

Smertebehandling Avansert symptomlindring

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Vil komme inn på

- Er vi gode nok?
- De grunnleggende prinsipper
- Diagnostikk og symtomevaluering
- 'Avansert' behandling-hvordan stokke beina?
- Kunnskapsoppsummeringer-er det et nyttig verktøy?
- Handlingsprogrammer-for hvem og hvordan?

Er vi gode nok?

Pain control ...epidemiological data

- In controlled studies 90% achieve pain control
- In cross sectional studies 50% achieve control
- 25-30% still after suffer from pain after re- diagnosis and re-treatment

De grunneleggende prinsipper

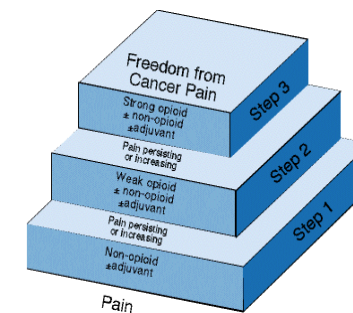
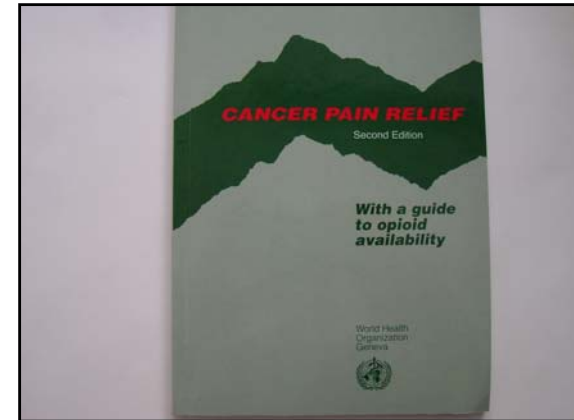




Figure 4 Some of the 1982 WHO group at the Villa D' Este on Lake Como, Italy.
L. to R. John Bonica, Mark Swerdlow, Robert Tezcross, Kathleen Foley, Vittorio Ventafridda, and Jan Sjogrenqvist.

WHO Cancer Pain Guidelines: Do we need a revision?



What are the limitations?

- Patient, family and society barriers
- Opioid phobia
- Insufficient diagnosis
- Guidelines are not followed
- Lack of multimodal treatment ie... collaboration- pain, palliative care and oncology
- Lack of research into the field
- Systematic assessment of pain incl. follow up

How to improve ?

- More integrated treatment ie RT and CT as well as surgery ie multidisciplinary collaboration
- More use of opioids up front (skip step 2?)
- More active rotation of opioids
- Better individualized treatment
- Improved diagnosis and assessment of subjective symptoms

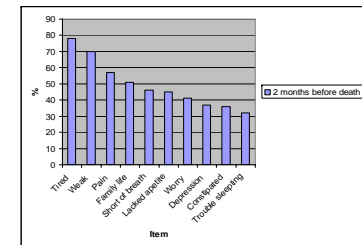
Some reflections.....

- Other drugs than opioids?
- Other treatment modalities?
- Other opioids than morphine?
- Other factors influencing inappropriate pain controle...such as assessment, guidelines and genetics?

Kompleksiteten

Patients in palliative care are suffering from more symptoms than pain

EORTC QLQ-C30 2 months before death "quite a bit" or "very much"



Ahiner, Jordhey, Kaasa. In preparation 2006

Controversies and future perspectives

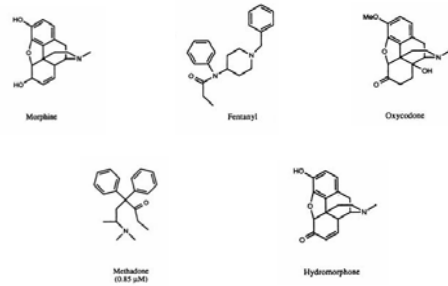
Step 2 of the pain ladder...do we need it?

- From a clinical perspective?
- From a pharmacological perspective?
- From a regulatory perspective?
- From a scientific perspective
-and probably there are other perspectives

Are all opioids similar?

- Morfin
- Fentanyl
- Oxycodon
- Metadon
- Hydromorfon

Chemical structure



Opioid switching

Some challenges

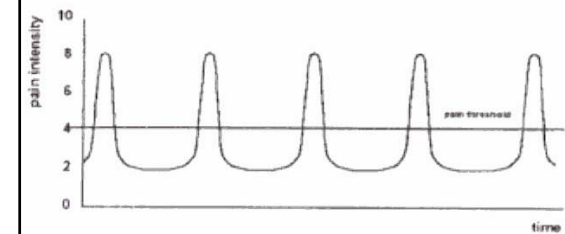
- Which drug to rotate to?
- Rotation strategy ie stop and go or over 3 days?
- Switching route and/or opioid?
- More than one opioid at the time?
- More than one route at the time?

Incident pain

- Is under diagnosed(?)
- Is under treated(?)
- Do we have the optimal drug/delivery system?

