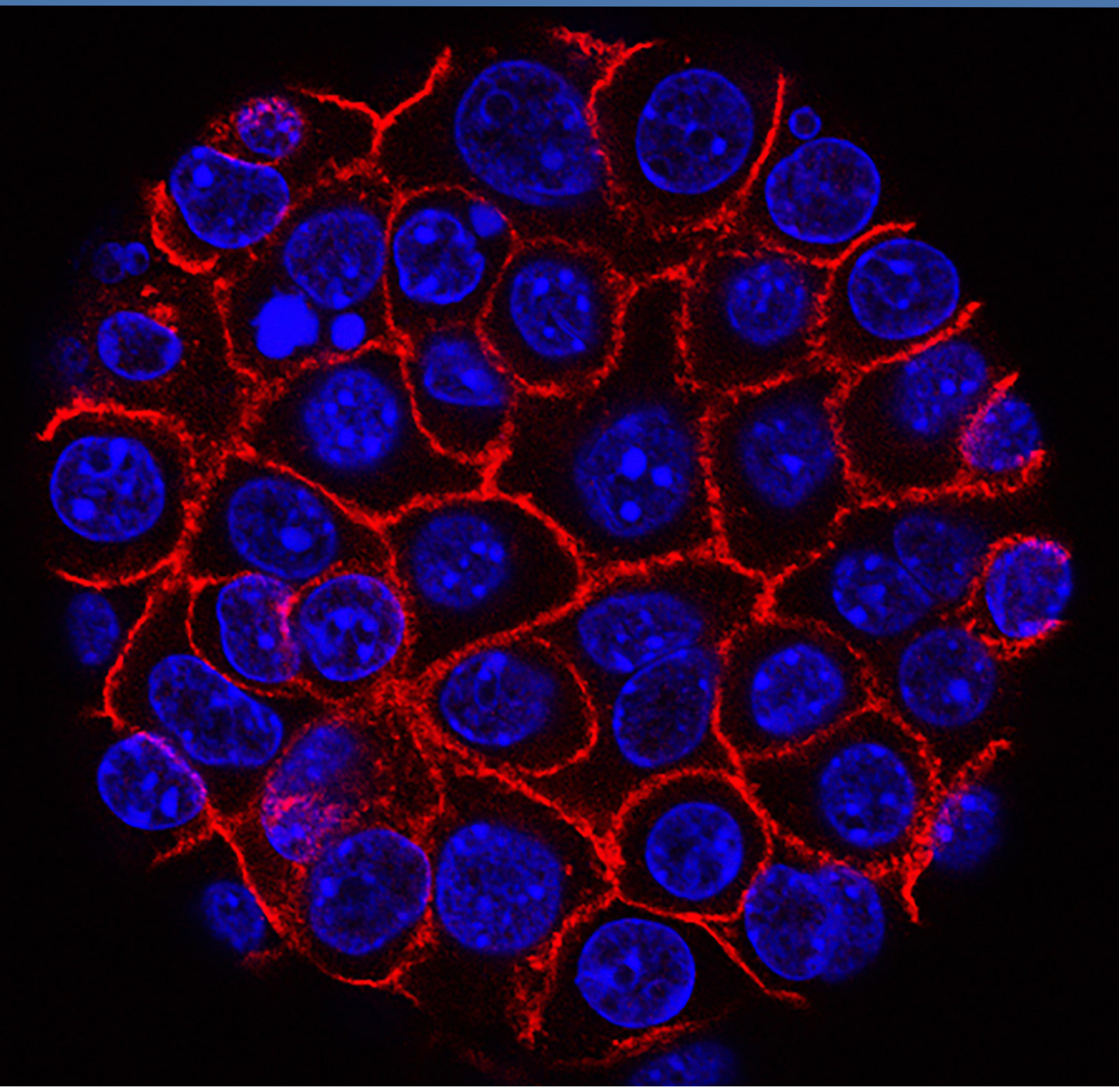
Guidance on Competencies for the Management of Cancer Pain in Adults



FACULTY OF PAIN MEDICINE of the Royal College of Anaesthetists

Association for Palliative Medicine Of Great Britain and Ireland

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Introduction

Each year 350,000 people in the UK are diagnosed with cancer and 160,000 people die from this disease, a figure expected to rise to 193,000 deaths by 2030.

Pain affects half of all patients at diagnosis of cancer and affects up to 75% of patients with advanced disease. Cancer pain remains prevalent and of moderate to severe intensity for many patients, particularly those living at home. Despite the use of the World Health Organisation's analgesic ladder, epidemiological studies demonstrate that almost half of all patients with cancer pain do not receive appropriate analgesia to achieve control of their pain. Poorer outcomes for cancer pain are most often related to clinicians failing to adequately assess pain and prescribe appropriately, and patients' fear of pain, failing to communicate, and having insufficient understanding of, or misplaced fears about, their analgesic medication. This situation is compounded by a lack of uniform access to level 3 and 4 cancer pain services as defined in *Framework for Provision of Pain Services for Adults Across the UK with Cancer or Life-limiting Disease.* Additionally, another cohort of patients exists who have been successfully treated for their cancer but have persistent and disabling pain requiring input from specialist pain services.

