Enhancing Quality of Life Through Pain Intervention in Palliative Care

臺中榮民總醫院麻醉部疼痛科
吳志成醫師

When – Where – What

- 癌痛負擔?
- 神經路徑相關的介入方式-由疼痛來源找到可阻斷的神經路徑
- 類鴉片藥物相關的介入方式
- 何時介入
- 常見介入工具與病例陷阱
- TAKE HOME MESSAGE

癌症病人疼痛盛行率：依治療情境差異明顯

整體疼痛範圍
35.8-55.2%

多數治療情境約每 2 位病人就有 1 位報告疼痛；最低為根治治療後，最高為無可行抗癌治療。

中重度疼痛範圍
22.8-43.3%

中重度疼痛不是少數現象；**症狀負擔在晚期與無可行治療族群尤其突出。**

最大樣本來源
508,827 人

G7「不同治療階段」納入最多病人；但高風險解讀仍應回到治療階段與疾病狀態。

最高盛行率族群

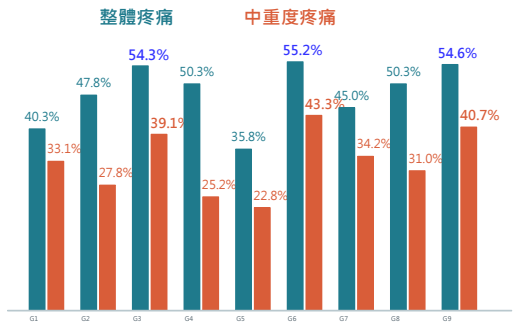
	整體疼痛 (%)	中重度疼痛 (%)
G6 無可行抗癌治療	55.2	43.3
G9 晚期/轉移/末期	54.6	40.7
G3 緩和治療	54.3	39.1

臨床訊息

疼痛評估與止痛策略應優先鎖定疾病晚期、緩和治療、以及無可行抗癌治療病人。

Rolf A H Snijders, Linda Brom, Maurice Theunissen, et al. Cancers (Basel). 2023;15(3):591.

整體疼痛與中重度疼痛：高風險群一致集中



長條圖顯示各組整體疼痛皆高於中重度疼痛；G6、G9、G3 在兩項指標皆居高。

疼痛負擔最高
G6 / G9 / G3

無可行抗癌治療、晚期/轉移/末期緩和治療。

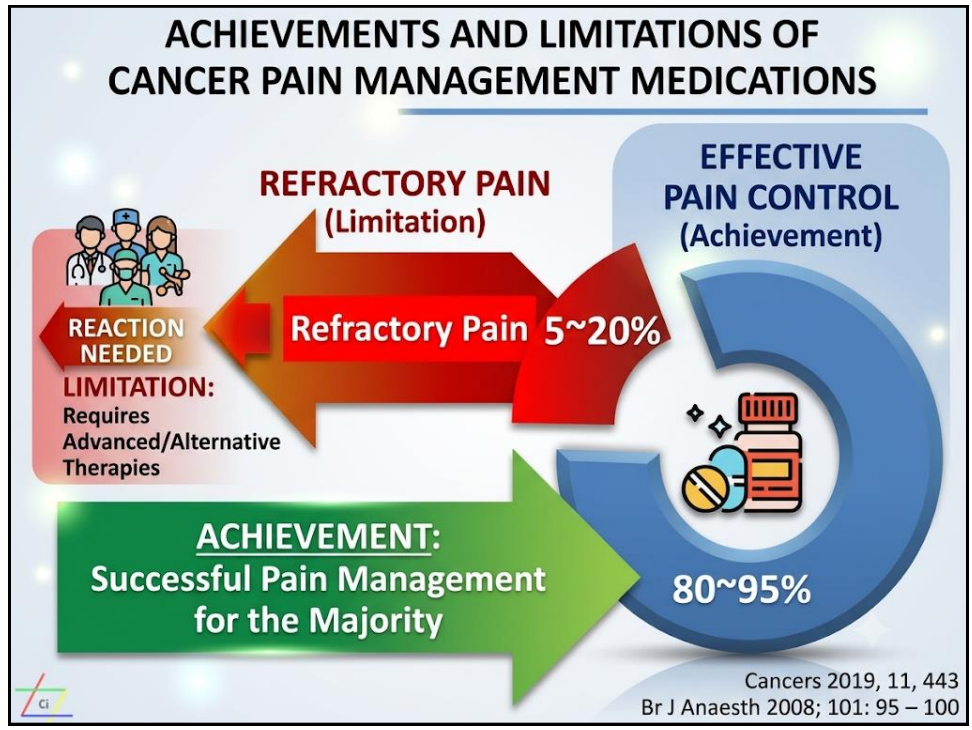
治療中仍需監測
G8：50.3%、31.0%

抗癌治療中病人整體疼痛盛行率仍達半數、亦有三成中重度疼痛。

相對較低但不可忽視
G5：35.8%、22.8%

根治治療後仍有超過三分之一病人有疼痛與 22.8% 中重度疼痛，不應被排除於常規篩檢之外。

Rolf A H Snijders, Linda Brom, Maurice Theunissen, et al. Cancers (Basel). 2023;15(3):591.



