

Cancer pain is one of the most common and problematic symptoms faced in palliative care. Despite advances in cancer treatment and palliative care, pain has been reported to be moderate to severe in up to half of patients with advanced disease and 38% of all patients. Pain depends on a number of factors, including the type of cancer, how advanced it is, where it's located and the person's individual pain tolerance.

Poorly controlled pain causes unnecessary suffering. It impacts quality of life and interferes with activities of daily living, all of which decreases the person's ability to cope with illness and can disrupt ongoing anti-cancer treatment.

Most cancer pain is manageable, and controlling the pain is an essential part of cancer treatment.

Current treatments

Cancer pain is primarily treated with medication. Options depend on the cause and intensity of the pain. Often a combination of pain treatments is necessary to find the most relief.

A nerve block procedure can be also used to stop pain signals from being sent to the brain.

Integrative therapies and lifestyle changes can also help, such as acupuncture, massage, physical therapy, relaxation exercises, meditation and hypnosis.

Cancer Pain and Medical Cannabis

There is evidence suggesting that medical cannabis has a potential role in reducing chronic or neuropathic pain in advanced cancer patients. Most trials found cannabinoids had analgesic effects when compared to placebo, although not all associations reached statistical significance. Cannabinoids appear to be safe in low and medium doses. The pain-relieving effects of cannabinoids were also limited by (dose-dependent) unwanted side effects. The side effects commonly reported were changes in cognition, sedation, and dizziness.

The scale and quality of studies conducted to date are somewhat limited, results of many studies lacked statistical power. Therefore, there is a need for the conduct of further double-blind, placebo-controlled clinical trials with large sample sizes in order to establish the optimal dosage and effectiveness of different cannabis-based therapies.

Support Organisations

Pain Australia <https://www.painaustralia.org.au/>

Cancer Council <https://www.cancer.org.au/>

References

Blake, A., Wan, B. A., Malek, L., DeAngelis, C., Diaz, P., Lao, N., ... & O'Hearn, S. (2017). A selective review of medical cannabis in cancer pain management. *Ann Palliat Med*, 6(Suppl 2), S215-S222. <https://www.calgarycmmc.com/A-selective-review-of-medical-cannabis-in-cancer-pain-management.pdf>

Chung, M., Kim, H. K., & Abdi, S. (2020). Update on cannabis and cannabinoids for cancer pain. *Current Opinion in Anesthesiology*, 33(6), 825-831. https://www.researchgate.net/profile/Matthew-Chung-6/publication/344724332_Update_on_Cannabis_and_Cannabinoids_for_Cancer_Pain/links/5fcf7bdf92851c00f85bf1f0/Update-on-Cannabis-and-Cannabinoids-for-Cancer-Pain.pdf

CanGuide is a service arm of Epilepsy Action Australia. This information is given to provide accurate, general information. Medical information and knowledge changes rapidly and you should consult your doctor for more detailed information. This is not medical advice and you should not make any medical or treatment changes without consulting your doctor.