The Faculty of Pain Medicine of the Royal College of Anaesthetists is concerned with the professional standards of Pain Medicine specialists, so this document is focused on the Pain Medicine specialist's contribution to cancer pain service provision.

This document describes two levels of involvement in the management of cancer pain:

- The first level outlines the core knowledge, skills and attitudes for all specialists in Pain Medicine who may need to be involved with this area, e.g. assessing patients who may need specialist cancer pain management, making timely and appropriate referrals for this type of care and in immediate management of patients with cancer pain whilst they are waiting for specialist pain management. Whilst it is recognised that not all Pain Medicine specialists will be directly involved in providing a cancer pain service, all need to have an understanding of this therapy for eventualities such as the above (see section A and Appendix, below).

- The second level outlines the advanced knowledge, skills and attitudes required of Pain Medicine specialists who work in teams providing a cancer pain service. This document has focus on pain that is related to cancer and is life limiting, as is the emphasis in the cancer pain framework from the FPM. These competencies reflect those of the cancer pain module which is an option of the Stage 3 Special Interest Area (SIA) Pain of the Royal College of Anaesthetists' CCT in Anaesthetics curriculum, which sets out competencies for trainees who elect to take a deeper interest in this area of Pain Medicine practice (see section B and Appendix, below).

Effective control of cancer pain is a multidisciplinary undertaking that requires a range of clinical knowledge and skills, and the ability to work with primary care teams and other specialists within oncology and palliative care as defined in *Framework for Provision of Pain Services for Adults Across the UK with Cancer or Life-limiting Disease.*

Guidelines | A: Core competencies for practitioners in Pain Medicine

Knowledge

1. Describes the mechanisms of pain in the cancer patient.
2. Describes the influence of psychological distress on cancer pain.
3. Understands the structure of the palliative care system, and its interaction and integration with primary and secondary care.
4. Describes the barriers to effective cancer pain treatment, including patient related barriers, health care provider barriers and organisational/institutional barriers, and recognises that educational initiatives are important in overcoming these barriers.
5. Understands the characteristics of common pain problems in the patient with cancer, including pain due to tumour pressure and infiltration, bone pain, treatment related pain syndromes following surgery, chemotherapy or radiotherapy, hormonal manipulation and pain from other causes e.g. non cancer causes such as arthritis.
6. Describes the basic principles of surgery, chemotherapy, radiotherapy and biological therapy in the management of cancer pain.
7. Describes the basic principles of WHO analgesic ladder, the importance of titration, use of adjuvant drugs (e.g. non steroidal anti-inflammatory drugs, anti convulsants and anti depressants) and the management of adverse effects.
8. Describes the principles of the management of acute pain and management of breakthrough pain in a patient with cancer.
9. Describes the principles, practice and evidence for the insertion and management of external and internal implantable drug delivery systems, both peripheral and central for the management of cancer pain.
10. Describes the principles, practice and evidence for neurolytic blockade (including autonomic, peripheral, regional and spinal techniques).
11. Describe the principles, practice and evidence of chronic pain management in cancer patients who are cured of cancer but have disabling and persistent pain.
12. Describe the principles, practice and evidence for neuromodulation for pain management for cancer related pain.
13. Describe the understanding of available advanced pain management techniques from level 3/4 cancer pain services as defined in the FPM *Framework for Provision of Pain Services for Adults Across the UK with Cancer or Life-limiting Disease*.

Attitudes and behaviours

1. Effective communication with patients and families/carers.
2. Effective communication with other healthcare professionals in primary, secondary and tertiary care.
3. Appreciation of appropriate skills mix for multidisciplinary pain management in cancer.

Skills

1. Demonstrates the ability to accurately assess pain in the cancer pain patient.
2. Demonstrates the ability to work in a multi-disciplinary team.
3. Demonstrates the ability to prescribe and supervise opioid and adjuvant analgesia, including monitoring and management of adverse effects.
4. Demonstrates the ability to perform neurolytic blockade (including autonomic, peripheral and regional techniques) in the management of cancer pain.

Guidelines | B: Core competencies for practitioners in Pain Medicine who are involved in a cancer pain service

Knowledge

Items 1-7 from section A, in addition to the below.

