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Breakthrough Pain

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Recent research has changed people's perspective on pain. This is especially true concerning a type of pain that physicians refer to as ***breakthrough pain***. Physicians describe ***breakthrough pain*** as an abrupt short-lived and intense pain that "breaks through" the around-the-clock pain medication, which is controlling the baseline pain. One of my patients called it a "pain spike" while other patients have referred to it as a "pain flare-up" or simply a "pain attack." It has been found that approximately two out of every three patients with a terminal disease (cancer and non-cancer patients alike) will have episodes of ***breakthrough pain***.

The typical ***breakthrough pain*** event is relatively brief (usually less than an hour) but often severe. Common incidents that can cause a ***breakthrough pain*** episode include movement, coughing, or eating. But many patients will have ***breakthrough pain*** that is not related to anything that they are doing or have done.

Researchers have found that ***breakthrough pain*** often has a demoralizing effect on patients and families. Patients with ***breakthrough pain*** tend to have increased depression, worse sleep, more anxiety, more impaired daily activities, and poorer medical outcomes than do terminal patients who have no ***breakthrough pain***. But the good news is that there are three easy steps you can take to help your doctor and nurse treat your ***breakthrough pain*** in the best possible way.

Step 1. Keep a Pain Diary

You are the only one who knows how much pain you are feeling. When your nurse or doctor asks you about your pain, you probably won't remember how hard some hours and days were. Start the process by keeping a daily diary of your pain. Consider reporting some of the following:

- Where it hurts – list all of the places
- The intensity of the pain (on a scale of 0 to 10: use 0 for no pain and 10 for the worst pain you can imagine)
- The frequency of the pain episodes and how long each pain episode lasted
- What times of the day were associated with the pain (when was it better)?
- What did the pain feel like? Was it sharp, dull, hot, cold, aching, throbbing, shooting, or burning?
- What activities were associated with the pain (what made it worse or better)?

Writing down this information is valuable. Regular diary entries will help your doctor and nurse assess your pain, make the proper diagnosis, and treat your pain properly. Show this diary to your nurse on every visit. Here is an example of a pain diary:

Tracking the Pain
 Keep track of your pain each day. You might copy the pain journal on this page or use a small notebook. Show the journal to your health care provider.

Date	Time	Where you are	Trigger (if known)	Description of pain	Pain rating	Action taken
	<input type="checkbox"/> AM					
	<input type="checkbox"/> PM					
	<input type="checkbox"/> AM					
	<input type="checkbox"/> PM					
	<input type="checkbox"/> AM					
	<input type="checkbox"/> PM					
	<input type="checkbox"/> AM					
	<input type="checkbox"/> PM					
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	<input type="checkbox"/> PM					
	<input type="checkbox"/> AM					
	<input type="checkbox"/> PM					
	<input type="checkbox"/> AM					
	<input type="checkbox"/> PM					

Don't worry about how much to write and don't worry if you miss an occasional day. But try to remember to write down the time, the pain rating (0-10) and any medications you took. Some use a notebook and others write it down on cards – it's all up to you.

Step 2: Treatment

The good news is that there is excellent treatment available for *breakthrough pain*. Sometimes the treatment is simple and may include changing body position, preventing coughs and more effectively controlling the persistent pain. But usually your physician will give you a new pain medication that is short acting and designed specifically for these pain attacks. Morphine, oxycodone and hydromorphone in immediate-release capsules or liquid form are the medications most often used for the treatment of *breakthrough pain*. The onset of pain-relief from these medications is usually twenty minutes, with the peak pain relief coming in about an hour. Therefore, it is important to take these medications as soon as you feel your pain coming on – don't wait until the pain becomes severe – it becomes much harder to treat at that stage. If the *breakthrough pain* episodes are related to movement or an activity, it is important to take these medications at least thirty minutes *before* the anticipated event.

Step 3: How did it work? Write the results in your pain diary.

The third step is to record in your pain diary the medication given, how well it worked, and any side effects. This will help your doctor to adjust the medication properly. And don't forget to write down and tell your doctor and nurse about any side effects you think you may be having from the pain medication. The most common side effect of opioid medications is constipation. Therefore, it is important to take bowel medications *before* you get constipated and not miss taking the pills your physician and nurse have given you. There are other potential side effects like lethargy and nausea, but these will often go away after a few days.

Final Thoughts

When you and your health care team work together, there is a very good chance that your pain will be controlled.