

CHAPTER 11

PAIN RELIEF AND PALLIATIVE CARE

## Pain Relief and Palliative Care

### *Pain Relief*

During the course of illness individuals will experience varying degrees of pain due to a variety of causes which will require relief either in the hospital or the home.

### *Causes of Pain*

The cause of pain may be due to one of the associated opportunistic infections, malignancies or the complications of these.

### *Drug Therapy*

A **three step analgesic ladder** is suggested based on the premise that health care professionals should learn to use a few pain relieving drugs well. The suggested sequential use of the drugs is shown in the diagram on the opposite page. One can move a step up the ladder if there is no relief obtained after a drug is used in the recommended dosage and frequency. Only one drug from each of the groups below should be used at the same time. Should a drug cease to be effective, a switch should be made to one that is definitely stronger if it is available.

The three standard drugs used in this ladder are, aspirin (acetyl salicylic acid) a non opioid, dextropropoxyphene a weak opioid and morphine, a

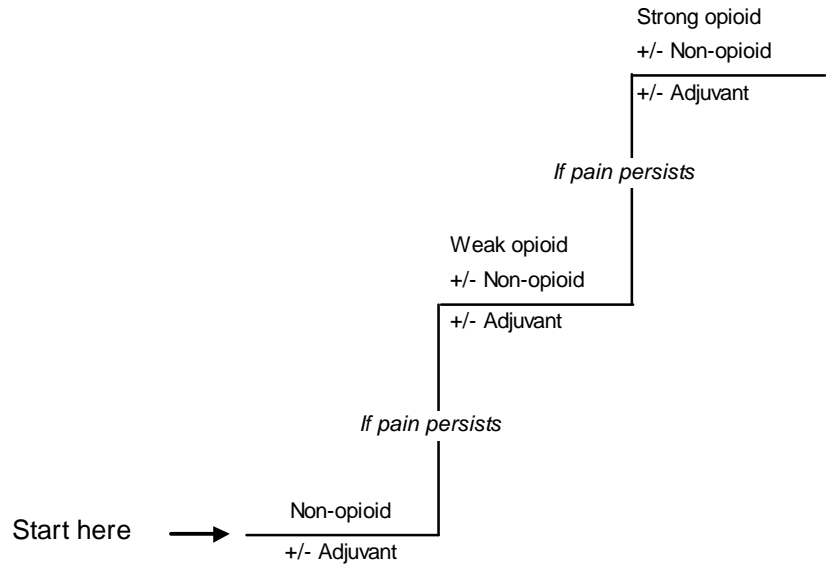
strong opioid. Alternative drugs that can be used for each step respectively are paracetamol, methadone, pethidine/standard opium. Other pain relieving agents like ibuprofen and other non steroidal anti-inflammatory drugs can also be used in pain relief.

To enhance the efficacy of these drugs, adjuvants that can be used are as follows, carbamazepine, diazepam/amitriptyline and prednisolone. Alternative drugs are phenytoin, chlorpromazine and dexamethasone.

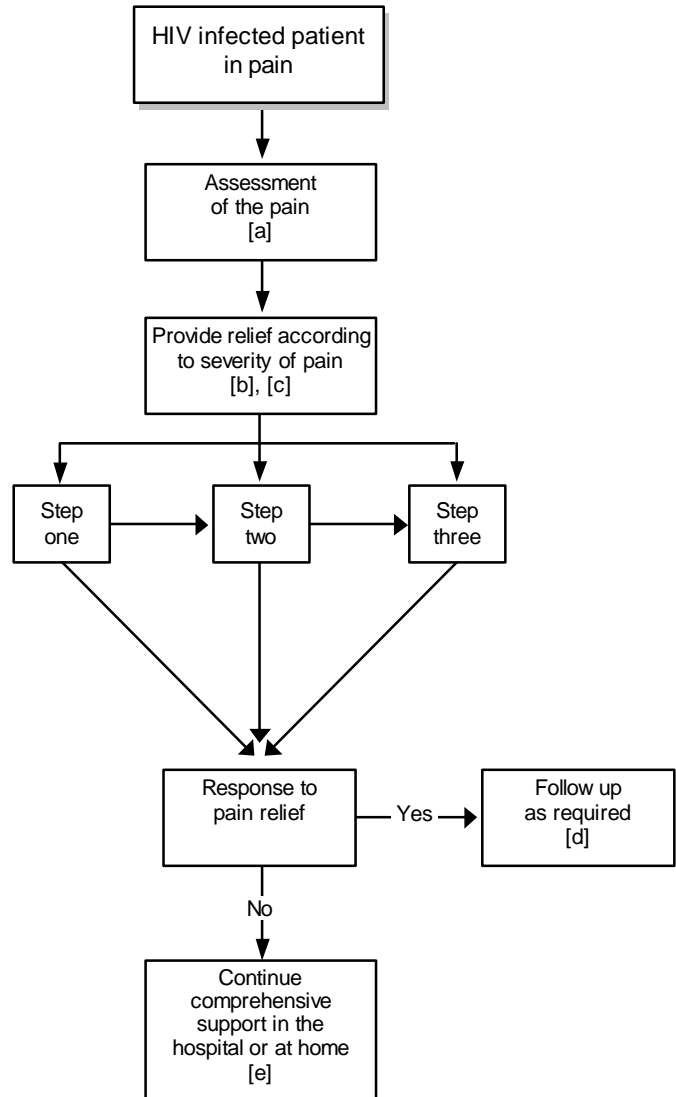
The side effects of both the analgesic and the adjuvant should be kept in mind and where required, drugs to counteract these effects should be prescribed.



