[illegible]

. A m, , A P A - - P

General internists often care for patients with advanced cancer. These patients have substantial morbidity caused by moderate to severe pain and by spinal cord compression. With appropriate multidisciplinary care, pain can be controlled in 90% of patients who have advanced malignant conditions, and 90% of ambulatory patients with spinal cord compression can remain ambulatory. Guidelines have been developed for assessing and managing patients with these problems, but implementing the guidelines can be problematic for physicians who infrequently need to use them. This paper traces the last year of life of Mr. Simmons, a hypothetical patient who is dying of refractory prostate cancer. Mr. Simmons and his family interact with professionals from various disciplines during this year. Advance care planning is completed and activated. Practical suggestions are offered for assessment and treatment of all aspects of his pain, including its physical, psychological, social, and spiritual dimensions. The methods of pain relief used or discussed include nonpharmacologic techniques, nonopioid analgesics, opioids, adjuvant medications, radiation therapy, and radiopharmaceutical agents. Overcoming resistance to taking opioids; initiating, titrating, and changing opioid routes and agents; and preventing or relieving the side effects they induce are also covered. Data on assessment and treatment of spinal cord compression are reviewed. Physicians can use the techniques described to more readily implement existing guidelines and provide comfort and optimize quality of life for patients with advanced cancer.

1999;131:37-46.

A m, , - Am P Am (A P A) - - P . m A P A - - P , ( ); A m, ; K , ; m , ; K. , ; - , ; . ., ; P - , ; , ; , ; m . , ; , ; m , . P - m K P K , ; K , . m R m- m mm , - A P A . m m R mm R - , ( ); , ; R . , ; A. m , ; . , ; . P , ; m A. , ; A . , ; . , ; , ; . ., K . m mm A. , ( ); A. A , ; . , ; R. - , ; . ; . , ; . , ; A , ; m . , ;

A m , ; m . , ; R K , K ; . , ; . , ; , .

. P m- m - m . - (1 7) m m m m (8 14) m - m 85% 95% . m m m ; m m (15). P m m - m- m m m - m . - , . mm , m , - m mm .

m -
m m . (3, 46) m ,
, m 10%
1 2
(13). -
m m -
m (38 42).

(3, 8).

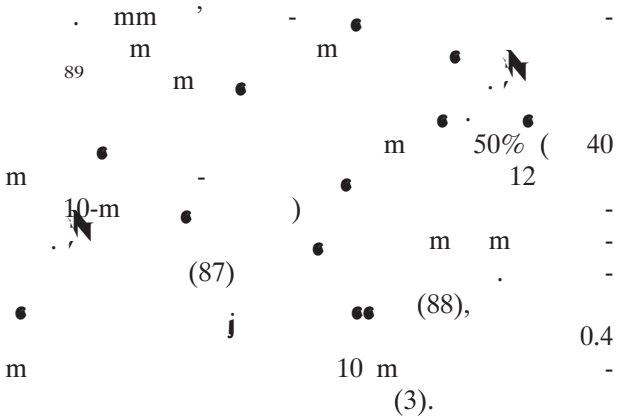
- . m , m -
, m
, ,
m , (50).

Nonpharmacologic Therapy

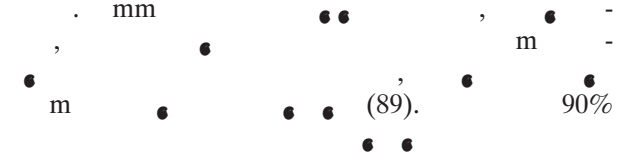
-
m , (51 59). -
, , ( )
) (52, 53), , , m -
(51, 52, 54) , m m,

