Short Communication

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Rehabilitation of People with Cancer Pain: Is It Similar or Different?

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Abstract

Treatment approach to people with cancer pain had been evolving from 'symptom control' focus to a 'quality of life' focus, with increasing emphasis on functional restoration-based interventions. Rehabilitation is a multidisciplinary comprehensive multidimensional approach addressing biological, psychological and social determinants of body structure and function, activity limitations and participation restrictions. The objective of this short communication was to update the existing knolwedge on cancer pain rehabilitation from an evidence-informed perspective. There is insufficient evidence and limited number of studies existed on development of network groups, institute-based centers,self-directed learning modules, and drug therapy for improving rehabilitation practice and education in cancer pain.

Keywords: Cancer Rehabilitation; Palliative Care; Pain Management; Biopsychosocial Model.

Treatment approach to people with cancer pain had been evolving from 'symptom control' focus to a 'quality of life' focus, with increasing emphasis on functional restoration-based interventions [1].

Rehabilitation is a multidisciplinary comprehensive multidimensional approach addressing biological, psychological and social determinants of body structure and function, activity limitations and participation restrictions.

Interventions such as strengthening, stretching, and the use of assistive devices help in improving pain relief and functional mobility, and a combined multidisciplinary approach that involves Physical, occupational, and speech therapy may all be needed to help manage pain in the cancer patient [2].

The objective of this short communication was to update the existing knowledge on cancer pain rehabilitation from an evidence-informed perspective.

The Network Project

Breitbartet al [3] developed "The Network Project" at Memorial Sloan-Kettering Cancer Center which included a 2-week observership in cancer pain management, psychosocial oncology, and cancer rehabilitation, and implemented among 152 observers who participated in the first 3 years of the Network Project's Observership Program. The participants demonstrated a significant improvement in knowledge of cancer pain, psychosocial issues, and rehabilitation issues in addition to improved local educational and training activities in the year following participation.

Institute-Based Center

Ventafridda and De Conno [4] created an unique programme of rehabilitation and pain control within the IstitutoNazionale per lo Studio e la Curadei Tumori in Milan where rehabilitation of mastectomy, amputee and ostomy patients were routinely performed. Some of the problems identified in the center include pain evaluation, and refinement of treatment modalities in order to obtain the maximum pain relief with the minimum trauma possible.

Self-Directed Learning Module

Gamble et al [5] described a self-directed learning module highlighting new approaches to pain management, postmastectomy treatment, and

rehabilitation issues in cancers of specific organ systemsfor practitioners and trainees in physical medicine and rehabilitation, with emphasis on management of pain, neuromusculoskeletal compromise, paraneoplastic syndromes, and other clinical problems.

Williams and Maly [6] explained a self-directed learning module highlighting assessment and therapeutic options in the management of cancer pain, pelvic pain, and the pain problems of the elderly and children. The module delineated causes of cancer pain, discusses strategies for approaching each specialized population, and provided specific clinical examples to illustrate management issues, with emphasis on prevention. Pain experience in children and elderly adults; psychosocial aspects of pelvic pain; and patient-controlled analgesia, opioids, and multimodality techniques were emphasized for acute, perioperative, and chronic pain.

Drug Therapy

Opioid pharmacotherapy is the mainstay of cancer pain management, together with co-analgesic administration, disease-modifying therapies, and interventional strategies for adequate pain relief in cancer- and treatment-related pain syndromes [7].

There is insufficient evidence and limited number of studies existed on development of network groups, institute-based centers, self-directed learning modules, and drug therapy for improving rehabilitation practice and education in cancer pain.Presently, mechanism-based classification in evaluation [8] and mechanism-based treatments are gaining favorable evidence [9], and clinicians need to understand the role of pathogenetic and nociceptive mechanisms of cancer pain in rehabilitative clinical decision-making. Another issue is the under-reporting of 'cancer pain' articles among palliative care journals [10], and hence future studies are indicated on cancer / oncology journals and rehabilitation medicine journals.

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