MODULE: PAIN MANAGEMENT

Case Scenario

JONATHAN – GENERAL PAIN

PART 1

Dr. James Wills
1001 Main St. E.
Bradford ON L4G 7G5

Re: Mr. Jonathan Semple

Dear Doctor Wills:

Please see this pleasant 69-year-old gentleman regarding his palliative care needs. I first saw him in January of 1996 after he presented to Dr. Campbell with hematuria. Biopsy showed adenocarcinoma. At surgery we found lymph node metastases and the planned prostatectomy had to be abandoned. Since then he has had an orchidectomy and hormonal treatments.

He did well until about one month ago when he came in with abdominal discomfort. His PSA is now 467, and the CT shows multiple pelvic mets, mild ascites, and liver mets. Bone scan shows multiple bone mets. in his thoracic spine, R. Femur, and R. lateral ribs and shoulder.

Percocet seems to control his pain.

Thank you for seeing him

Dr. Harold Henry, MD, FRCP (Urol)

HH/tb

CC: Dr. Wm. Campbell, CCFP, Bradford

JONATHAN – GENERAL PAIN

PART 2

The loud barking of a dog begins as you approach the steps of the modest home in the old part of Aurora. It gets louder after you ring the doorbell. Moments later an elderly, tired looking man opens the door. The dog charges out, but is quickly satisfied that you aren't a threat. "Down, Max, bad dog. Sorry doctor, I don't have the energy to control him anymore. Please come inside so I can close the door."

"Thank you. I'm Dr. Wills. Are you Mr. Semple?"
"I am. It's good of you to come. I'm sorry I took so long to come to the door. My wife and daughter went out for the afternoon to do some shopping, and it takes me a while to get moving these days."

He indicates a chair for you to take at the kitchen table where the newspaper is open at a partly completed crossword. The house is comfortably furnished, and family pictures are everywhere.

"Dr. Henry sent me a letter summarizing your situation, and asked me to see you. I'm sorry to hear about all your trouble."
"Oh, that's all right, doctor. I've kind of adjusted to it now, I think. I knew trouble was coming sooner or later when they said they couldn't get the cancer out. It was just a matter of trying to enjoy every day till it caught up with me. Now I think it would be better if I could just get on with it. Life's hardly worth living when you feel lousy all the time."

"It sounds like you're feeling pretty rotten. Are you having pain?"

At this point, your facilitator will take you through a role-playing exercise to get the history of Jonathan's pain.

PART 3

"It sounds like you're feeling pretty rotten. Are you having pain?"
"That's the main problem. I've got a steady, sickening pain, like an ache, in my right side around toward the back, and up under my ribs, and a constant discomfort, not

really a pain, all over my belly. I feel sick to my stomach most of the time, but I don't throw up. The oxycocet helps a bit, but I still always have some pain."
"How much oxycocet are you taking?"
"I take one or two every four hours, like Dr. Henry said. Probably 12-15 a day. Isn't that a lot?"
"It is quite a lot. We may want to try something else. Any other problems?"
"I'm constipated, even though I'm taking the laxatives."
"Anything else?"
"I feel a bit sick to my stomach, but I haven't been throwing up. My ankles are swollen, and I feel tired all the time."

"Are you on any other medication?"
"I get a shot every month for the cancer. I take lorazepam 1 mg. every night to help me sleep, and senekot and colace, one pill of each twice a day."

Your physical exam shows a pale, thin elderly man who moves about with some obvious discomfort, but is nevertheless cheerful and seems pleased to have your company. He has bony tenderness in his right chest, shoulder, and femur. Abdominal exam shows a large liver (slightly tender) and some distension suggesting ascites.

PART 4

You phone him to follow up three days later. He reports that he is feeling much better with the changes you recommended. You both agree that a return visit is not necessary, but that he will call if he feels he needs you.

Two weeks later you receive a call at your office from Mrs. Semple. "Doctor, Jonathan asked me to call you to let you know what has happened. He was out walking the dog on Saturday when he got a terrible pain in his hip. We took him to the hospital, where they said he had a fracture from the cancer. He's in Toronto now. They operated to fix the hip. He thinks he'll be home in a few days. He's getting some radiation now."

