

How's your knowledge of bone pain?

Did you know that:

- Deep aching pain, fairly well localized, in a limb, spine, skull or ribcage in a patient with cancer is likely coming from a **bony lesion**. A **bone scan** or **CT scan** may give more information than a plain x ray.
- If a pain is worse with **weight bearing**, and relieved by **lying down**, think of **bone pain**
- Bone pain often does not respond very well to opiates—it is relatively “**opiate resistant**”. (Do you know what other type of pain is relatively opiate resistant?)
- Bone pain **DOES** respond very well to **NSAIDS**. Watch for toxicity.
- Using an NSAID may **dramatically reduce** the amount of **opiate** necessary to control the pain.
- NSAIDS should be given with a **proton pump inhibitor** (such as omeprazole) or **misoprostol** (Cytotec TM) to prevent GI erosions and ulcers. H2 blockers such as **ranitidine** are **NOT GOOD ENOUGH** and strangely, may **increase the risk of a GI bleed**.
- **Steroids** may help bone pain. Watch for toxicity.
- Bone pain often needs definitive treatment, such as **radiation or surgery**. A consultation may be in order.
- Other medications such as **bisphosphonates and calcitonin** are sometimes useful in controlling bone pain. You may wish to ask for a palliative care consultation.

****Practice tip: A patient with groin pain radiating to the knee, worse with weight bearing, may have a lesion in the hip which is about to fracture! It needs urgent investigation and intervention****

So, are you still writing prescriptions for Zantac TM when you prescribe an NSAID? How about changing to a PPI?

Want to learn more?

Call us: Palliative Care Community Advice Line: (905) 548-5565 —available 24 hrs a day.

We're here to help you.