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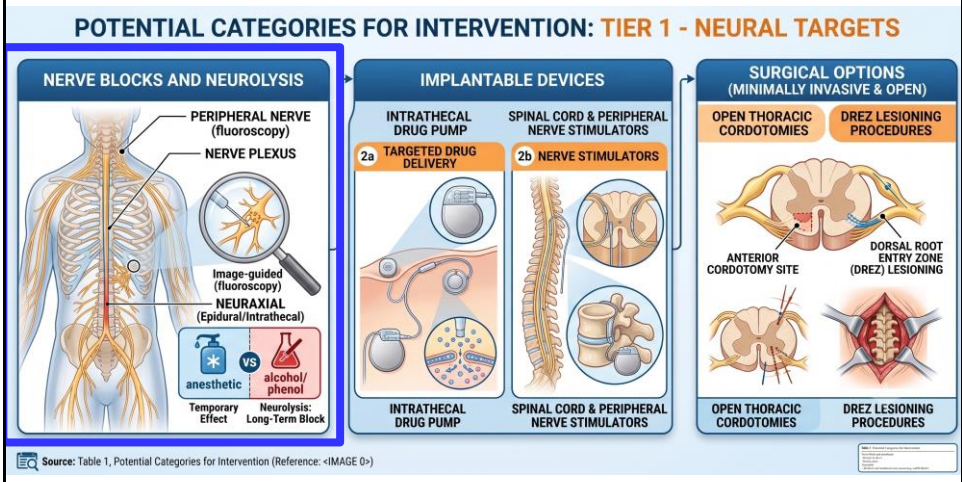
- an interdisciplinary approach is essential in order to provide an up to date, patient tailored approach to pain management



Yi-Ching Lee, Timothy Brake, Emma Zhao, et al. Support Care Cancer. 2024;32(5):285.

Interventions
- Nerve block
- Neuroablation

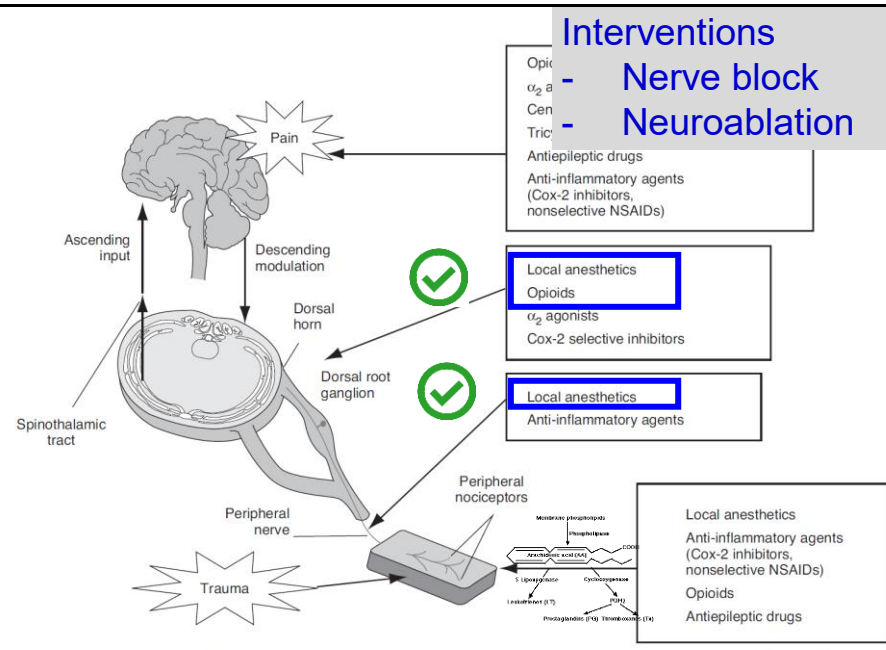
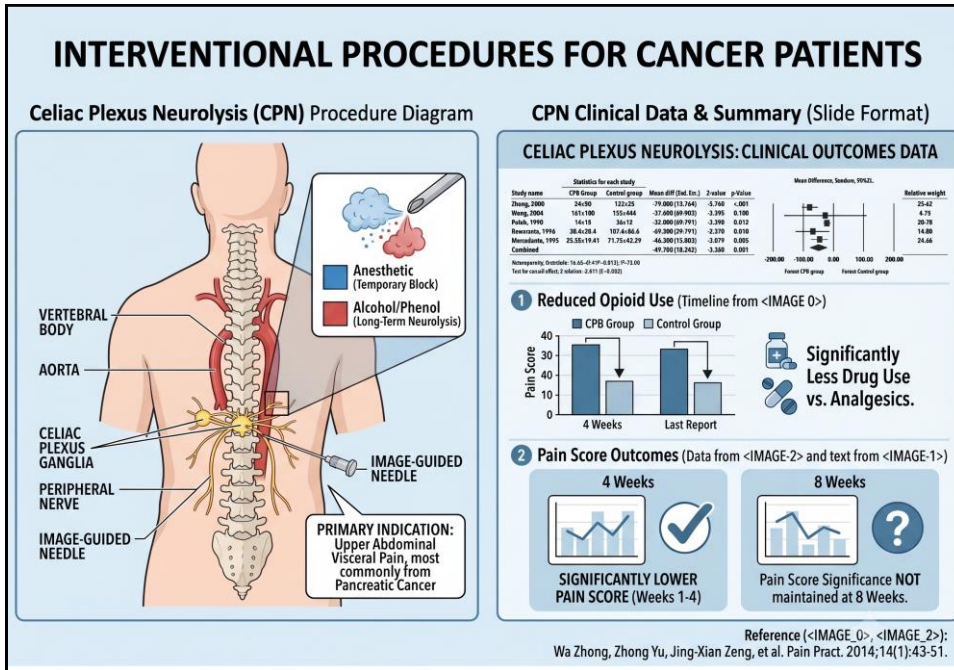


Figure 19–1 Analgesia and the pain pathway. Cox-2, cyclooxygenase-2; NSAIDs, nonsteroidal anti-inflammatory drugs. (Adapted from Gottschalk A, Smith DS: New concepts in acute pain therapy: Preemptive analgesia. Am Fam Physician 2001;63:1979–1984.)

