

## Quality of Life in People with Cancer Pain: An Overview of Reviews

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### Abstract

The objective of this short communication was to inform evidence through an overview of reviews of cancer pain and quality of life. Theoretical understanding of cancer pain should involve a combination of biochemical/neurobiological factors, together with social/racial and ethnocultural influences of pain and quality of life in people with cancer. Both generic and disease-specific self-reported questionnaires should be used to explore utility and efficacy of interventions and also to study the multidimensional impact of cancer pain on quality of life. Multimodal management with treatment options ranging from educational, medical/pharmacological (bisphosphonates), surgical (nerve blocks) and radiation therapy should be incorporated into supportive cancer care. Future research should address caregiver and family issues, and explore the mechanism-based paradigm in cancer pain in order to effectively enhance quality of life of people with cancer pain.

**Keywords:** Palliative oncology; Cancer anesthesiology; Quality of life; Cancer pain.

Knopp *et al*[1] explained that most cancer patients will experience moderate to severe pain and/or neuropathy during the course of their disease or its treatment. Whilst individually tailored medical management is useful, use of supportive care approaches is essential by combining mechanistic methods into knowledge of endophenotypes from the cancer patient's perspective, the biochemical/neurobiological sequelae associated with

tumor growth and therapies designed to arrest tumor progression so that effective treatment of cancer-related pain, sensory neuropathies, and associated endophenotypes could be achieved to preserve QoL.

Gordon[2] explained the ethnocultural influences of pain on quality of life in people with cancer, from the family and patient background and their role in interpersonal shared informed decision-making in therapeutic goal setting and implementation strategies.

Payne *et al*[3] searched Medline and performed a qualitative literature review to identify racial disparities in the palliative care of patients with cancer and their impact on quality of life for African-American women, which concluded; "Differences in treatment patterns, pain management, and the use of hospice care exist between African-American women and women in other ethnic groups. In addition, the emotional, social, and other aspects of quality of life for African-American women with breast cancer are not well understood, in part due to the absence of a standardized quality-of-life measure."

Bonomi *et al*[4] searched MEDLINE, PSYCHLit, and CANCERLit to identify QoL instruments that included a pain subscale or pain-related items available for use in assessing the impact of pain on the quality of life (QoL) of cancer patients, and methods to evaluate

the appropriateness of these QoL measures. The study found scores of measures including utility measures that measure general QoL and condition-specific instruments to measure the impact of specific conditions, such as cancer, on QoL.

Lipton[5] suggested analgesic drugs for first line of pain relief in cancer, together with nerve blocks and other procedures which are to be early with conviction and persistence.

Ling *et al*[6] searched six databases (Medline, CINAHL, PubMed, EMBASE, PsycINFO and DARE) for randomized controlled trial studies of pain-education programmes for cancer patients and found four studies that reported reductions in pain intensity and pain interference, but not in quality of life.

Di Lorenzo *et al*[7] studied the efficacy of External beam radiation therapy (EBRT) for pain relief and improvement in quality of life (QoL) in 75 patients with bone metastases from prostate cancer, who were also administered second-line hormonal therapy (HT) in 20 patients, chemotherapy (CT) in 25 patients, bisphosphonates in 45 patients. EORTC QLQ-C30 questionnaire scores and pain scores improved in all the groups which suggested that EBRT was an effective and safe treatment modality.

Diel[8] emphasized that bisphosphonates offer significant and sustained relief from bone pain and can also improve quality of life in patients with metastatic breast cancer. High-dose bisphosphonates can offer rapid relief of acute, severe bone pain, instead of waiting for the pain to become unbearable or associated with pathological fractures.

Esperand Redman[9] suggested need for future research on management of fatigue and urinary symptoms in addition to control of pain from bone metastases in patients with prostate cancer. Caregiver burden and end-of-life care significantly affect quality of life, thereby presenting challenges to supportive care and pain management by health care providers.

Mantyh[10] opined, "Developing a mechanism-based understanding and

mechanism-based therapies to treat cancer-associated pain and sensory neuropathy, and incorporating these into mainstream cancer research and therapy, will be crucial to improving the quality of life and survival of patients with cancer." Can mechanism-based classification[11] and its ensuing mechanism-based therapy[12] be the elixir to enlighten the lives of people with cancer pain towards enhanced quality of life?

Theoretical understanding of cancer pain should involve a combination of biochemical/neurobiological factors, together with social/racial and ethnocultural influences of pain and quality of life in people with cancer. Both generic and disease-specific self-reported questionnaires should be used to explore utility and efficacy of interventions and also to study the multidimensional impact of cancer pain on quality of life. Multimodal management with treatment options ranging from educational, medical/pharmacological (bisphosphonates), surgical (nerve blocks) and radiation therapy should be incorporated into supportive cancer care. Future research should address caregiver and family issues, and explore the mechanism-based paradigm in cancer pain in order to effectively enhance quality of life of people with cancer pain.

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