"I'm very sorry to hear about that. It sounds like he's received all the best care, though. I'll look forward to seeing him when he gets back. Will you call me as soon as he comes home?"

"I will, Doctor. Thanks very much."

One week later you see him at home. Mrs. Semple greets you at the door.
"Thank you for coming today, Doctor. He's so tired after the trip yesterday. He hasn't even got out of bed. He's awfully discouraged." She escorts you to the bedroom.
"Hello, Mr. Semple. It's good to see you back home."
"Thanks, Doctor. It's good to be here. I wasn't sure I was going to make it. It sure beats being in hospital."

“How are you feeling?”
“Lousy. I’m so weak. I can’t do anything for myself. My poor wife has to take time off work to look after me. I hate what’s happening here. I feel so useless.” His eyes begin to fill up. “I hope I’ll feel stronger in a few days. But I’ve still got a lot of pain. The sleeping pills aren’t working anymore either. Can you help me, doctor? I don’t want to keep living like this.”

“ I’ll do my best. There are probably a few things we can do to make you feel better. May I see the medications you’re taking?” You check the vials and find that he is on long acting morphine 30mg po q8h, breakthrough morphine 5mg q2h prn (taking 6-8 tablets a day), lorazepam 1mg qhs, Zoladex s/c q12 weeks, senekot 3 tabs bid, and colace 2 tabs bid.

“Can you tell me about the pain please, John?”

“It’s the same dull ache I used to have in my side. But also I have constant pain in my right thigh, my chest on the right side, and my right shoulder. They are all worse when I move, and quite sharp. Sometimes I can hardly stand it. I’m taking a lot of the Breakers…about 6 a day…but I’m still having pain.”

PART 5

One month later, on your weekly visit, Mrs. Semple says, “I didn’t call you because I knew you were coming today, but lately he hasn’t been making sense sometimes. Yesterday he got mad at me because I tried to tell him we weren’t in France! He’s never been to France in his life!”
“Oh boy. Let’s go and talk with him.”
Your patient greets you cheerfully as you enter his room. He still looks sick, but appears comfortable in his chair. He seems alert and oriented, and his conversation is appropriate.

“ How are you today, John?”
“Feeling OK, thanks, doctor.”
“Any pain?”
“Nope. It’s pretty good now. I haven’t been having trouble with pain now for quite a while.”

“Actually, John,” says Mrs. Semple, "It’s been several weeks since he had the bad pain. Now he just gets some pain when he moves around.”
“That’s great. Have you had any hallucinations, John?”
“No. I don’t think so. What do you mean?”
“Do you see things that aren’t really there?”
“No.”
“Now John,” says Mrs. Semple, “Remember yesterday when you were telling me you were in France.”
John looks puzzled. “I was in France. I must have just got back.”

You decide to step in. “John, have you ever noticed that it seems like someone is in the room with you, but when you look around there’s no one there?”

“You know, doctor, now that you mention it, I have had that feeling. Quite a few times lately. Is that what you mean by a hallucination?”
“Yes. That, and your trip to France.”

EPILOGUE

The next day Mrs. Semple phones you to say that he appears to be much better, with no more confusion or hallucinations.

In the ensuing three weeks, however, he becomes much weaker, gradually spending more and more time in his bed. His need for morphine diminishes, and he becomes dehydrated. He sleeps almost constantly near the end, and finally dies with his wife at his side one evening.

CASE 2

JONATHAN – GENERAL PAIN

LEARNING OBJECTIVES

After working in a group with this case, participants will be able to:

1. Describe the prevalence of pain in cancer and other terminal illness.
2. Describe the components of a pain history.
3. Describe a classification of pain.
4. List the basic principles of pain management.
5. Discuss the use of opioids in cancer pain, including the pharmacology, classification, effective use, and routes of administration.
6. Manage opioid toxicity.
7. Manage common side effects of opioids in palliative patients.
8. Use adjuvant agents for pain in palliative patients.
9. List other useful modalities in the management of pain (e.g. chemo, radiation)
10. Discuss ethical issues in pain management.
11. Describe a process of monitoring pain management.
12. Discuss the diagnosis and treatment of depression in palliative patients.
13. Discuss the diagnosis and management of oedema in palliative patients.
14. Discuss the management of insomnia in palliative patients.
15. Discuss the management of incident pain in palliative patients.

