

Chronic Pain after Childhood Cancer

PAIN IN CANCER SURVIVORS

Pain is a common experience during cancer treatment, either from the cancer itself or from the treatment. Usually, after the treatment is finished, there is no more pain. For some people, however, pain continues to be a side effect of either the cancer or its treatment, even when the cancer is in remission and treatment has been completed. For cancer survivors, long-term pain may occur for a variety of reasons, such as damage to bones, joints, or nerves resulting from treatment with radiation, surgery, certain chemotherapy medications, or corticosteroids.

WHAT IS THE DIFFERENCE BETWEEN ACUTE AND CHRONIC PAIN?

Acute pain is generally the result of illness (such as cancer), injury and/or surgery and is usually confined to a limited period of time. Acute pain has a biologic purpose, that is, it tells us that we are hurt or ill, so that we can protect ourselves.

Chronic pain lasts after the underlying illness or injury has resolved. Chronic pain is a problem because the longer the pain lasts, the more complicated it might become, particularly in the way it could affect a survivor's quality of life.

PAIN IS VERY COMPLEX

Healthcare providers used to think that the amount of pain a person had was directly related to the extent of physical damage to body tissue. Healthcare providers now know that the pain people feel is affected by many physical, emotional, and cognitive factors that are unique to each individual.

Recent studies involving new technology to study the brain are confirming that many processes are involved in chronic pain. The experience of pain is the result of a complex interchange of information from many different areas of the brain. These studies have also helped us to understand that pain can sometimes persist (even when the original injury has healed) due to changes in the way the body sends and receives pain signals.

Healthcare providers have learned that people perceive pain in different ways. These differences can be seen in brain imaging studies as individuals rate their pain to the same source of pain, or "stimulus." Some people seem to be very sensitive, whereas others may report little pain even with the same stimulus. While you might be born with some of these differences, environmental factors tend to play an important role too. Factors such as

age, sex, developmental level, family and cultural traditions, prior pain experience, and circumstances surrounding the injury all contribute toward how a cancer survivor might interpret, experience, and cope with pain.

PAIN AND PSYCHOLOGICAL HEALTH

Psychological factors play a role in the amount of distress that is experienced, or how upsetting the pain might be to each individual. Furthermore, other factors, such as family or work environment, can also affect the ability to cope with pain.

In the case of chronic pain that lasts for months and years, it is possible for cancer survivors to become increasingly depressed if they don't have ways to cope with the pain in a healthy way. Survivors with pain may sometimes become frustrated and angry, especially if pain is preventing them from doing activities that they used to enjoy. If a survivor believes that pain controls his or her life, then they may begin to feel powerless, develop low self-esteem, and avoid taking on challenges and opportunities for growth. Pain can develop into a troublesome cycle. For example, a survivor might stop moving around and doing physical activities because they are afraid of triggering or worsening their pain, but the less active they are, the weaker their muscles become, which can then worsen the pain.

Sometimes, people begin to anticipate the physical sensations of pain in a fearful way. They may withdraw from social or community activities to avoid having to deal with pain in public situations, and they may increasingly isolate themselves. Depression, anxiety, and chronic stress may follow, which then can make the pain worse. This may also lead to physical changes in the body associated with stress, depression, and anxiety, which can lower the pain thresholds.

HOW IS PAIN TREATED?

Fortunately, there are ways to manage and cope with chronic pain. Chronic pain can be treated with medicine, without medicine using behavioral treatments (such as relaxation or meditation), or by a combination of the two. Non-medicine treatments can be used along with medications to manage pain during all phases of cancer treatment. Studies of patients suffering from chronic pain show that training in pain-coping skills can help increase self-confidence and reduce distress from pain. Changes in how a person copes with pain and what they believe about their pain may also produce positive changes in behavior, such as increased exercise, improved pacing of activities, better compliance with medication, and increased participation in social activities.

Behavioral skills can be helpful in treating and coping with pain. Specific techniques include relaxation, meditation, guided imagery, distraction, and redirected thinking, as well as changing thoughts and beliefs about pain and what it means. Other effective approaches include support groups, massage, music, and counseling focused on pain management and behavioral modification.

Additional information about chronic pain is available on the following websites:

www.painfoundation.org

www.painandhealth.org

www.ampainsoc.org

Additional health information for childhood cancer survivors is available at www.survivorshipguidelines.org

CureSearch

National Childhood Cancer Foundation
Children's Oncology Group