Postoperative Pain Management (First Edition) An Evidence-Based Guide to Practice 2006



Wa Zhong, Zhong Yu, Jing-Xian Zeng, et al. Pain Pract. 2014;14(1):43-51.

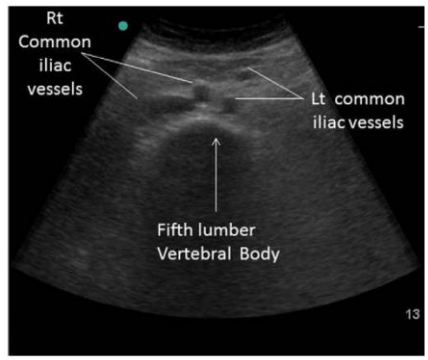


Figure 1 Transverse ultrasound image showing the body of fifth. Lumbar vertebra with bilateral common iliac vessels.

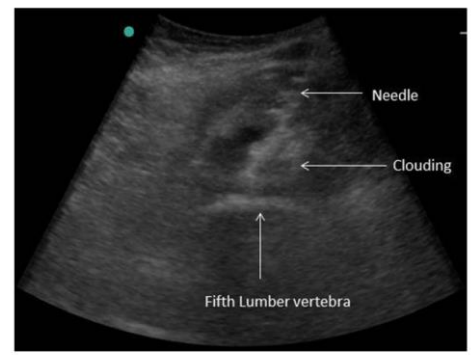


Figure 2 Transverse ultrasound image of the tip of needle positioned at the most-anterior point of the fifth lumbar vertebral body and drug spread in the mid-line in the form of cloud in front of the lumbar vertebra.

Mishra S, Bhatnagar S, Rana SP, et al. Pain Med. 2013;14(6):837–842.

Superior hypogastric block

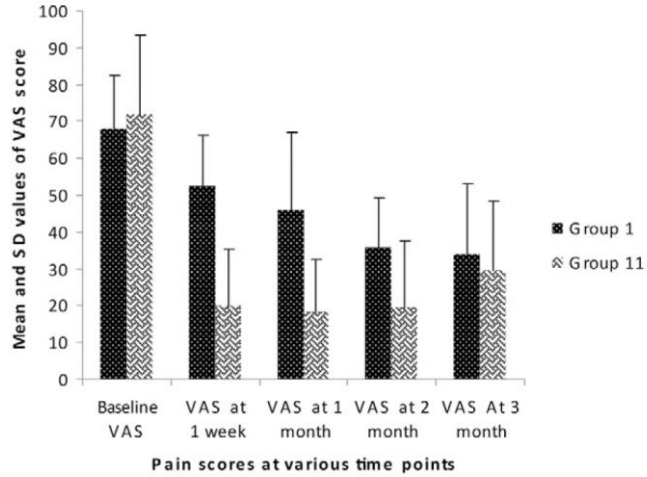


Figure 3 Description of pain scores (visual analog scale [VAS]) at various time points in both groups. SD = standard deviation.

Mishra S, Bhatnagar S, Rana SP, et al. Pain Med. 2013;14(6):837–842.

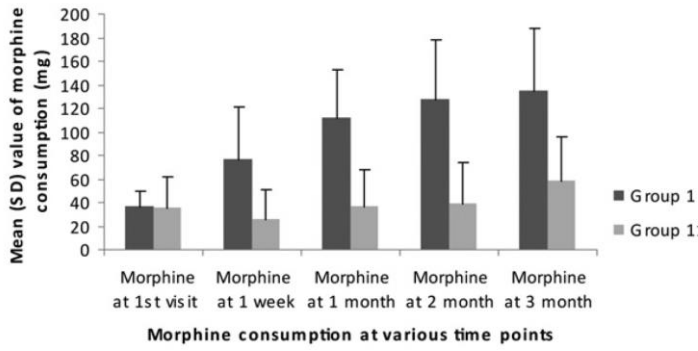


Figure 4 Description of maximum consumption of morphine at various time points in both groups. SD = standard deviation.

Mishra S, Bhatnagar S, Rana SP, et al. Pain Med. 2013;14(6):837–842.

Cancer Pain

Nerve Blocks

The Candidates :

- Definite pain source
- Identifiable innervation
- Accessible block site

Br J Anaesth. 2008 Jul;101(1):95-100.

神經破壞前的同意重點

16/80

- 說明可能不可逆
- 說明可能換來麻木、無力或其他功能代價
- 說明成功率、替代方案與復發可能
- 確認病人最在乎的生活目標

併發症分類

16/80

- Block related：穿刺、出血、感染、氣胸等
- Functional related：感覺或運動功能下降
- Agent related：alcohol、phenol、thermal lesion 等造成化學或熱傷害