1. Understands the influence of culture, and spiritual or religious beliefs on cancer pain.
2. Understands that patients may have more than one site of pain, and that many pain problems may have multiple aetiologies.
3. Understands the importance of assessment and treatment of other factors apart from pain, including nausea, fatigue, constipation, anxiety and depression.
4. Describes the principles of the management of acute pain in a cancer patient and the importance of prompt management of rapidly worsening cancer related pain.
5. Describes the causes and management of breakthrough pain in a patient with cancer.
6. Understands the importance of developing and evaluating an evidence-based practice in the management of cancer pain, and can effectively balance the potential risk benefit of different treatment options.
7. Describes the range of opioids available, rationale for use based on their pharmacological characteristics (first line, second line etc.), and the evidence base and practice of opioid switching.
8. Describes the range of adjuvant analgesics and the evidence base for combination therapy using opioids and adjuvants.
9. Understands the difficulties of managing pain in those with chronic non-cancer pain who then develop cancer related pain, and also recognises the presence of non-cancer pain in cancer patients.
10. Understands the difficulties of managing pain in those cured of cancer who then develop chronic pain due to cancer treatment.
11. Understands the difficulties of pain management in patients with a history of opioid misuse who then develop cancer related pain.
12. Understands common emergencies in cancer patients that present with pain e.g. the need for prompt assessment and treatment of spinal cord compression and pathological fractures.
13. Describes the principles, practice and evidence for the insertion and management of external and internal implantable drug delivery systems, both peripheral and central for the management of cancer pain.
14. Explains/recalls/can evaluate the place and limitations of spinal stabilisation techniques (vertebroplasty and kyphoplasty), percutaneous cordotomy, neurostimulation and other highly specialised techniques used for management of cancer pain.
15. Describes the principles, practice and evidence for neurolytic blockade (including autonomic, peripheral, regional and spinal techniques).
16. Describes the principles of HIFU (high intensity focused ultrasound) in management of cancer pain.
17. Describes the role pain management programmes may play in managing cancer associated pain.

Attitudes and behaviours

1. Effective communication with patients and families/carers.
2. Understands that carers are an important influence on pain outcomes for patients and their concerns and needs are important when formulating management plans.
3. Understands the importance of communication with other healthcare professionals in primary and secondary care.
4. Appreciation of appropriate skills mix for multidisciplinary pain management in cancer pain.

Skills

1. Demonstrates the ability to accurately assess pain in the cancer pain patient and understands that effective care also requires assessment of the patients other co-morbid medical conditions, physical and emotional issues and the role of the family and carers.
2. Demonstrates the ability to accurately assess psychological distress in the cancer pain patient.
3. Demonstrates the ability to communicate effectively with healthcare professionals in primary care, and in particular with colleagues in palliative care and oncology.
4. Demonstrates ability to identify and address a patient's concerns about cancer pain and analgesia.
5. Demonstrates the ability to prescribe and supervise opioid and adjuvant analgesia, including monitoring and management of adverse effects.
6. Demonstrates recognition of the importance of non-pharmacological approaches such as physiotherapy, use of aids and adaptations, cognitive interventions, and role of TENS and acupuncture (even though the evidence base may be weak).
7. Demonstrates the ability to perform neurolytic blockade (including autonomic, peripheral, regional and spinal techniques) in the management of cancer pain.
8. Demonstrates the ability to set up and manage external and internal implantable drug delivery systems, both peripheral and central, for the management of cancer pain (see competencies relating to Intrathecal Drug Delivery) – Reference the separate ITP document.
9. Demonstrates the ability to deliver, where appropriate, some of the highly specialised treatments for the management of cancer pain, including but not exclusively, percutaneous cordotomy.
10. Demonstrates the ability to perform neuromodulation or the ability to access this service.
11. Demonstrates the links with other disciplines including neurosurgery for highly specialised pain management techniques e.g. open cordotomy, cingulotomy and thalamotomy.

Appendix: Supporting Information

1. Pain mechanisms and pain types

a. Pathophysiology of somatic, visceral, neuropathic mechanisms

b. Pain in a cancer patient can be caused by debility, cancer treatment, co-morbid diseases as well as cancer

c. Breakthrough or incident pain is common and can be difficult to control adequately

d. Characteristics of common cancer pain syndromes

2. Pain assessment

a. Pain in cancer is a symptom and so accurate diagnosis of cause and underlying disease status is essential in planning treatment

b. Recognise the influence on current pain of beliefs about cancer (e.g. fatalism) and previous experience of pain

c. Use valid tools to assess pain intensity and interference such as the Brief Pain Inventory

d. Screen for psychological distress using appropriate tools such as the Hospital Anxiety and Depression Scale, or the Distress Thermometer

3. Treatment

a. Understand that good pain control will often result from good disease control and so anti-cancer treatments (radiotherapy, chemotherapy or hormonal therapy) may need to be considered as part of pain management

b. Recognise that analgesic pharmacotherapy is the mainstay of cancer pain treatment

c. Understand that patient and carer education is important to allay fears about pain and analgesia, and to improve pain outcomes

d. Recognise that the acceptable ratio of benefit and burden in the management of cancer pain may vary according to the stage of illness

e. Understand the ethical issues regarding advanced directives, physician assisted suicide and euthanasia, and the legal duties of the practitioner in Pain Medicine in this context

Review

Usually within three years or sooner if important information becomes available.

Feedback

If you would like to provide feedback on this framework, email FPM at contact@fpm.ac.uk

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