Assessing and Treating Your Pain

KEY POINTS:

- It is best to control pain before it becomes severe and hard to manage.
- All patients deserve the best pain relief.

ASSESSING PAIN

Rate it: Use a 1 to 10 scale (1 = no pain, 10 = worst pain you've ever had).

<table>
<thead>
<tr>
<th>No Pain</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Severe Problem</th>
</tr>
</thead>
</table>

Describe it:

- Where is it?
- How does it feel?
  - Sharp?
  - Shooting?
  - Dull?
- What makes it better or worse?
- If your health care team does not ask you to rate your pain, please tell them because it is important for them to know if you are in pain.

TREATING PAIN:

There are many kinds of medications available and many ways of giving them. If one doesn’t work well for you, other kinds may be tried. Pain medications can be taken over months and years and they will still work.

Side effects of pain medications can be controlled and treated. The most common side effects of pain medications are constipation and extreme fatigue or sleepiness. Please tell your health care providers about your side effects before they become severe.

*Physical dependence* is normal and expected. It could happen with medications other than pain killers. It may be seen by withdrawal when the medication is suddenly stopped. Tolerance is also normal and it means you may need to take a higher dose of your pain medication to have the same effect.

*Addiction* is not normal or common. The main sign is the need to use drugs for nonmedical purposes (for example, to get high). Addiction is a serious problem, but is rare in cancer patients who are taking these medications for pain. Please speak with your doctor if you are concerned that you may become addicted.