



TEN BEST READINGS ON PAIN MANAGEMENT

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Fishbain DA, Cutler R, Rosomoff HL, et al. Chronic pain associated depression: antecedent or consequence of chronic pain? A review. *Clin J Pain.* 1997;13:116-137.

The review studies were consistent in indicating that there is a statistical relationship between chronic pain and depression.

Tsui SL, Law S, Fok M, et al. Postoperative analgesia reduces mortality and morbidity after esophagectomy. *Am J Surg.* 1997;173:472-478.

Adequate postoperative analgesia is associated with lower cardiopulmonary complications, lower mortality, and reduced cost in patients undergoing transthoracic esophagectomy.

Manfredi PL, Chandler SW, Patt R, et al. High dose epidural infusion of opioids for cancer pain: cost issues. *J Pain Symptom Manage.* 1997;13:118-121.

Until the data comparing the efficacy of different epidurally administered opioids in the treatment of cancer pain are available, the authors suggest that treatment with more costly opioids be reserved for patients for whom analgesia cannot be achieved after maximizing epidural morphine analgesia with aggressive side-effect management.

Gestin Y, Vainio A, Pegurier AM. Long-term intrathecal infusion of morphine in the home care of patients with advanced cancer. *Acta Anaesthesiol Scand.* 1997;41:12-17.

Long-term intrathecal morphine infusion appears to provide satisfactory analgesia, few side effects, and a high degree of patient autonomy.

Plancarte R, de Leon-Casasola OA, El-Helaly M, et al. Neurolytic superior hypogastric plexus block for chronic pelvic pain associated with cancer. *Reg Anesth.* 1997;22:562-568.

Neurolytic superior hypogastric plexus block provided both effective pain relief and a significant reduction in opioid usage in 72% of the patients who received a neurolytic block. Poor results should be expected in patients with extensive retroperitoneal disease overlying the plexus because of inadequate spread of the neurolytic agent.

Payne R, Mathias SD, Pasta DJ, et al. Quality of life and cancer pain: satisfaction and side effects with transdermal fentanyl versus oral morphine. *J Clin Oncol.* 1998;16:1588-1593.

Patients are more satisfied with transdermal fentanyl compared with sustained-release oral forms of morphine. A lower frequency and reduced impact of side effects with transdermal fentanyl may explain their preference.

Jensen TS. Opioids in the brain: supraspinal mechanisms in pain control. *Acta Anaesthesiol Scand.* 1997;41:123-132.

The introduction of new imaging techniques may provide new tools for directly measuring the antinociceptive action of opioids in the brain

under normal and pathological conditions. In particular, the emotional-affective aspect of pain and how this is modulated by opioids will be of interest.

Wolfe J, Grier HE, Klar N, et al. Symptoms and suffering at the end of life in children with cancer. *N Engl J Med.* 2000;342:326-333.

Children who die of cancer receive aggressive treatment at the end of life. Many have substantial suffering in the last month of life, and attempts to control their symptoms are often unsuccessful.

Cancer care during the last phase of life. *J Clin Oncol.* 1998;16:1986-1996.

The American Society of Clinical Oncology (ASCO) has identified numerous obstacles that hinder delivery of high-quality end-of-life care. Recommendations for improvements are offered.

Acute pain control. *Cancer Control.* 1999;6(suppl):3-37.

The subject of this supplement is the safe and effective clinical management of acute pain, a symptom that is commonly encountered in patients with cancer.