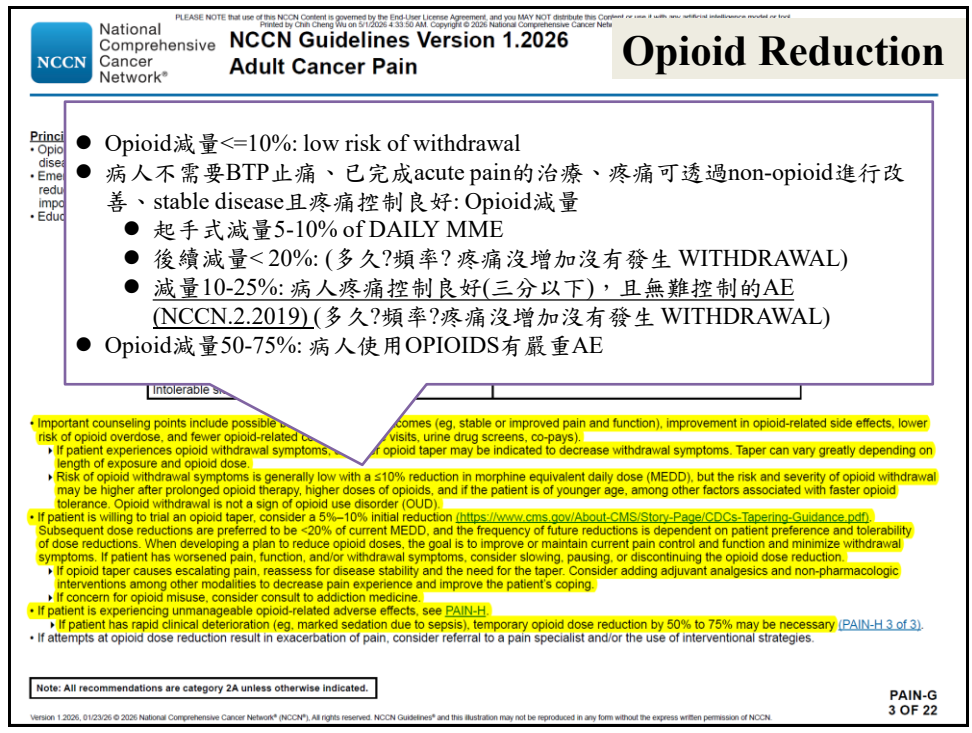
絕對與相對禁忌

16/80

- 絕對禁忌：病人拒絕、藥物過敏、無法配合
- 禁忌：凝血異常、抗凝血治療、感染、既有神經缺損
- 相對禁忌需延後、矯正或重新選擇策略

Opioid 調整與介入後追蹤

- 介入後不能立即假設 opioid 可全部停止
- 需依疼痛、鎮靜、呼吸、便秘與戒斷風險調整
- breakthrough pain 與 baseline pain 要分開追蹤



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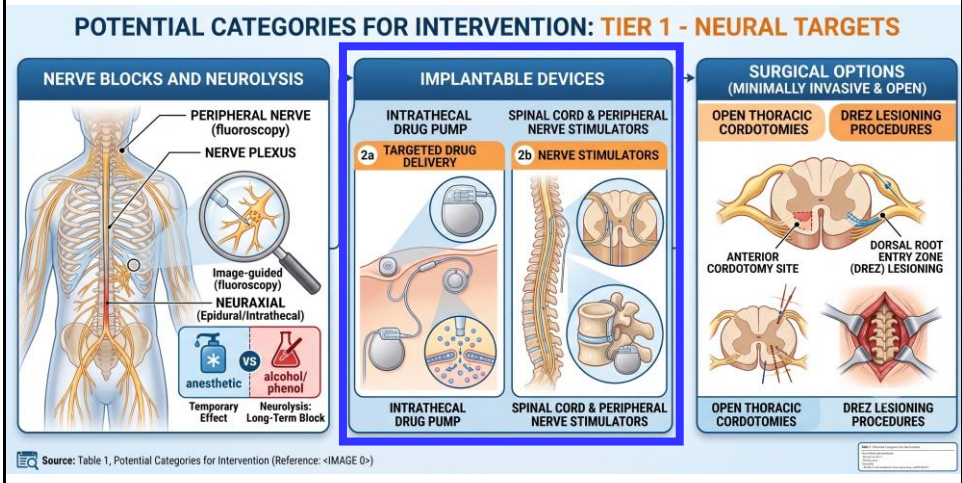

