Annals of Clinical Cases

ISSN: 2692-7993

Editorial

Multifactorial Experience of Pain

Dalamagka Maria*

Department of Anesthesia, General Hospital of Larisa, Greece

Editorial

Pain is defined in many ways: "An unpleasant aesthetic and emotional experience associated with actual or potential tissue damage or described in terms of such damage. Pain is a category of complex experiences, as it is not a single sensation produced by a single stimulus".

"Pain is what a person experiences and takes place when he says it is happening".

Paroxysmal pain is pain of moderate or severe intensity and occurs in the background of chronic controlled pain. Paroxysmal pain can be described as automatic, unexpected, or predictable and predictable.

Psychological discomfort has been defined as a multifactorial unpleasant emotional experience in terms of the psychological sphere (cognitive, behavioral, emotional), social and spiritual and can affect the effective treatment of cancer, such as physical symptoms and treatment. Discomfort can range from vulnerability, sadness and phobia to depression, anxiety, and an existential and spiritual crisis.

Good communication between doctor and patient, planning and trust are essential to controlling the pain associated with cancer.

The multidimensional nature of pain must be taken into account in the evaluation and management of patients. Psychological factors can have a significant effect on the perception of pain and how the sufferer responds behaviorally and emotionally. As a chronic stressful condition, chronic pain can lead to disability and anxiety, but it can also be caused by psychological factors. The prevalence of depressive disorders is significantly higher in those patients with high levels of cancer pain. This suggests that pain and psychiatric morbidity are related and also that cancer pain plays an important role in the onset and worsening of depression.

Pain is more than just a physical phenomenon, although the psychological, social and spiritual aspects of pain are not always evaluated. Research shows that a multidimensional approach to pain is the answer. A universal assessment of pain should consider the manifestations of pain and its functional effects; psychosocial factors stress level, mood, cultural influences, phobias, and effects on interpersonal relationships, and factors that affect pain tolerance.

Citation: Maria D. Multifactorial Experience of Pain. Ann Clin Cases. 2020;1(1):1004.

Copyright: © 2020 Dalamagka Maria

Publisher Name: Medtext Publications LLC

Manuscript compiled: June 1st, 2020

***Corresponding author:** Dalamagka Maria, Department of Anesthesia, General Hospital of Larisa, Greece, E-mail: mary.dalamaga@gmail.com

Medication for Cancer Pain Includes

- Paracetamol and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). They are universally accepted as part of treatment. Relieving pain by combining an opiate with an NSAID or *vice versa* increases pain relief.
- Patients with neuropathic pain should be given a tricyclic antidepressant (e.g., amitriptyline or imipramine) or antiepileptics (gabapentin, carbamazepine, phenytoin) with careful monitoring of side effects.
- Ketamine is used only in selected patients, who have persistent pain that remains uncontrolled by other means (e.g., neuropathic pain, ischemic limb pain).
- Capsaicin is the active component of hot peppers and contact with the skin leads to a reduced susceptibility of this region. It is used in postherpetic neuralgia and diabetic neuropathy.
- For mild to moderate pain, a weak opioid, such as codeine may be given in combination with a non-opioid analgesic.
- Strong opioids used in palliative care include morphine, alfentanil, buprenorphine, diamorphine, fentanyl, hydromorphine, methadone, and oxycodone.

Methadone has a long and unpredictable half-life with significant variation among patients and requires careful monitoring. The first-line treatment for patients with severe cancer pain is morphine. Due to the fact that patients use these drugs year after year, the oral route is the preferred one. In patients who prefer a patchwork compound or in people with difficulty swallowing or unresolved nausea, transdental phenytoin patches may be appropriate if the pain is constant.

Paroxysmal pain is defined as the transient exacerbation of moderate or severe pain. It has the following characteristics: rapid onset, duration with an average value of 30 minutes and is associated with a difficult psychological and functional outcome. It is also associated with an inadequate response to regular opioids. The sudden and unpredictable onset of paroxysmal pain can affect breathing, circulation, or even urination.

The distinction between paroxysmal pain and a deficient dose of regular 24-hour analgesia (usually occurs shortly before the next dose of regular analgesia) is significant. An increase in the dose of analgesic will solve the problem in the second case.

In addition, it should be noted that patients starting an opioid for moderate or severe pain should have access to antiemetic treatment.

Complementary therapies used to treat cancer, although increasing in popularity, the evidence to support their use remains weak. The main ones, such as radiotherapy for bone pain, showed a systematic review, complete pain relief in a month. Transdermal cementoplasty

involves injecting acrylic bone cement into malignant cavities to relieve pain or stabilize the bone. Transdermal vertebroplasty involves the insertion of acrylic bone cement into the vertebral body in order to relieve pain or stabilize the vertebral fracture and in some cases to restore spinal height. Strong opioids used in palliative care include morphine, alfentanil, buprenorphine, diamorphine, fentanyl, hydromorphine, methadone, and oxycodone.

Methadone has a long and unpredictable half-life with significant variation among patients and requires careful monitoring. The first-line treatment for patients with severe cancer pain is morphine. Due to the fact that patients use these drugs year after year, the oral route is the preferred one. In patients who prefer a patchwork compound or in people with difficulty swallowing or unresolved nausea, transdental phenytoin patches may be appropriate if the pain is constant.

Paroxysmal pain is defined as the transient exacerbation of moderate or severe pain. It has the following characteristics: rapid onset, duration with an average value of 30 minutes and is associated with a difficult psychological and functional outcome. It is also associated with an inadequate response to regular opioids. The sudden and unpredictable onset of paroxysmal pain can affect breathing, circulation, or even urination.

The distinction between paroxysmal pain and a deficient dose of regular 24-hour analgesia (usually occurs shortly before the next dose of regular analgesia) is significant. An increase in the dose of analgesic will solve the problem in the second case.

In addition, it should be noted that patients starting an opioid for moderate or severe pain should have access to antiemetic treatment.

Complementary therapies used to treat cancer, although increasing in popularity, the evidence to support their use remains weak. The main ones, such as radiotherapy for bone pain, showed a systematic review, complete pain relief in a month. Transdermal cementoplasty involves injecting acrylic bone cement into malignant cavities to relieve pain or stabilize the bone. Transdermal vertebroplasty involves the insertion of acrylic bone cement into the vertebral body in order to relieve pain or stabilize the vertebral fracture and in some cases to restore spinal height.

© 2020 - Medtext Publications. All Rights Reserved.