Episodic (Breakthrough) Pain - definitions

- "A transitory exacerbation of pain that occurs on a background of otherwise stable pain in a patient receiving chronic opioid therapy."
- "Breakthrough pain is of moderate to severe intensity and it has a rapid onset."



Cancer 2002; 94; 3: 832-839

Treatment strategies

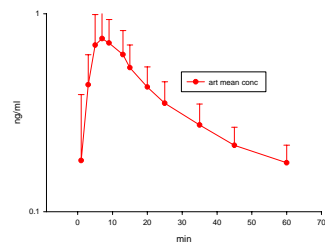
- Oral- immediate release
- Transmucosal fentanyl
- Nasal applications?

Nasal fentanyl

Introduction

- Opioids given nasally display a rapid onset of action and nasal administration can be performed by the patients themselves.
- Pilot studies have shown promising results from nasal administration of fentanyl both for cancer related breakthrough pain and postoperative pain

Nasal fentanyl



Results forts.

- No significant adverse events were observed.

Diagnostikk og symtomevaluering

The assessment systems used to day are not flexible and interactive enough as well as there is no international consensus on how to assess

- The future may be computerised systems
- The systems need to be standardised
- The patients need to be correctly classified

Assessment

- Systematic
- One common language
- Registrations available on site
- Into the new digital systems

ESAS registration

ESAS registration form showing various assessment scales for a patient's day.

How does your day look like?

ESAS (Elderly State of Anxiety Scale) scales:

- Awake - 0 to 10
- Awake and responsive - 0 to 10
- Speech - 0 to 10
- Eye - 0 to 10
- Response - 0 to 10
- Movement - 0 to 10
- Reaction - 0 to 10
- Response to pain - 0 to 10
- Verbal response - 0 to 10

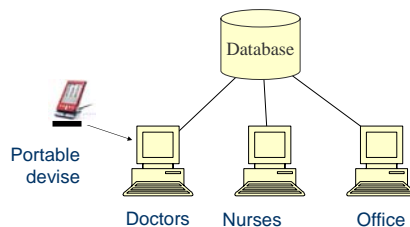
All have been asked, how does the day look like?

ESAS (Elderly State of Anxiety Scale) score: 0 to 10

NRS -graphs

NRS -graphs showing a grid for recording pain scores over time for various patients. The grid has columns for patient names and rows for time intervals (e.g., 08:00, 10:00, 12:00, 14:00, 16:00, 18:00, 20:00, 22:00, 00:00, 02:00, 04:00, 06:00).

A digital system?



Opioid effect can be influenced by genetic variation related to:

Opioid metabolism

Opioid receptors

Transport of opioids

Modulating systems

Lindring av smerter hos kreftpasienter

Rapport fra Kunnskapsenteret Nr 9-2005

Medisinsk metodevurdering basert på internasjonale rapporter og egen litteraturgranskning

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Medisinsk metodevurdering som beslutningsgrunnlag

Medisinsk metodevurdering

Klinisk forskning → Vurdere dokumentasjon → Belyse konsekvenser

- Forsyne beslutningstakere på alle nivåer i helsejerneten med best mulig forskningsbasert kunnskap om en gitt metode
- Skal ikke gi anbefalinger
- Skal være et grunnlag for faglige, administrative og helsepolitiske beslutninger

Beslutninger

- Helsepolitikk
- Kliniske retningslinjer
- Klinisk praksis

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Litteraturgranskning

Systematisk og kritisk

- identifisere
- vurdere
- sammenstille

Systematisk og åpen prosess!

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Litteraturgranskning - trinn 1 og 2 (sortering)

Trinn 1 • relevans

Trinn 2 • relevans, kvalitet

Litteraturgrunnlag

Abstrakts/titler → Publikasjoner i fulltekst → Inkludert: - relevante - akseptabel kvalitet

Ekkludert: - ikke relevant - ikke akseptabel kvalitet

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Litteraturgranskning - trinn 3 (kvalitetsbedømmelse)

Trinn 3 • kvalitet, validitet

- sjekklister
- statistisk styrke

Kvalitetsklasser

- Høy (++)
- Middels (+)
- Lav (-)

Vektlegge ved syntese av samlet dokumentasjon

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Oppsummering av kunnskapsstatus

Hva er den vitenskapelige dokumentasjon på effekt av de ulike behandlingsmetoder som benyttes for smertelindring hos pasienter med uhelbredelig kreft?

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Generell betraktninger

- Få studier
- Små studier
- Lite om barn
- Mangel på enhetlig rapportering
- Mangel på smertefokus i artikler om palliasjon

Nasjonale Handlingsprogrammer

Et samarbeid mellom

- Fagmiljøene
- SHDir
- Kunnskapsenteret



Kreftstrategien

Future perspectives

- New targeted pain receptor drugs may be synthesized in the future
- Assessment of pain and other subjective symptoms may be computer based by means of 'intelligent systems'
- Treatment of pain may rely on individual gene mapping