SESSION 2

CASE 2

JONATHAN – GENERAL PAIN

Facilitator's Guide

For this case, the pages are to be given to the participants one at a time, with discussion to be completed on each page prior to release of the next.

Part 1

Be sure that at some point a note is made of the doctor's organization of his practice to allow time for house calls. Do members of the group feel this is possible in their own practices? Do they make home visits to dying patients? Is this an essential part of good family medicine practice?

What does this letter lead them to expect when they visit the patient? What problems might need attention?

Part 2

The end of this page leads to a role-play. As the facilitator, you should play Jonathan, using the role outline provided. A volunteer from the group will play the doctor, modeling the best possible pain history they can. If the volunteer gets stuck, a time-out may be called, so he can receive suggestions from the others, or another volunteer can resume the interview. No more than 15 minutes should be spent on this exercise.

The learning issue here is the taking of a complete and thorough pain history.

Part 3

Some learning issues from this page:

1. The cause(s) of the pain. (?liver enlargement, ?rib mets)
2. The cause(s) of nausea. (mets to liver?, oxycocet?)
3. The cause(s) of ankle oedema. Need to treat?
4. How much oxycocet is too much? Why? (10-12/day, acetaminophen toxic to liver).

5. What should be offered for treatment at this point? (antinauseant, stop oxycocet, start morphine, dexamethasone?, adjust laxative dose)

Part 4

Some learning issues:

1. How to manage his post-op pain.
2. Diagnosis and management of insomnia in palliative patients.
3. Diagnosis and management of depression in palliative patients.
4. Family dynamics: Mrs. Semple staying at home. Does she want to? Does she need to? Are there other options?
5. Management of incident pain.

Part 5

Some learning issues:

1. Recognition of opioid toxicity. What are some other symptoms? Why has it occurred now, in this case?
2. How to manage this situation.

CASE 2
JONATHAN – GENERAL PAIN

Role Play – "Jonathan Semple"

Jonathan (Role to be played by the facilitator of the group)

You have had cancer of the prostate since 1996. Your history is summarized in the referral letter. You are meeting a new physician for the first time. You aren't entirely clear why he is coming to see you, or what role he will play in your care. You have been quite satisfied with all of your medical care up until now. Your family doctor has said he would make home visits if you ask him to.

You are very attached to your home, your dog, and your family. You know that you have a life-limiting illness, but are hoping for as much time as you can get. You've been feeling "sick", "lousy", "rotten", etc. lately, and you know that the cancer has spread to other organs. You know you want to stay at home as long as possible, but you don't know how long that might be, and that makes you worry.

You hate to complain, especially to doctors who tend to take things too seriously, and to make you have tests or go to hospital whenever they want to know more about your condition. This makes you want to be vague in your description of symptoms, and to minimize their severity.

Your pain is abdominal, on the first visit. You call it "uncomfortable, annoying, sickening" at first. When pressed for better adjectives, you call it "steady, aching, in my right side around toward the back, up under my ribs," and indicate the region of your liver. Oxycocet relieves the pain only partially. At some point you express concern about how much you are taking: "two tablets every three hours, round the clock".

You are also constipated and nauseated. Gravol makes you sleepy, so you don't take it. You take one senekot and one colace a day. Lorazepam 1mg qhs helps you sleep.

CASE 2

JONATHAN – GENERAL PAIN

Role Play – "The Doctor"

Your goal in this interview is to obtain a thorough description of Jonathan's pain.

At the beginning of the scenario, you are seeing this patient for the first time. You know only the information provided in the referral letter below. You have taken the Ministry of Health course in palliative care, and are providing home-based palliative care to patients in your area. You see new referrals on Thursday afternoons, at time that you have always kept aside for home visiting.

Session 2

CASE 2

JONATHAN – GENERAL PAIN

ROLE PLAY

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