# Three Step Analgesic Ladder



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## Annotations

- (a) An initial assessment of the patient includes, believing the patients complaint and establishing the severity of the pain and restriction it causes. Relief obtained from previous treatment can also be assessed. A physical examination that includes a psychological assessment is important to rule out any treatable causes of the pain. Deciding on appropriate investigations or referral to other institutions can be made at this point.
- (b) If examination and investigations reveal treatable conditions then these are treated accordingly with appropriate pain relief.
- (c) If there is no treatable cause of pain then symptomatic relief can be given with the three step ladder approach. Appropriate counselling, to help the patient cope and other forms of palliation should be considered.
- (d) If adequate pain relief is achieved an appropriate schedule for review or follow up should be arranged.
- (e) Should the pain persist then a decision should be taken about how care can be provided in the home or hospital. This may involve the relatives of the patient or other supportive services in the community. The type of drug to relieve pain and duration of use needs to be agreed upon including consideration of psychological support for the family and the patient. It should be recognized that death is a part of AIDS and spiritual preparation may be requested by the patient. This approach to care works best when there is a team of care givers working to meet the various needs of the patient.

## Palliative care

**Definition:** This is the provision of appropriate relief and support from physical and psychological discomfort in the absence of a cure.

Individuals with end stage HIV infection may not benefit from further attempts to treat opportunistic infections. It is often difficult to decide when aggressive medical treatment should stop and palliative care should begin.

### **Palliative care might begin for example,**

- when medical treatment is no longer effective or the side effects outweigh the benefits,
- when the person or their relatives decide they do not want to continue aggressive treatment,
- when the body's vital organs begin to fail.
- when the relatives opt to have the patient discharged.

### **The goals of palliation care to**

- to provide the patient with as much control over their symptoms as possible,
- to keep the person comfortable,

- to assist the person in grieving for and coping with the continuing losses they are experiencing consequent to the impact of HIV infection,
- to help the person, their families and carers organize their lives, and orient them to the forthcoming issues and concerns about dying,
- to prepare the person and their loved ones for death.

In the hospital setting most of the care will be undertaken by the nurse while in the home the principal carer will bear this responsibility. In both settings there are interventions that can be applied to help care for the dying. These can be taught to the relatives while in the hospital or at home after the patient is discharged.

### *Comfort*

- for chronic pain, provide medication in regular doses, not episodically,
- use relaxation measures such as deep breathing, back rubs, body massage,
- nursing care to keep the person clean and dry,
- position and reposition the person regularly to maintain skin integrity and to prevent contractures and bed sores.

### *Autonomy*

- Accept the persons decisions or wishes as far as possible (such as not eating, refusing or asking for visitors, sitting up or standing in bed),
- Respect their needs for independence by allowing them to do what they can for themselves such as turning and repositioning.

### *Coping with Loss and Change*

- Provide support by allowing the person and their family to talk about how they are feeling,
- Self-esteem may be enhanced by looking at life achievements and reflecting on past events,
- Accept peoples feelings of anger, grief and other emotions and reactions.

### *Preparing for Death*

- If the person asks, and having assessed what they want to know, describe what will happen as he or she nears death. Give reassurances about controlling the pain and symptoms, resulting from the process of dying, where possible,
- Assist the person and family to plan ahead who will need to be notified to make funeral arrangements or a will.

- During the funeral proceedings the body should be buried or cremated in the normal way taking into consideration the local cultural norms.

Some terminal care needs may be beyond the capacity of the health care providers and a decision should be taken on the best options for further care. Referral to an NGO or other service organization with the relevant skills and services may be appropriate.