



# Reframing Relief: Contemporary Perspectives on Managing Pain in Oncology Care

Aleksandra Lapis\*

*Department of Anesthesiology and Pain Medicine, University of Belgrade Faculty of Medicine, Belgrade, Serbia*

## DESCRIPTION

Pain associated with Cancer remains one of the most distressing experiences for individuals undergoing diagnosis, treatment, or advanced disease progression. It arises from multiple sources, including tumor invasion into tissues, treatment-related injury, and systemic responses such as inflammation. The experience is not limited to physical discomfort; emotional distress, anxiety, and sleep disruption often intensify the perception of pain. Effective care requires attention to the full human experience, combining pharmacological strategies with psychological, social, and supportive approaches that respect individual needs and preference.

The mechanisms behind cancer-related pain are complex and vary widely. Tumor growth can compress nerves or infiltrate bone, leading to severe nociceptive and neuropathic sensations. Inflammatory mediators released within the tumor microenvironment further amplify discomfort. At the same time, treatments such as chemotherapy, radiation, and surgical interventions may produce their own pain syndromes. This diversity calls for continuous assessment and a flexible plan that evolves over time rather than a fixed prescription.

Accurate evaluation forms the basis of any effective plan. Clinicians rely on structured tools such as the visual analogue scale and numerical rating systems, but these alone do not capture the full impact of pain on daily function and well-being. Listening to patients describe how pain affects movement, mood, appetite, and social interaction provides essential context. Cultural factors and personal coping styles also influence how individuals report and manage discomfort, making open communication a central part of care.

Pharmacological management remains widely used, often guided by stepwise approaches that begin with non-opioid medications and progress to stronger agents when needed. Drugs such as acetaminophen and nonsteroidal anti-inflammatory medications can be effective in early stages or as adjuncts. When pain intensifies, opioids such as Morphine or Fentanyl may be

introduced with careful dosing and monitoring. Concerns about tolerance, dependence, and adverse effects require thoughtful prescribing practices, including regular reassessment and patient education. Adjuvant medications, including antidepressants and anticonvulsants, are often added for neuropathic components, improving comfort without excessive reliance on a single class of drugs.

Interventional approaches provide additional options when medication alone is insufficient. Techniques such as nerve blocks can interrupt pain signals at specific anatomical sites, offering relief for localized conditions. Epidural and intrathecal drug delivery systems allow lower doses of analgesics to act directly on the spinal cord, reducing systemic exposure. Procedures like radiofrequency ablation may be used for certain bone or nerve-related pain conditions. These methods are typically considered after careful evaluation and often involve collaboration among specialists in anesthesia, radiology, and oncology.

Non-pharmacological strategies also play a meaningful role in comprehensive care. Physical therapy can maintain mobility and reduce stiffness, while gentle exercise programs support circulation and muscle strength. Psychological interventions, including cognitive Behavioral therapy, help patients reinterpret pain signals and develop coping mechanisms. Relaxation techniques, guided imagery, and mindfulness practices have shown value in reducing distress and enhancing a sense of control. Complementary therapies such as acupuncture are used in some settings, providing additional comfort for selected individuals.

The importance of palliative care in oncology cannot be overstated. Rather than being limited to end-of-life settings, palliative services can be introduced early to address symptoms, support decision-making, and improve quality of life. Teams often include physicians, nurses, social workers, and counsellors who work together to address physical symptoms alongside emotional and social needs. This integrated approach recognizes

**Correspondence to:** Aleksandra Lapis, Department of Anesthesiology and Pain Medicine, University of Belgrade Faculty of Medicine, Belgrade, Serbia, E-mail: Aleksandra.Lapis@ac.rs

**Received:** 27-Feb-2026, Manuscript No. JPMME-26-31520; **Editor assigned:** 02-Mar-2026, Pre QC No. JPMME-26-31520; **Reviewed:** 16-Mar-2026, QC No. JPMME-26-31520; **Revised:** 23-Mar-2026, Manuscript No. JPMME-26-31520; **Published:** 30-Mar-2026, DOI: 10.35248/2684-1320.26.12.380

**Citation:** Lapis A (2026). Reframing Relief: Contemporary Perspectives on Managing Pain in Oncology Care. *J Pain Manage Med.* 12:380.

**Copyright:** © 2026 Lapis A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

that effective pain management is not only about reducing intensity but also about restoring dignity and daily function.

Cancer-related pain is not a uniform experience, and its management must reflect this diversity. A combination of medical, interventional, and supportive strategies allows care to

be adjusted according to changing needs. By focusing on individualized assessment, compassionate communication, and interdisciplinary collaboration, healthcare teams can significantly improve comfort and overall well-being for those living with cancer.