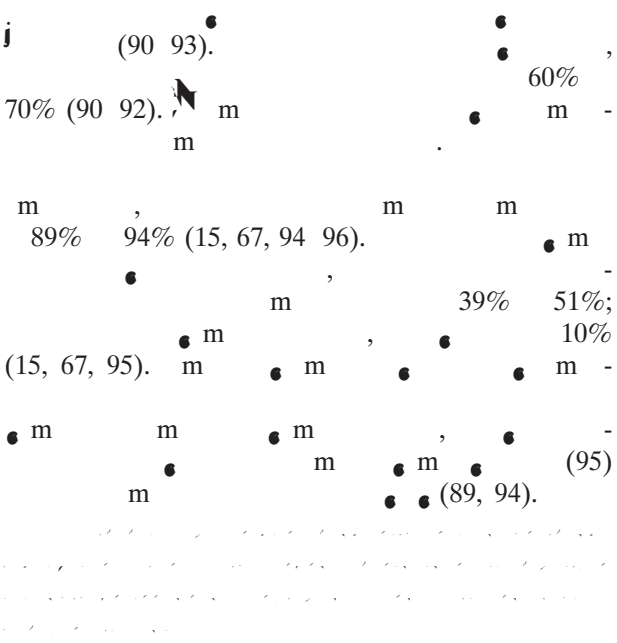
, m , -
, . -
, 1% (72

Treatment of Opioid-Induced Sedation

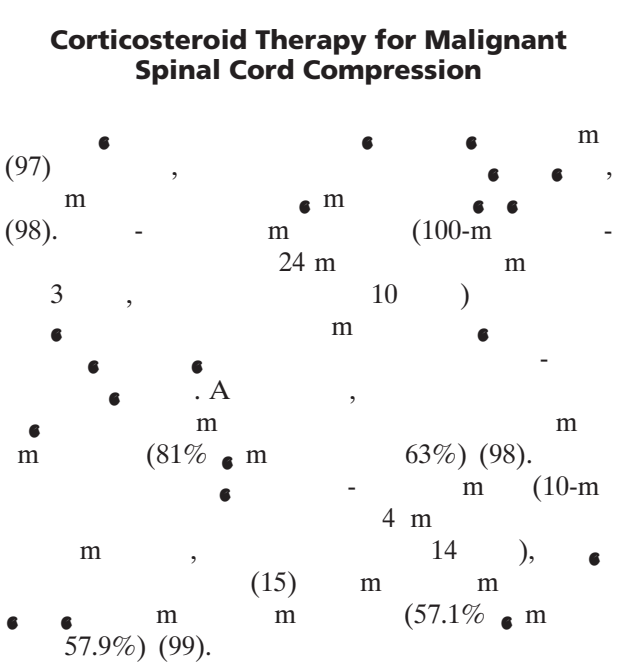


Assessment of Back Pain in Patients with Cancer

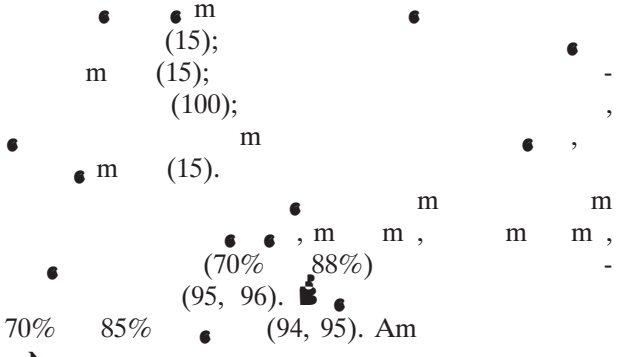




Corticosteroid Therapy for Malignant Spinal Cord Compression



Radiation Therapy with or without Surgery



Appendix

Believe the Patient's Report of Pain

1. m ' ,
.
2. m (1 4 0 10),
, m , - mm -
.
3. m (
, 5 6), , m , (
m 5 m
, m ,
- mm).
4. (, 7 10),
, m , m .
m , m
mm - .
5. m 14- 24-
m .
6. (≥10),
50% 100% m
, .
7. , - -
m , - .
8. , 10%
mm - m (m ,
200 m 20 m).
9. A (.
); . m
m 2 7 .
10. A m .

Opioid Dose Titration

= (90 m 12) +
(15 m × 6) = 180 m + 90 m =

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