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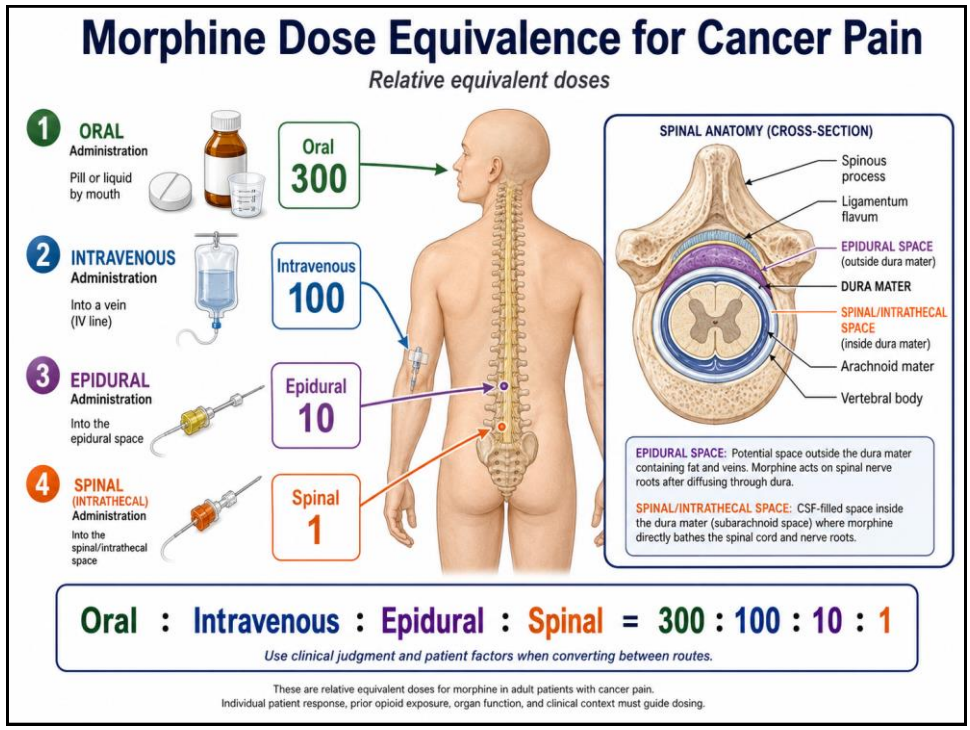
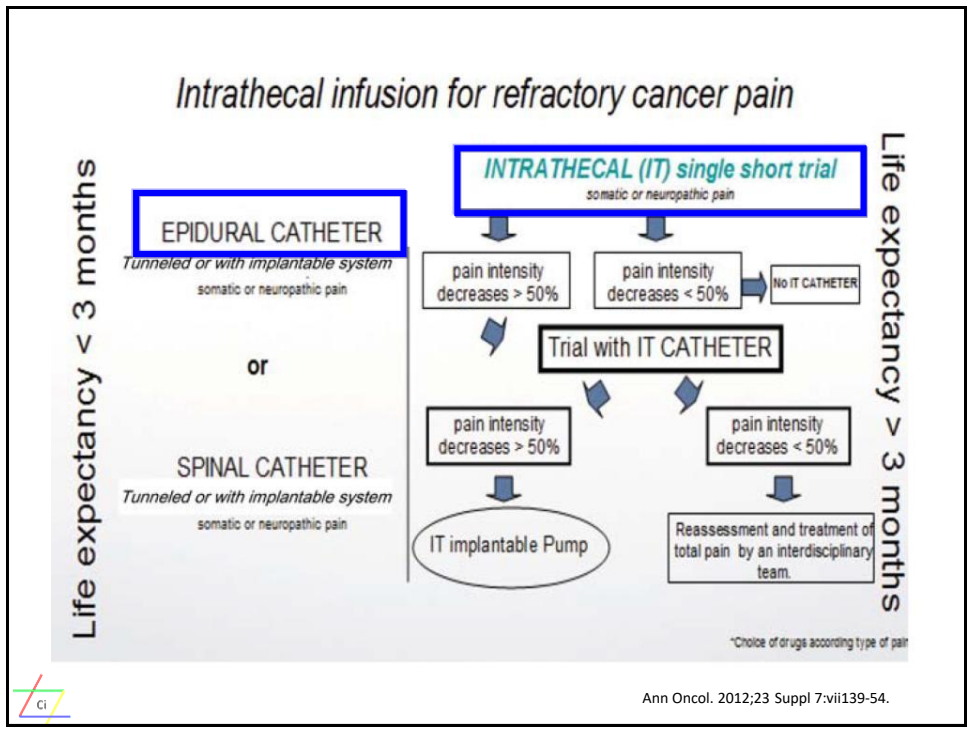
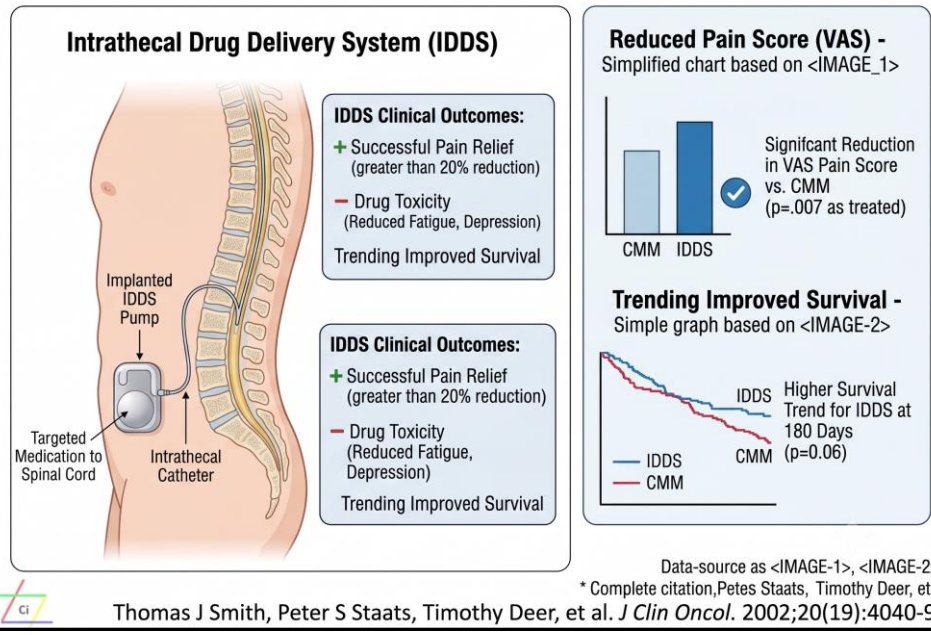




Ann Oncol. 2012;23 Suppl 7:vii139-54.

Interventional Pain Management for Cancer Patients



Data-source as <IMAGE-1>, <IMAGE-2>

* Complete citation,Petes Staats, Timothy Deer, et..

Thomas J Smith, Peter S Staats, Timothy Deer, et al. *J Clin Oncol.* 2002;20(19):4040-9.

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Cancer Pain

Interventions

When ?

