

Opioids and Cancer Survivors: Issues in Side-Effect Management

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Purpose/Objectives: To describe the most common side effects associated with the use of opioid treatment in patients with moderate to severe cancer pain; to discuss research findings specific to the use of opioids for cancer pain in long-term cancer survivors.

Data Sources: Published research, articles from a literature review, and U.S. statistics.

Data Synthesis: Side effects associated with opioid use are a major contributor to patient reluctance to follow treatment plans for cancer pain. Clinicians must follow the critical steps necessary to build comprehensive treatment plans that include a preventive approach to side effects and opioid rotation when side effects do not resolve.

Conclusions: Side effects associated with long-term use of opioids by cancer survivors are a major contributor to patient reluctance to follow a cancer pain treatment plan. Patient education efforts must promote open and clear communication between survivors and their providers about side effects and other important issues related to long-term use of opioids in managing pain related to cancer and its treatment.

Implications for Nursing: Oncology nurses recognize that patients often require the long-term use of opioids when they experience chronic pain as a result of their disease or its treatment. The long-term physical and cognitive effects of such opioid use are not well known, despite the advances that have been made in cancer pain control and research. Survivors should communicate their concerns about side effects to the treatment team. In addition, patients and family members must be encouraged to inform their providers about personal attitudes, beliefs, and practices that may affect decisions about taking their analgesics as prescribed. Most importantly, oncology nurses must teach patients and their families to self-advocate for optimal pain relief with minimal side effects.

Tremendous progress has been made in cancer pain management. American society has witnessed the widespread use of consensus guidelines and standards (American Pain Society, 2003; Gordon, Dahl, Miaskowski, et al., 2005; Jacox, Carr, & Payne, 1994; Joint Commission on Accreditation of Healthcare Organizations, 2006; National Comprehensive Cancer Network, 2008), a growing understanding of the role of genetics in pain management (Branford, Pantelidis, & Ross, 2008; Reyes-Gibby et al., 2008; Ross et al., 2008), and advances in the development of new delivery systems for pain medications (Gordon, 2007). Extensive public and patient media campaigns have taught adults and children with cancer how to communicate the severity of their pain using a simple numeric scale. Proactive community and grassroots groups continue to advocate for changes in policies regarding the prescribing of and access to opioid analgesics.

Key Points . . .

- ▶ Opioid analgesics for treatment of moderate to severe pain in patients with cancer are an essential part of pain management.
- ▶ The use of opioids often is associated with side effects, including sedation, constipation, nausea and vomiting, and cognitive impairment.
- ▶ The late and long-term effects on survivors who require pain treatment are poorly understood and underinvestigated.
- ▶ Oncology nurses can take the lead in addressing these issues by conducting comprehensive pain and symptom assessments of cancer survivors who are at increased risk for long-term and late effects from cancer and its treatment, including pain.

Equally important is the growing number of cancer survivors (Ferrell, Virani, Smith, & Juarez, 2003; Hewitt, Greenfield, Stovall, National Cancer Policy Board, & Committee on Cancer Survivorship Improving Care and Quality of Life, 2006). Clinicians who treat cancer survivors know that cancer and its treatment produce many late and long-term effects. One area of concern is the chronic pain many survivors continue to experience as a residual effect of treatment or from a combination of other chronic pain conditions. The late and long-term effects on survivors who require pain treatment are poorly understood and underinvestigated. Therefore, the purpose of this article is to provide an overview of issues associated with the long-term use of opioids in cancer survivors with cancer-related pain.

Numerous and complex factors contribute to the undertreatment of cancer pain, including a lack of knowledge about or negative attitudes toward opioid analgesics on the part of patients, their families, and healthcare providers; providers' reluctance to use or prescribe opioid analgesics; and restricted

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