

## Cancer pain: etiology and evaluation

王宏銘

林口長庚醫院 血液腫瘤科

The estimated prevalence of chronic pain in populations undergoing cancer treatment ranges from 33 to 50 percent, and it is considerably higher (over 70 percent) in patients with advanced disease. It affects patient's life, including physical functioning, the performance of activities of daily living, psychological and emotional status, and social interactions. Given the potential for profound adverse consequences, all patients with cancer pain should have a systematic approach to assessment.

The major goals of the assessment for cancer pain include:

1. Pain characteristics
  - intensity: it is often measured by a verbal rating scale or a numeric scale. Pain intensity should be monitored over time using the same rating scale and specific time frame (eg, "pain right now", "during the past day", or during the past week").
  - temporal features: It include type of onset, duration, course, and daily fluctuation. "Breakthrough pain" and one subtype "incident pain" is usually experienced.
  - quality: eg, aching, sharp, stabbing, burning, etc., provides information that may help distinguish between nociceptive and neuropathic pain syndromes.
  - pain location and referral patterns, and identification of specific factors that can provoke or reduce pain: may help to clarify the etiology and elucidate a treatment approach that includes management of precipitants.
  - impact on physical functioning and quality of life.
2. Aware of prior testing and treatments performed specifically for the pain.
3. Understand the pain in terms of etiology (disease-related, treatment-related, or neither), inferred pathophysiology (nociceptive, neuropathic, psychogenic or mixed), and identify a specific pain syndrome, if possible. Identifying the etiology can clarify the status of disease, potentially altering the prognosis or reveal an opportunity for disease modifying therapy that may provide some analgesic benefit. As an example, radiation therapy for bony metastasis is often performed with pain relief as the primary goal.
4. Note comorbidities, including other symptoms, medical disorders, and psychiatric/psychosocial problems that may be contributing to suffering and as a targets for treatment