



Editor Note on Cancer Pain

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Description

Pain in cancer patients is one of the major symptoms which lead to medical evaluation and most feared consequences of patients. 69% people commit suicide due to the severe cancer pain.

Pain may occur during active treatment, advanced and terminal stages. It may cause severe pain with disturbed sleep, reduced appetite, irritability and depression. It is very complex and complicated which involves physical (organic pain) and psychological dimension.

Pain in cancer patients occurs due to neuropathic mechanism (non-nociceptive), visceral and somatic nociception, and physiological disturbances. Neuropathic pain reflects both peripheral and central sensitization mechanisms. Abnormal signals arise from both injured axons and also from the intact nociceptors

that share the innervation territory of the injured nerve. Visceral pain and somatic pain feels different. Visceral pain comes from internal organs whereas somatic pain comes from skin, muscles, and soft tissues.

Cancer patients suffers from psychological state and traits, social and familial functioning, loss of work, financial concerns, physical disability, fear of death. 90% of total pain can be controlled with self-administered oral drugs.

Palliative treatment for patients in cancer pain involves surgical, radiation, chemotherapy, pain management. Based upon the type and level of cancer we use NSAIDs (non-steroidal anti-inflammatory drugs), opioids (morphine, codeine, methadone, oxycodone, etc.) and adjuvants (corticosteroids, antidepressants etc.)

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