

Review Article

Cancer Pain Management in Resource-Limited Settings: A Practice Review

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Pain in cancer is a common and burdensome symptom with different causes but in a significant number of cases it is undiagnosed and undertreated because of lack of skills for its assessment. Pain has significant negative impact on the patient and, therefore, it needs to be managed urgently and appropriately. In resource-limited settings, there are several barriers and challenges to pain management but even in these circumstances pain can be well managed with planned and innovative use of resources and if the World Health Organization public health system approach is used to ensure opioid availability.

1. Introduction

Pain in cancer patients is one of the most feared and burdensome symptoms [1] and is often undertreated [2]. In a recent systematic review, the prevalence of pain was found to be 64% in patients with advanced and metastatic disease, 59% in those on anticancer treatment, and 33% in those who had been cured of cancer [1]. In Africa, the prevalence of cancer pain ranges from 35.7% to 87.5% with the prevalence being more than 70% in most of the studies [3–9]. This high prevalence may be attributed to the limited treatment options for cancer, individuals presenting late, and comorbidity along with limited choice and availability of analgesics. In developed countries, evidence shows that 56–85% of cases of pain in cancer are tumor related, 5–62% of cases are related to cancer treatment, and 3–22% are unrelated to the cancer or its treatment [10, 11]. There is limited published data from resource-limited settings on the causes of pain in cancer patients; most data is limited to prevalence of pain in these patients and in most cases it is assumed that pain is due to the tumor [3–9, 12, 13]. This is probably because in resource-limited countries there are limited treatment options for most cancers, and patients present late with advanced malignancy, and, therefore, it is likely that more of the pain will be due to the tumor and less due to treatment as compared to developed countries.

Pain unrelated to the cancer or its treatment is of significant importance in resource-limited settings, where the burden of HIV/AIDS is high and, therefore, patients might have HIV-associated malignancies and their pain may be due to the HIV or associated opportunistic infections and/or antiretroviral treatment.

Therefore, a good pain assessment is important to identify the cause and be able to manage it effectively.

2. The Impact of Cancer Pain on the Patient

Chronic cancer pain has a significant impact on the patients and their family. Thirty-six percent of patients on anticancer treatment have reported their pain to be of moderate-to-severe intensity and 45% of patients with advanced, terminal, and metastatic disease reported pain of moderate-to-severe intensity in a systematic review done on studies carried out mainly in developed countries [1]. In resource-limited settings, pain has been found to be of moderate-to-severe intensity in 30% to 70% of cases. In the majority of the studies, moderate-to-severe pain was registered in more than 50% of the patients [3, 13–16].

An individual's perception of pain may be influenced by many issues including psychological, social, cultural, and spiritual factors. Koffman et al. explored the cultural