

# When Medication Is Not Enough: Nonpharmacologic Management of Pain

Christine G. Gatlin, RN, OCN®, MHA, and Lisa Schulmeister, RN, MN, CS, OCN®

Patients with cancer commonly experience pain, which typically is controlled pharmacologically. Despite advances in pain management, pain continues to be undertreated. Nonpharmacologic measures may effectively manage pain but often are overlooked or underused. Nurses who are familiar with simple, noninvasive, nonpharmacologic measures, such as patient positioning, thermal measures, massage therapy, aromatherapy, and mind-body therapies, can identify and educate patients who may benefit from nonpharmacologic interventions.

**T**he goal of pain management is to provide pain relief. Although many guidelines are available to clinicians and patients, cancer-related pain continues to be undertreated (Lorenz et al., 2006). The American Pain Society asserted that the greatest barrier to pain management is inadequate pain assessment (Clark, 2005). Other factors include lack of knowledge about effective treatment strategies, nonadherence to treatment guidelines, and inadequate coverage and reimbursement for certain pain treatments. In addition, patients sometimes receive suboptimal pain management because they are reluctant to report pain, experience adverse analgesic side effects, or fear addiction or drug tolerance. Patients who believe that pain is an expected part of the cancer experience may minimize their pain or deny its existence (Davis & Walsh, 2004; O'Malley, 2005). Furthermore, pain is a multidimensional experience that is intertwined with and influenced by other symptoms, such as depression and fatigue. Consequently, the cancer-related pain experience varies among patients and is not well understood (McGuire, 2004).

Cancer-related pain results from at least one of three basic causes: direct tumor involvement of organs, tissues, or bone; cancer treatment effects (e.g., surgery, radiation therapy, chemotherapy); and mechanisms unrelated to cancer or its treatment (Kocoglu, Pirbudak, Pence, & Balat, 2002).

Four general approaches are used to manage cancer-related pain: modifying the source of the pain, altering the perception of pain, modulating the transmission of pain to the central nervous system (CNS), and blocking the transmission of pain to the CNS (Levy & Samuel, 2005). Systemic pharmacologic management, which relies on analgesics and adjuvant agents, such as antidepressants, neuroleptics, and corticosteroids, incorporates the first three approaches to control cancer-related pain (Lusier, Huskey, & Portenoy, 2004).

Pain also may be managed with nonpharmacologic interventions. The goal of nonpharmacologic pain management is to decrease patients' perceptions of pain by reducing pain intensity and increasing pain tolerance, increasing adaptive pain behavior,

### At a Glance

- ◆ Nonpharmacologic pain management attempts to decrease patients' perceptions of pain.
- ◆ Many nonpharmacologic measures have been purported to help ease pain, but few have been studied scientifically.
- ◆ Patient positioning, thermal measures, massage therapy, aromatherapy, and mind-body therapies may be effective adjuvant cancer-related pain management measures.

and decreasing maladaptive pain behavior (e.g., excessive use of medications, attention seeking, social isolation). In addition, healthcare providers try to increase their perceptions and understanding of patients' pain and improve their responses to that pain (Titler & Rakel, 2001).

Often, a combination of approaches is needed for patients to obtain optimal pain relief. Nurses play an important role in educating patients about nonpharmacologic approaches and may be involved in providing or facilitating use of nonpharmacologic interventions. Pain relief and pain management must be nursing priorities. Patients experience improved quality of life when pain is controlled and are more likely to manage other aspects of their daily lives successfully.

Nurses recognize the importance of administering pain medications but may overlook other potentially helpful approaches. Likewise, some patients rely solely on pain medications or

---

Christine G. Gatlin, RN, OCN®, MHA, is the director of medicine and oncology at Baton Rouge General in Louisiana; and Lisa Schulmeister, RN, MN, CS, OCN®, is a self-employed oncology nursing consultant in River Ridge, LA. The authors were participants in the 2006 *Clinical Journal of Oncology Nursing* Writing Mentorship Program. (Submitted September 2006. Accepted for publication March 7, 2007.)

Digital Object Identifier: 10.1188/07.CJON.699-704