

Pain And Myeloma

Pain is the most common symptom of myeloma and can greatly affect all areas of your life, especially if it is untreated or poorly managed. This Information Sheet will explore what the main types and causes of pain in myeloma are, as well as looking at the different approaches used to manage pain effectively. It will also emphasise the need for honest communication with your doctor about the impact that pain is having on your life and highlight some of the things that you can do for yourself to help relieve your pain.

Pain will affect up to 80% of people with myeloma at some point. The type and intensity of pain will vary considerably and will affect each of you differently; it can be localised to one area of your body or it can affect many different areas.

The causes of pain in myeloma are varied and can include:

Myeloma bone disease

Bone disease is the most frequent and often the most debilitating feature of myeloma and therefore bone pain is a very common symptom. The areas usually affected include the middle or lower back, the hips and the rib cage. The long bones of the upper arms and legs can also be affected.

Bone disease occurs as a result of myeloma cells in the bone marrow affecting the surrounding bone, causing the bone to be broken down faster than it can be repaired. Sometimes the bones can become so weak that they can break without undue force or injury – this is called a pathological fracture.

The thinning of the vertebrae (bones of the spine) can also result in fractures. They tend to collapse and become compressed. This is known as a vertebrae compression fracture and can be very painful.

Peripheral neuropathy

Peripheral neuropathy is the term used to describe damage to the nerves that make up the peripheral nervous system. In myeloma the nerves that are most commonly affected are those of the hands and feet.

There are several possible causes of peripheral neuropathy in myeloma including its treatments, infiltration of nerve tissue and complications such as infection.

Common symptoms of peripheral neuropathy include pain, numbness or a 'pins and needles' sensation in the affected nerves.

Infection

Myeloma can weaken the immune system, leaving you more susceptible to picking up recurring infections, some of which can be accompanied by pain.

Common infections include chest and kidney bacterial infection and the viral infection shingles.

Sore mouth

A sore mouth (or 'mucositis') is one of the side-effects of chemotherapy, especially when given in high doses before a stem cell transplant. The lining of your mouth can become red and inflamed and can sometimes result in extreme pain and discomfort. Fortunately, this is normally a temporary side effect and your mouth should return to normal once you have recovered from your treatment.

Describing your pain

In order for your doctor or nurse to treat your pain effectively it is important that they know exactly how it is affecting you and what it feels like to you. You may be asked a range of questions to try to establish the exact nature of your pain – this helps to work out which treatment is most appropriate for you and also provides a baseline measure to see which pain medications are working.

It may be helpful, therefore to consider asking yourself these questions before you see your doctor or nurse:

- Where do you feel the pain?
- When did it begin?
- What does it feel like? Sharp? Dull? Throbbing? Burning? Steady?
- Does it prevent you from carrying out your daily activities?
- What makes it worse?
- What have you tried for pain relief?
- Is your pain constant? If not, how many times a day (or week) does it occur?

Some people find that keeping a diary of their pain, over a few days, helps them to describe it more accurately and detect any triggers, or periods of the day when it is worse.

You may also experience other symptoms associated with your pain. These can include nausea, headaches, dizziness, weakness, drowsiness, constipation and or diarrhoea.

Pain can also have a huge emotional impact, so it is important to let your doctor or nurse know if you feel that living with pain is affecting your mood.

Treatment

It is important to emphasize that you do not have to put up with pain: there are many different treatment options available and most hospitals will have access to a specialised pain team which consists of a range of professionals who are experts at assessing and relieving pain.

The aim of any pain relieving treatment is to provide continuous pain relief, whenever possible, with a minimum of unwanted side-effects. Pain control must be tailored specifically to you and must be regularly reviewed.

Medical Treatments

Bisphosphonates

Bisphosphonates are a specific group of drugs that inhibit bone destruction in myeloma. They have been shown to reduce bone pain and the need for strong pain killers as well as reducing the likelihood of pathological fractures.

Bisphosphonates treatment is now recommended for all patients with myeloma requiring treatment whether or not bone lesions are evident.

Chemotherapy

Chemotherapy is a key component of pain management as it is aimed at treating the myeloma itself, which may be the underlying cause of pain. If your myeloma responds to your chemotherapy treatment then you may find that you are able to come off or reduce strong painkillers once you have finished your treatment.

Radiotherapy

Radiotherapy can be a very effective measure in relieving bone pain in localised areas throughout the body. It is also effective in relieving pressure on the nerves or spinal cord.

Surgical interventions

Vertebroplasty and balloon kyphoplasty are two new minimally invasive surgical procedures used for stabilising or reversing vertebral compression fractures. These procedures may occasionally be used to offer considerable pain relief as well as strengthening the bones of the vertebrae.

Painkillers

You may be prescribed painkilling medications (also known as 'analgesia') to try to gain control of your pain. Again it is important to point out that an individual approach must be taken in order to achieve pain control – there is no correct formula and it often comes down to trial and error as to what works best.

Many people are reluctant to take pain killers, so it is useful to emphasise that, when used to treat severe pain, morphine (or any other strong painkiller) is not addictive. Nor is it a sign of weakness or 'giving up' to admit to needing help with your pain.

