



Global Year Against Cancer Pain

OCTOBER 2008 – OCTOBER 2009

Assessment of Cancer Pain

As with all pain syndromes, accurate, thorough, and systematic assessment of cancer pain is crucial to identifying the underlying etiology and developing a treatment plan. A variety of tools have been designed to assess pain in cancer.

Principles of Cancer Pain Assessment

- Use tools valid for the patient's age and cognitive abilities, with additional attention to the language needs of the patient.
- Record medications currently taken as well as those used in the past, including efficacy and any adverse effect.
- Consider common cancer pain syndromes while conducting the history and physical examination.
- Assess for functional impairment and the need for safety measures.
- Incorporate a psychosocial evaluation into the assessment, including determination of the patient's/family's goals of care.
- Use a pain diary to track the effectiveness of therapies and evaluate changes in pain.
- Order a diagnostic evaluation (e.g., MRI, CT, laboratory testing) when warranted, and only if it will contribute to the treatment plan.
- Evaluate for the presence of other symptoms, as pain is highly correlated with fatigue, constipation, mood disturbances, and other symptoms.

Pain History

Essential components of the pain history include:

- Location(s)
- Intensity
- Quality
 - Nociceptive: aching, throbbing
 - Visceral: squeezing, cramping
 - Neuropathic: burning, tingling, electrical, painfully numb
- Temporal patterns
- Aggravating and alleviating factors
- Meaning of pain, presence of suffering or existential distress
- Cultural factors
- Medication history

Pain Intensity Scales

Unidimensional scales include the numeric rating scale (e.g., 0 to 10), a verbal descriptor scale (e.g., "no pain," "mild pain," "moderate pain," "severe pain") or a visual analogue scale (e.g., a 10-cm line with anchors such as "no pain" on the left and "severe pain" on the right; the patient indicates the place on the line that best represents the intensity of pain). A variety of scales use drawings of faces (from smiling to distressed) for patients who cannot easily use the above tools. Several pediatric tools are available.

Multidimensional Instruments

The Brief Pain Inventory is a valid, clinically useful pain assessment tool that has been used extensively in people with cancer. It includes a diagram to note the location of pain, questions regarding pain intensity (current, average, and worst using a 0 to 10 rating scale), and items that evaluate impairment due to pain. The BPI has been translated into a large number of languages, including French, Italian, Mandarin, and Spanish.

Symptom Assessment Tools

Studies demonstrate a significant correlation between pain, depression, fatigue, and other symptoms commonly seen in those with cancer. These co-occurring symptoms are commonly referred to as symptom clusters. The use of multidimensional scales incorporating the most common symptoms would ensure systematic assessment. Several currently available instruments that measure symptom clusters and have demonstrated validity and reliability include:

- Edmonton Symptom Assessment Scale (ESAS)
- M.D. Anderson Symptom Inventory (MDASI)
- Memorial Symptom Assessment Scale (MSAS)
- Rotterdam Symptom Checklist (RSC)

A Distress “Thermometer” is a vertical visual analogue scale designed to look like a thermometer, with 0 meaning “no distress” and 10 (at the top of the thermometer) indicating “extreme distress.” Accompanying the thermometer scale is a checklist that includes a variety of physical, psychological, practical, family support, and spiritual/religious concerns.

References

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