Table 2
Opioid Consumption (Represented in Equivalent Doses of Oral Morpine Sulfate [mg/d]) During Follow-Up Period for Both Groups

Time	Group I	Group II	*P*-values
Second week	65.5 ± 15.4	98.4 ± 16.5	<0.0001[a]
1 Month	60.8 ± 14.5	95.2 ± 13.5	
2 Months	84.4 ± 29.5	120.5 ± 27.3	
3 Months	107.5 ± 35.5	142.5 ± 31.6	
4 Months	115.6 ± 14.5	160.0 ± 29.5	
5 Months	110. 7 ± 27.5	172.5 ± 39.5	
6 Months	119.28 ± 28.5	176.87 ± 38.5	
9 Months	125.3 ± 28.5	153.3 ± 35.7	
12 Months	165.5 ± 20.5	198.0 ± 45.5	
15 Months	188.5 ± 25.5	208.0 ± 45.5	0.007[a]

Data expressed as mean ± SD.
[a]Significant difference in Group II vs. Group I. Missing data in calculation of mean ± SD because of patient death are compensated for by using the last reported data value. Therefore, 54 and 55 patients were used at all times of assessment in each group, respectively.

J Pain Symptom Manage. 2014 Nov;48(5):944-56.e2.

Cancer Pain

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Table 3
Incidence of Opioid Side Effects During the Follow-Up Period

Side Effects	Group I	Group II	*P*
Nausea	12	23	0.03[a]
Constipation	12	26	0.006[a]
Pruritus	4	16	0.005[a]
Insomnia	10	8	0.14
Urine retention	3	5	0.09
Loss of appetite	18	21	0.06

[a]Significant difference in Group II vs. Group I, $P < 0.05$.

J Pain Symptom Manage. 2014 Nov;48(5):944-56.e2.

介入是最後一步，還是提早一步？

- 傳統思維常等到藥物失敗後才介入
  - 但病程進展會讓解剖構造扭曲、介入更困難: 侵犯與沾黏使入針路徑更受限
  - 可接受風險下，提早介入可能有更好效果
  - 長期高劑量 opioid 也增加副作用與耐受問題

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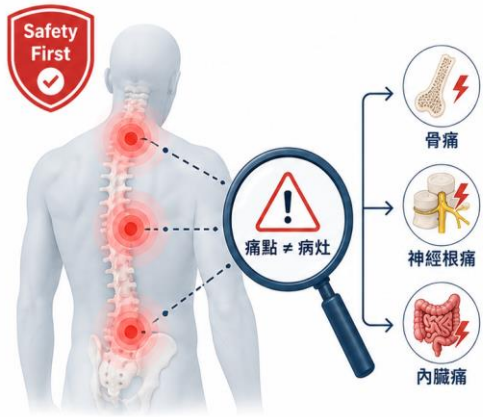
Pitfall - 疼痛來源判斷錯誤