As with any medication, most painkillers have some side-effects, most of which, if caught early, can be managed effectively. Therefore, it is extremely important that you inform your doctor or nurse about any side-effects you are experiencing. Some of the common side-effects are: constipation, nausea, loss of appetite and drowsiness; however, your doctor or nurse will explain to you which side-effects you are likely to experience.

The painkillers that are most commonly used in myeloma are listed in the table. Additional drugs that are not normally used as painkillers may also be helpful in certain circumstances e.g. amitriptyline, gabapentin or pregabalin may help relieve neuropathic pain. Steroids, particularly dexamethasone, may also be used to relieve bone pain.

Over the counter non-steroidal anti-inflammatory painkillers (e.g. ibuprofen) are not generally recommended for use in myeloma as they can contribute to kidney damage.

Commonly used painkillers in myeloma

Class	Examples	Comments
Simple non-opioid analgesics	Paracetamol	Useful in mild to moderate pain.
Non-steroidal anti-inflammatory drugs	Ibuprofen, Voltaren	Should be avoided or used only with caution
Weak opioids	Provide effective pain relief for moderate pain, e.g. Panadeine Forte, tramadol.	Confusion and drowsiness may be experienced initially: can cause constipation: caution required in renal impairment.
Strong (natural) opioids	Provide effective pain relief for moderate to severe pain. Morphine – as liquid or tablets can be converted to slow release preparations when daily requirements are established e.g. MS Contin	As above
Synthetic Opioids	Provide effective pain relief for moderate to severe pain; some can be less toxic than natural opioids Include: • Oxycodone – may be given orally (immediate or slow release formulations) e.g. Oxycontin • Fentanyl – given as slow release patches	As above
Others	Gabapentin and pregabalin	Commonly used for neuropathic pain

Non Medical Treatments

There is a range of non-medical interventions that can be used to help relieve pain, some of which are listed below. They may help you feel that you are getting more control over your pain and relieve some of the anxiety related to living with pain. It is important, however, that you inform your doctor or nurse if you choose to use any of these treatments.

TENS machine

TENS (Transcutaneous Electrical Nerve Stimulation) machines deliver small electrical pulses to the body via electrodes placed on the skin. TENS machines are thought to affect the way pain signals are sent to the brain. You can get TENS machines from a physiotherapist or buy one from most pharmacies.

Acupuncture

Acupuncture is part of traditional Chinese medicine and uses the balance of the body's own life force to restore wellbeing. Acupuncture can be used to alleviate pain and to relax muscles.

Gentle massage

Gentle massage can be used to relieve muscle pain and tension and can be both therapeutic and relaxing. Remember to tell the massage therapist that you have myeloma.

Hot and cold packs

Hot water bottles and ice packs can be very effective in providing short term pain relief. It's best not to apply them directly onto your skin and often alternating between hot and cold works best.

Relaxation techniques

Tense muscles can contribute to any pain that you are experiencing. Learning relaxation techniques can not only ease your pain but can help you cope with it better.

Correct positioning

Often the way that you sit, or lie down can affect your pain. Use supportive cushions or pillows and ask to be seen by a physiotherapist for expert advice.

Self-Help Strategies

As well as the non-medical treatments listed above, things that you can do for yourself to try to get control of your pain may include:

Asking for help when needed

Again, this is not a sign of weakness so don't be afraid to ask for help from those around you – most people are glad to be able to offer some assistance. If you think you need help around the home speak to your doctor or nurse who will be able to arrange for an occupational therapist to assess you.

Taking painkillers regularly as prescribed

Don't wait until you are in pain – try to stick to the regime that your doctor has prescribed for you – this will help them assess if your current level of pain relief is working.

Distraction therapy

Some people find that watching TV or listening to the radio can help by taking their mind off the pain for a short while.

Achieving a balance between regular rest and activity

It's important to have some structure to your day whilst not over-tiring yourself. Moderate gentle exercise (e.g. walking) will help strengthen your muscles. It will also take your mind off your pain and can help lift your mood.

Be honest with your doctor or nurse

Let your doctor or nurse know about the pain that you are experiencing, especially any new sites of pain or if it is increasing in intensity.

Talking about your feelings

Anxiety and stress can aggravate pain so try and talk about your worries and concerns. If you would like to speak to a trained counsellor, your GP or local cancer centre should be able to organise this for you.

Conclusion

Pain may affect the majority of you at some point: however I hope I have shown that with honest communication with your doctor or nurse, and with the correct treatment for you, pain can be controlled, allowing you to 'get on' with your life.

Original article written by Mandy Calder, Myeloma Information Nurse Specialist of Myeloma UK reprinted with permission from 'Living with Myeloma' the newsletter of Myeloma UK. Adapted to Australian standards by Dr Simon Wein, Peter MacCallum Cancer Centre.

The information in this fact sheet is not intended to replace medical care or the advice of a physician. Your doctor should always be consulted regarding diagnosis and treatment.

For further information please contact one of our Myeloma Support Nurses
on our Support Line:
1800 MYELOMA (1800 693 566)
or visit our website: www.myeloma.org.au