

癌症疼痛之處置

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摘要

30–45%初期及中期的癌症病人會經歷中重度的疼痛，75%末期癌症病人會有重度疼痛的問題，而其中 90%有疼痛問題的癌症病人可經由藥物及醫療上的處置而獲得有效的緩解。癌痛可能由腫瘤直接侵犯或因實行癌症治療手術所引起，且可能因情感、認知及社會文化層面的不同經驗而影響病人疼痛的感覺。而疼痛是一種身體上及情緒上的不愉快經驗，當病人經歷疼痛時，會分別由其言語、情緒及行為上呈現出來。適當的疼痛評估為癌痛治療成功的要件，護理人員需要慎重選擇評估癌痛的工具。在癌症疼痛控制的醫療處置方面，世界衛生組織(WHO)於 1986 年發表了三階段式止痛藥使用原則，常見的止痛藥包含主要包括鴉片類、非鴉片類止痛劑及其他輔助藥物。除了利用止痛藥物緩解疼痛外，外科手術也可達到臨床上止痛的效果。在護理措施方面可藉由經皮電神經刺激術，穴道取位、改變姿勢、按摩、輕柔、熱敷、冷敷等降低對疼痛感的注意力，以達到減痛的效果。在心理認知方面，藉由減輕焦慮來緩解疼痛，其方法包括音樂療法、分散注意力、靜思、催眠、引導想像、生命回顧等。

Abstract

Around 30-45% percent of cancer patients in the early or middle stage will experience moderate to severe pain. Seventy-five percent of cancer patients in the terminal stage will experience severe pain. Among these patients, 90% of them could be relieved in the highly-controlled settings of hospices or palliative care units. There may be many causes for pain in the person with cancer such as direct tumor involvement, cancer treatment, and pain unrelated to cancer. An individual response to pain is influenced by several factors, which help to explain why pain is such a complex experience. It stresses the importance in selecting the appropriate tools to assess cancer pain. In 1986, the World Health Organization established a three-step analgesic ladder to reduce cancer pain. In general, several methods have been used in managing cancer pain including pharmacological interventions, surgical operation, cutaneous stimulation, heat and cold, transcutaneous electrical nerve stimulation, and behavioral interventions. Behavioural interventions include relaxation, distraction, hypnosis, imagery/visualization, music therapy, play therapy, and life review.