- 痛點 ≠ 病灶
- 骨痛／神經根痛／內臟痛 可混雜
- 介入無效 → 先重評診斷

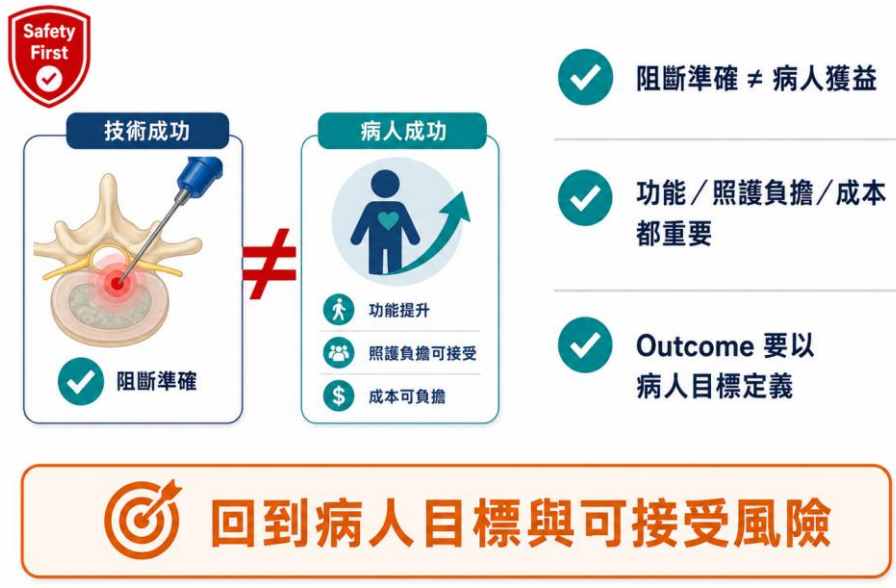
回到病人目標與可接受風險

Pitfall－忽略結構問題

- 先排除 不穩定／骨折／脊髓壓迫
- 止痛 ≠ 解決結構
- 影像＋神經學檢查 不可少

回到病人目標與可接受風險

Pitfall - 技術成功不等於病人成功



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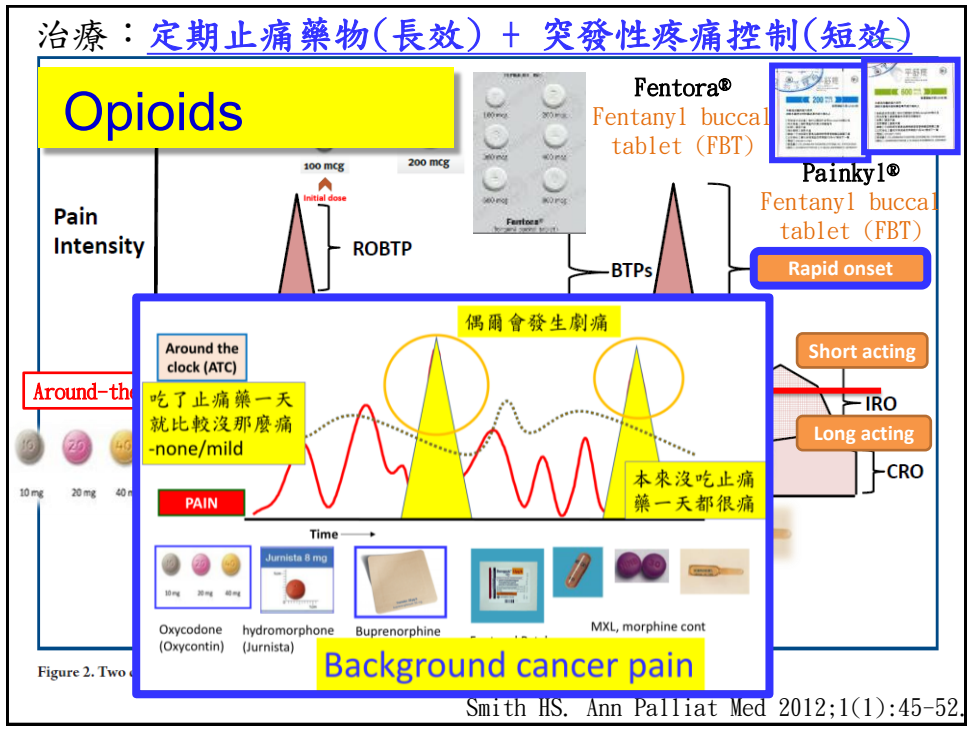
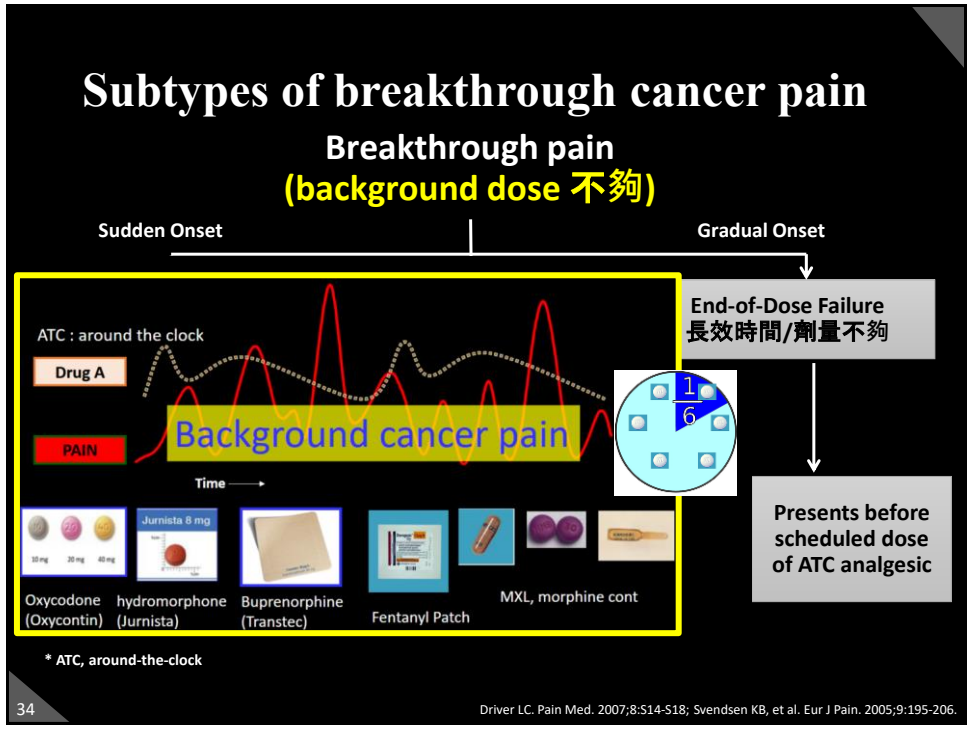
治療：定期止痛藥物(長效) + 突發性疼痛控制(短效)





Options for BTcP under enough ATC

Shorter duration (< 2hours)

Onset快 Intensity強

Duration不長 Non Predictable

Rapid onset opioids (ex. Painkyl)

Slow onset (>>30')

Rapid Onset (<30')

IV, SC morphine

Morphine (15)

Oxynorm (5)

Longer duration (>= 4 hours)

Vellucci R, Mediati RD, Gasperoni S, et al. J Pain Res. 2017 ;10:2147-2155.

