

PAIN MANAGEMENT MYTHS AND MISCONCEPTIONS

1. **Save it for when it gets worse**

While patients and staff are reluctant to use analgesics at appropriate doses;

- FACT: Treating early prevents pain, and loss of function
- FACT: No ceiling effect of strong opioids
- FACT: Tolerance is infrequent with oral opioids in palliative patients. A dose increase is usually a result of increased pain.

2. **Pain is an expected and natural consequence of ageing**

- This is not supported in the medical literature

3. **Treatment is worse than the cure**

- Over 80 % of patients with cancer will have good pain control with simple pain management approaches
- Side effects can be managed

4. **Hospice palliative care is for people dying of cancer**

- In fact, it is for many types of patients, including end stage renal disease

5. **Currently patients are free of pain**

- 50 % of dialysis patients have reported pain
- 50 % of patients dying in the hospital experienced moderate to severe pain in the immediate period before death according to the SUPPORT study. This despite the publication of numerous national and international guidelines on how to manage pain effectively. Under-treatment of pain and patient suffering remains a significant problem.
- 42 % pain prevalence in patients discontinuing dialysis during the last 24 hours of life

6. **Hospice palliative care starts when someone is close to dying and ends at death**

- Hospice palliative care starts at the time of the acute phase of the terminal illness and continues through the illness trajectory and beyond the patient's death to provide bereavement to the family

7. **Hospice palliative care means providing comfort when patient is dying**

- It aims to comfort, but hospice palliative care also aims to treat all active issues, opportunities for meaningful and valuable experiences, personal and spiritual growth and self-actualization.

8. **Won't my patient develop an addiction to the opioids?**

- FACT: Addiction incidence is only 6 % in chronic pain
- FACT: Addiction incidence in palliative patients was less than 1% in one large study
- Screening of patients using recognized tests, such as the CAGE questionnaire, assist identification of potentially inappropriate patients

Reference : Common Myths of Hospice Palliative Care Manitoba RN Journal
http://www.crnmb.ca/downloads/rn_journal_april_05.pdf page 29-30