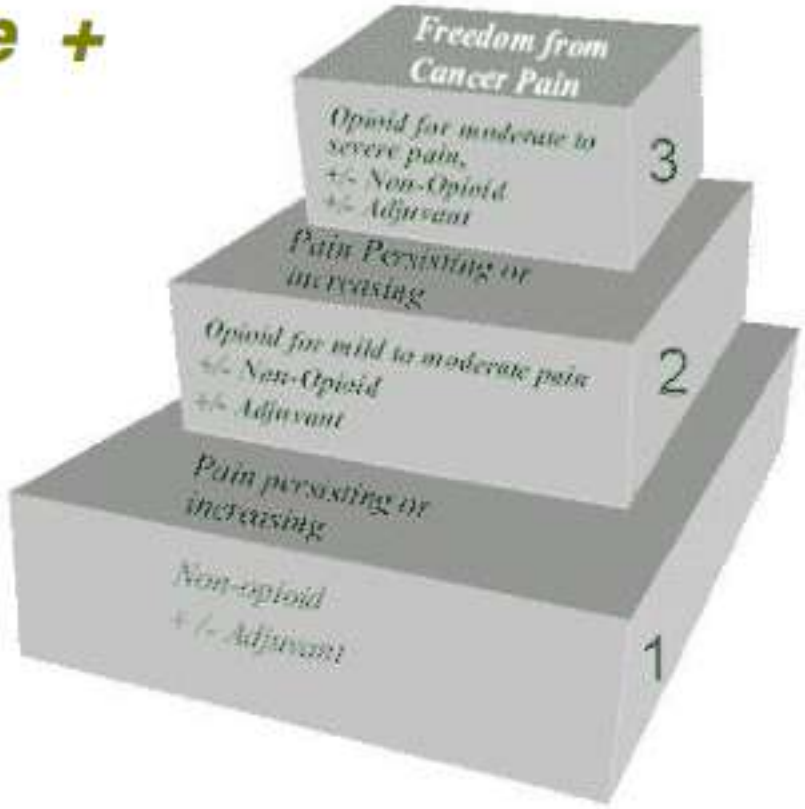
Superficial needling



Acup. + medication for cancer pain relief
---- a very useful combination in clinical treatment

WHO's Pain Relief Ladder

Acupuncture +



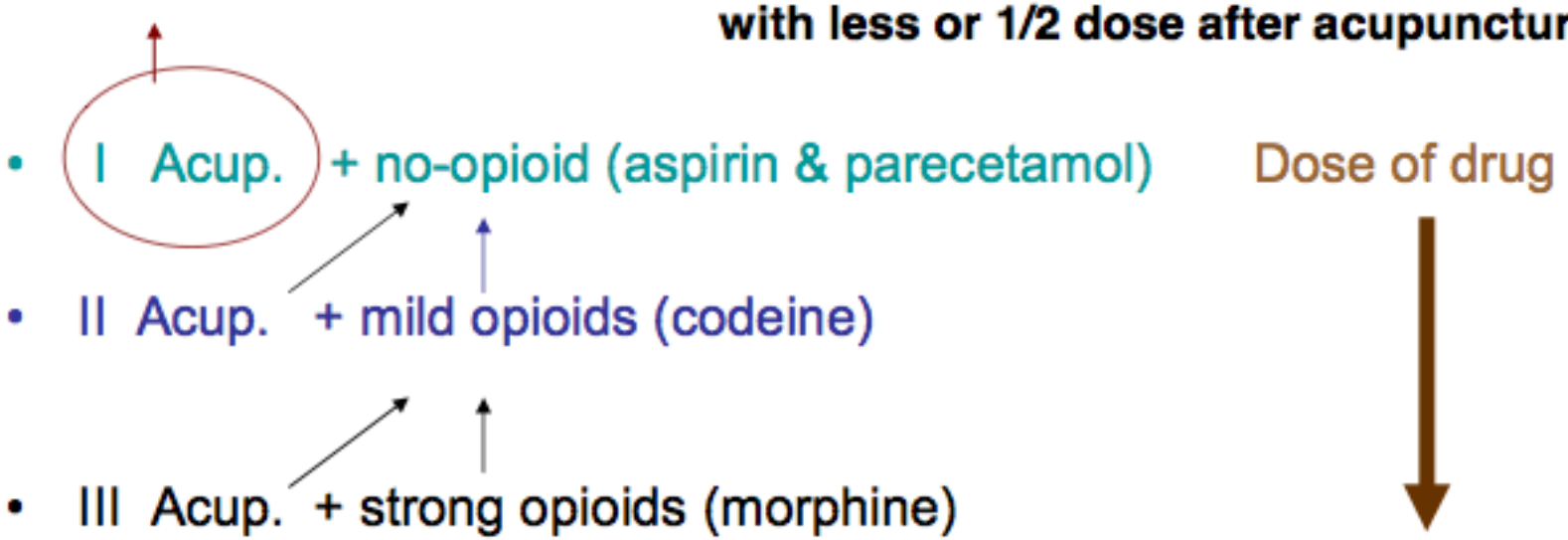
Medication

dose of drugs

- **Acup. is very useful in combination**
- **with drugs of the tree step "ladder" by WHO for pain relieve.**

Depending on, to give prompt oral administration of drugs

with less or 1/2 dose after acupuncture.



Clinical research of acupuncture cancer pain relief

- Different results in comparing of acupuncture and drugs
- with three step ladder by WHO

marked effect rate	method	total effective rate	difference
48.65 %	acup. (1-2 times/day)	72.97 %	P<0.01
P<0.05	acup.+ drugs	95.24 %	P<0.05
20.59 %	drugs	50.00%	P<0.001

JOURNAL OF CLINICAL ONCOLOGY

Journal of Clinical Oncology, Vol 21, Issue 22 (November), 2003: 4120-4126

Analgesic Effect of Auricular Acupuncture for Cancer Pain: A Randomized, Blinded, Controlled Trial

David Alimi et Al.

From the Pain Management Unit, INSERM, U521, and Biostatistic and Epidemiology Unit, Institut Gustave Roussy, Villejuif, France

Results: Pain intensity decreased by 36% at 2 months from baseline in the group receiving acupuncture; there was little change for patients receiving placebo (2%). The difference between groups was statistically significant (P < .0001).

Conclusion: The observed reduction in pain intensity measured on the VAS represents a clear benefit from auricular acupuncture for these cancer patients who are in pain, despite stable analgesic treatment.

Support Care Cancer. 2012 Jun;20(6):1147-58. Epub 2012 Mar 25.

Acupuncture for the treatment of cancer pain: a systematic review of randomised clinical trials.

Choi TY et A

RESULTS

A total of 15 RCTs met our inclusion criteria. All of the included RCTs were associated with a high risk of bias. The majority of acupuncture treatments or combination therapies with analgesics exhibited favourable effects compared with conventional treatments in individual studies. However, a meta-analysis suggested that acupuncture did not generate a better effect than drug therapy (n = 886; risk ratio (RR), 1.12; 95% CI 0.98 to 1.28; P = 0.09). The comparison between acupuncture plus drug therapy and drug therapy alone demonstrated a significant difference in favour of the combination therapy (n = 437; RR, 1.36; 95% CI 1.13 to 1.64; P = 0.003).