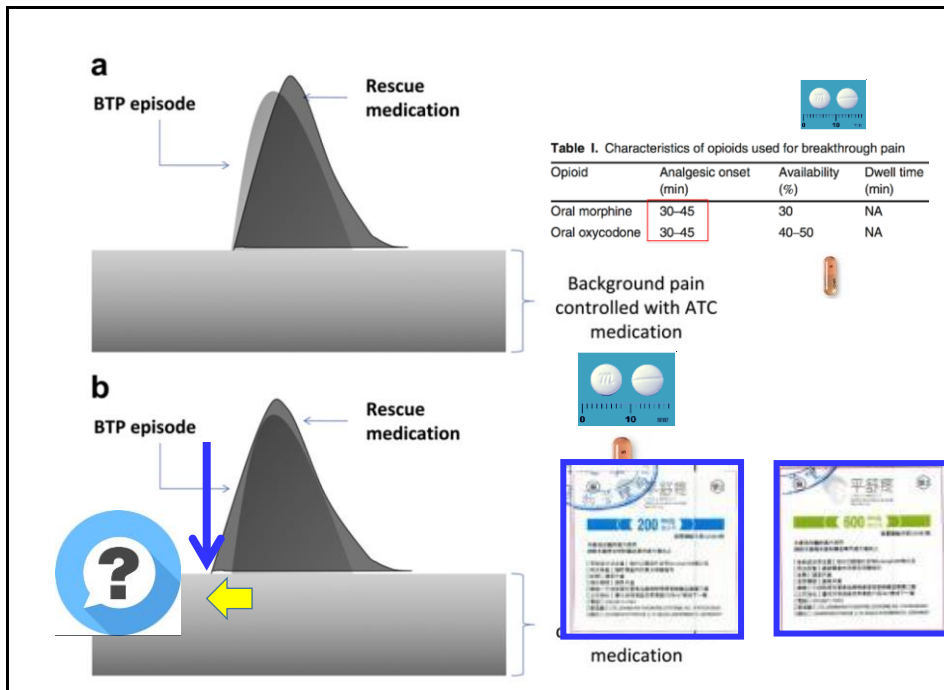
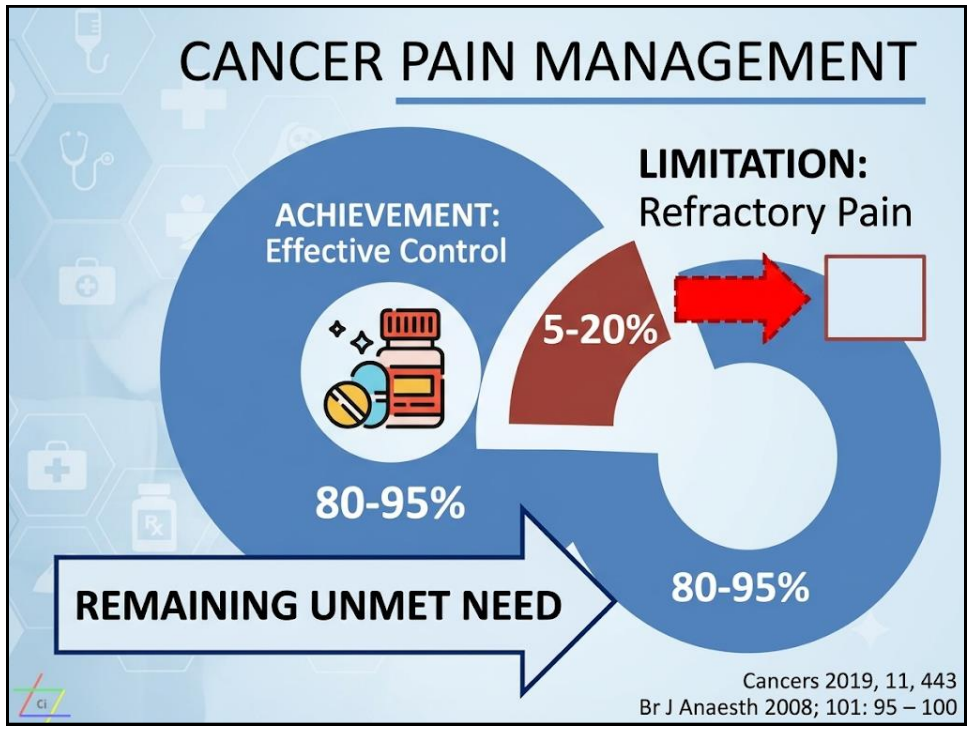


Table I. Characteristics of opioids used for breakthrough pain

Opioid	Analgesic onset (min)	Availability (%)	Dwell time (min)
Oral morphine	30–45	30	NA
Oral oxycodone	30–45	40–50	NA

Zeppetella G. Clin Oncol (R Coll Radiol). 2011;23(6):393-8.

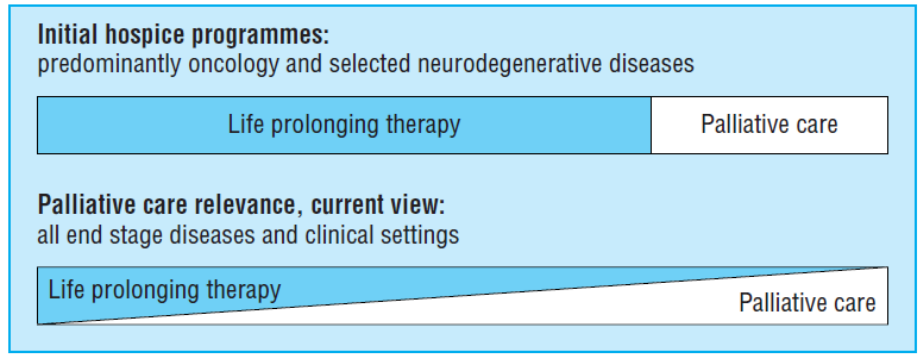


有效疼痛控制之外的 5-20%

多數癌痛可經藥物改善，但仍有一群病人控制不足

- 這群病人的問題常是疼痛強度、
- 位置或副作用限制

介入治療的角色是減少疼痛訊號
或降低藥物負擔



Changes in allocation of resources with the development of palliative care

Pain management should be given only when palliative care has been planned!!!

ABC OF PALLIATIVE CARE Second Edition 2006

早期介入的臨床收益

- 解剖構造較清楚時，操作可行性較高
  - 可能降低 opioid 劑量與相關副作用
  - 可讓病人保留功能與治療耐受度