#### PAIN MANAGEMENT AND SYMPTOM CONTROL

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#### CANCER PAIN MANAGEMENT PROGRAM AND NEW ANALGESIC CLASSIFICATION:

- 1.OPIOID
- 1.1 STRONG OPIOID
- 1.2 WEAK OPIOID

- 2.NONOPIOID
- 2.1 ADJUVANT
- 2.2 NSAID

## PHARMACOLOGIC MANAGEMENT OF PAIN

OPIOID/NONOPIOID

OBJECTIVE PAINLESS CRITERIA

- **GRADE/STAGE 4**
- **GRADE/STAGE 3**
- GRADE/STAGE 2
- **GRADE/STAGE 1**

#### TYPES OF PAIN:

- 1. NEUROPATHIC
- 2. SOMATIC
- 3.VISCERAL
- 4.PSYCHOGENIC

#### CLASSIFICATION OF CANCER PATIENTS

WITH
PAIN SYMPTOMS/SYNDROME:
MALIGNANT/
NONMALIGNANT

- 1) PERACUTE
  (ONCOLOGIC EMERGENCIES)
- 2)ACUTE
- 3)SUBACUTE
- 4) CHRONIC

ACUTE & SUBACUTE
STAGE 1-2
PERACUTE & CHRONIC
STAGE 3-4

DEPENDING OF
CANCER PATIENT PAIN DEGREE
AND CAUSATIVE FACTORS
DEPENDING OF ONCOLOGIC
STAGING SYSTEM:

STAGE 1-2-3-4 PHASES SYSTEM SO THAT OBJECTIVE OPTIMAL PAIN RELIEF SUCCESSFULLY MANAGEMENT AND REFUSED-CANCELLED ALL OF THE SUBJECTIVE CONCEPTS.

MALIGNANT &
NONMALIGNANT PATHOPHYSIOLO
GICAL RESPONSIVENESS HAD
BEEN "CHANGED" NEUROPATHIC,
SOMATIC, VISCERAL, PSYCHOGENIC
PAIN CATAGORIES AS
MECHANICAL OR CHEMICAL
"ALL OR NONE" PHENOMENON.

OPIOID ANALGESICS LONG HALF LIFE AND REPETETIVE DOSING ADVERSE EFFECTS SHOULD BE COMPENSATION WITH SHORT HALF LIFE OF COUNTERPARTS OPIOID ANALGESICS AS ROTATIONAL STYLE METHOD.

OPIOID MILD TO MODERATE
OPIOID MODERATE TO SEVERE

#### PAIN MEDICATION MANAGEMENT SYSTEM:

- 1)DUAL-BINARY
- 2) ROTATIONAL

# PAIN MANAGE SYSTEM 1)OPIOID+NONOPIOID STYLE

2)

## 2.1)OPIOID ANALGESICS DRUGS GROUP ROTATION

#### 2.2) NONOPIOID ANALGESICS DRUGS GROUP ROTATION

PAIN MANAGEMENT ANALGESICS

DRUGS ROUTE OF ADMINISTRATION:

#### 1)NONOPIOID ANALGESICS DRUGS

PARENTERAL + ORAL

2)OPIOID ANALGESICS DRUGS PARENTERAL + ORAL

PRINCIPLES: RAPID ACTION SHORTER DURATION + SLOWER ACTION LONGER DURATION

OR

COMBINED STRATEGIES
DUAL/BINARY ROUTE
OF ADMINISTRATION,
INTRANASAL,
SUBLINGUAL,
BUCCAL,RECTAL,
TRANSDERMAL ETC.

CANCER PATIENT HAVE
MULTIPLE SITES-PLACE OF
BODY AND TYPES

OF

PAIN HAVE MIXED NEUROPHATIC ,SOMATIC, VISCERAL, PSYCHOGENIC PAIN SYNDROME SHOULD BE
COMBINED MULTIPLE THERAPY:
OPIOID+LOCAL ANASTETIC.
OPIOID+ADJUVANT ETC.
SINGLE OR REPEATING,
ALONE OR COMBINATION,
TEMPORARY OR PERMANENT.
CLINICAL PAIN THERAPEUTIC
APPLICATION.

APEX DEGREE MEDICAL PHILOSOPHER
EFRUZHU PHRMP
NORTH CYPRUS
TURKISH CYPRIOT
TRNC