

Cancer Pain: Causes and How It's Managed

Having cancer doesn't mean you'll have pain, but if you do, it can usually be controlled with medicine and non-drug approaches. Pain may come from the cancer or from treatment. Your doctor builds a pain control plan that's unique to you. Describing your pain clearly and reporting how the plan is working are key to relief.

Speak up early

Contact your doctor or nurse if you feel new pain, if pain is not decreasing with medicine, or if you have side effects from the medicine.

Controlling pain is an important part of your cancer treatment plan. Treating pain effectively can improve your mood, help you sleep better, and give you energy. Trying to just "deal with" pain can make it harder to control later. It helps to speak up.

The simple version

Having cancer does not mean you will have pain. But if you do, pain can usually be controlled with pain medicine and non-drug approaches. Pain may be caused by the cancer or by cancer treatment.

Types and causes of pain

People with cancer may have different types of pain.

- **Acute pain** may feel sharp, come on quickly, and last only a short time.
- **Breakthrough pain** comes on suddenly, even while you are taking medicine for chronic pain, and usually lasts a short time.
- **Chronic pain**, also called persistent pain, usually lasts more than three months. It may be mild or severe, and may come and go or be constant.

Pain can come from the cancer itself. For example, a tumor may press on nerves or other parts of the body. Some treatments or tests, such as surgery, cause pain. Pain can also be a side effect of treatment, such as mouth sores, nerve problems, or skin reactions.

Building a pain control plan

Your doctor will build a plan to control your pain based on your description of it, your symptoms, a physical exam, and sometimes imaging tests. Some hospitals have pain specialists who work as

a team. This may include a palliative care specialist, nurse, pharmacist, and others.

Describing your pain clearly helps your team treat it. Be as specific as you can. Your team may ask:

- Where the pain is.
- What it feels like (sharp, burning, shooting, or throbbing).
- Whether it is constant or comes and goes.
- When it starts and how long it lasts.
- How bad it is on a scale of 1 to 10.

It also helps to note what makes it better or worse, and whether it affects eating, sleeping, or daily activities. Some people track this in a notebook or a phone app.

Taking pain medicine

Different types of pain medicine, also called painkillers, pain relievers, or analgesics, are used to control pain.

- **Over-the-counter** medicines such as aspirin, acetaminophen, ibuprofen, or naproxen.
- **Prescription** medicines such as antidepressants, antiseizure medicines, muscle relaxants, or steroids.
- **Opioids**, also called narcotics, for moderate to severe cancer pain.

Pain medicine usually works best when taken the way it was prescribed, at the scheduled times.

Try not to wait until your pain gets bad. Waiting can make it take longer to go away. Tell your doctor if the medicine is not working. Talk with your doctor before stopping any pain medicine, since stopping suddenly could cause withdrawal (unpleasant symptoms when a drug is stopped).

Common side effects of pain medicine include constipation, drowsiness, and nausea or vomiting. Some may fade as your body adjusts.

Tolerance, dependence, and addiction

It is common to worry about becoming addicted to pain medicine. It helps to understand three different things.

- **Drug tolerance** happens when your body gets used to a medicine and it works less well. Your doctor may adjust the dose or switch medicines.
- **Physical dependence** means the body gets used to a certain level of medicine and has symptoms if it is suddenly stopped. This can happen even when a drug is taken as instructed.
- **Addiction** involves compulsive drug seeking and being unable to stop despite harmful consequences.

Needing a higher dose, or having symptoms when a dose is lowered, is not the same as addiction. Your doctor carefully prescribes and monitors your medicine. Most people with cancer who take strong pain medicine use it safely and effectively.

Non-drug approaches

In addition to medicine, your team may suggest complementary and integrative practices, sometimes called natural pain relief.

- **Acupuncture.** Inserting very thin needles into specific points on the body.
- **Biofeedback.** Learning to control functions like heartbeat and muscle tension.
- **Distraction.** Shifting attention away from pain, such as with music or a movie.
- **Guided imagery.** Focusing on positive scenes or experiences.
- **Hypnosis.** A deeply relaxed, trance-like state.
- **Meditation.** Relaxing the mind and body to improve well-being.

Ask your health care team which of these options might be best for you.

Sources

- [National Cancer Institute — Cancer Pain Control: Support for People With Cancer](https://cancer.gov/about-cancer/treatment/side-effects/pain) (cancer.gov/about-cancer/treatment/side-effects/pain)

Source: National Cancer Institute (cancer.gov/about-cancer/treatment/side-effects/pain)

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