



Pain Assessment and Treatment in Palliative Care

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DESCRIPTION

Palliative care is an important part of disease management. Pain evaluation serves as a link between the nerves, brain, and spinal cord. The classification and assessment of pain are critical in treating pain-related symptoms. Depending on the type of injury, pain is classified as nociceptive, neuropathic, or mixed. Nociceptive pain is induced by the stimulation of pain receptors in the tissues and is further classified as visceral or somatic depending on the location of the pain. Neuropathic pain occurs when the nervous system is injured or begins to malfunction. Cancer pain assessment takes into account numerous factors such as the location, severity, syndrome, time, and temporal variation of pain. The Edmonton staging system for cancer pain prognosis is extensively used for pain management, which incorporates emotional/psychological discomfort as well as cognitive impairment caused by pain. A thorough understanding of pain evaluation will aid in improving patients' quality of life.

Pain is described broadly as unpleasant sensations in the body induced by the complex interaction of many factors such as physical, psychological, and emotional events. Pain is subjective since pain tolerance varies from person to person. Because pain has both effective and sensory components, it cannot be quantified. Pain is the most commonly reported symptom among cancer patients and is a major source of anxiety. Palliative care is an essential component of disease management. It is necessary to first comprehend the aetiology of pain, then diagnose and manage pain, and finally reevaluate and monitor the causes of pain. Managing and appropriately diagnosing these symptoms is crucial for the individual receiving palliative care's well-being.

ASSESSMENT OF PAIN

The thorough process of recording, self-awareness, and interpretation that is assessment. The importance of cancer pain

evaluation during and after therapy in the end-of-life stage cannot be overstated. Many factors can influence the diagnosis of the source of the pain. There is no agreement on a uniform pain evaluation technique due to the variable nature and complexity of pain classification. This should be recognized, and a common effective strategy for evaluating the patient's pain and its history should be available. Because the pain examined is on the border of cancer, the Classification of Malignant Tumors (TNM) is used to stage the cancer and determine its type. It has been effectively assisting in the subsequent planning of treatment to be offered since its discovery. TNM staging is useful in assessing pain because it can transmit information about the tumor's size, if it is malignant, and whether it has migrated to the lymph nodes.

TREATMENT AND MANAGEMENT

The best and most frequently supported treatment for cancer pain is the use of opioids, which are primarily used for symptomatic pain relief. Opioids work by binding to opioid binding receptors such as mu, kappa, delta, and sigma, which are found throughout the body. Opioids act as inhibitory agents during stimulation, reducing the release of excitatory neurons. The most well-known opioid is morphine. These opioids, such as buprenorphine, codeine, fentanyl, methadone, oxycodone, and tramadol, are administered *via* oral, intravenous injection or drip, and so on. The amount of medication to be administered is decided by the subject's body weight. Various medicines offer advantages, such as fentanyl, which can be utilized for quick action in cases of oral delivery and is also effective for delivering opioid buprenorphine transdermally.

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