

A practical guide to living  
with and after cancer

# CONTROLLING CANCER PAIN

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

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# About this booklet

**This booklet is about cancer pain. It describes the wide variety of medical and complementary treatments available for controlling pain.**

Up to 5 in 10 people who have treatment for cancer (50%) have some pain. When cancer has come back or spread, about 7 in 10 people (70%) have pain. If you have pain, it's important to tell your doctors and nurses so they can treat it. Some people may not want to talk about their pain as they feel they are complaining. But the earlier treatment is given for pain, the more effective it is.

The way people feel and experience pain varies. Even people with the same type of cancer can have very different experiences. The amount of pain you have is not related to how severe your cancer is. And having pain doesn't always mean that the cancer is advanced or more serious. Pain doesn't always get worse as the cancer develops. It is important to remember that cancer pain can almost always be reduced.

In this booklet, we've included comments from people affected by cancer pain. Some are from people who've chosen to share their story with us at [macmillan.org.uk/cancervoices](https://www.macmillan.org.uk/cancervoices) Others are from [healthtalkonline.org](https://www.healthtalkonline.org) Names have been changed.

We hope this booklet answers your questions and helps you deal with some of the feelings you may have. We can't advise you about the best treatment for yourself. This information can only come from your doctor. If you find this booklet helpful, you could pass it on to your family and friends. They may also want information to help them support you.

This booklet is divided into six sections:

- **What is pain?** (pages 5–17) This section explains what pain is, what can cause it and who can help you.
- **Managing pain with painkillers and other medicines** (pages 19–39). This tells you about different types of painkillers, how pain is controlled and other medicines that can help.
- **About your medicines** (pages 41–47). This gives you information about some of the worries you may have about painkillers. It also gives some practical tips about organising and looking after your medicines.
- **Using other treatments for pain control** (pages 49–59). This is about other treatments that may help with pain, including non-drug treatments and complementary therapies.
- **Emotional and practical help** (pages 61–65). This is about the emotions you may have and other support that is available.
- **Further information** (pages 67–84). This section gives details of how Macmillan can help you and other useful organisations and resources. On page 85 there is some space to write down any notes or questions for your doctor or nurse.

There is a **pain diary** in the centre of this booklet. You can use this to monitor your pain and see what makes it better or worse. You might want to pull it out and photocopy it, so you can use it several times.

If you'd like to discuss the information in this booklet, call Macmillan free on **0808 808 00 00**, Monday–Friday, 9am–8pm. If you're hard of hearing, you can use textphone **0808 808 0121**, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit **macmillan.org.uk**



# WHAT IS PAIN?

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**This section is about cancer pain. It tells you about different types of pain, how to describe your pain to health professionals and who else can help.**

## **What is pain?**

Pain is an uncomfortable, unpleasant physical sensation as well as an emotional experience. It happens when parts of the body are damaged. This damage irritates nerve endings, which then send a warning signal to the brain. The brain responds by making us feel pain or discomfort.

Pain is not only a physical sensation. Emotions can make the pain better or worse. If you're anxious, you may feel more pain, and if you're relaxed, you may feel less pain.

## **Causes of pain**

### **Physical causes**

People with cancer may have pain for a number of reasons. The cancer may press on the tissues around it or on a nerve. Cancer treatments can also damage or injure tissues.

Surgery causes pain, as tissues are cut or damaged. Radiotherapy and chemotherapy can also damage tissues. For example, radiotherapy can damage the skin in the area being treated. Chemotherapy can damage the soft tissues in the mouth, causing soreness. The pain usually goes away once the treatments are completed and the damaged tissues have healed.

Sometimes, surgery, radiotherapy and chemotherapy can damage nerves and lead to a type of pain known as neuropathic pain (see page 8).

Pain isn't always due to cancer. Other health conditions, such as arthritis or diabetes, can cause pain.

If you develop a new ache or pain, or another new symptom, you may worry that the cancer has come back. Or you may think it is getting worse or has spread. These aren't necessarily the reasons for the pain.

It's always best to tell your doctor about any new pain or symptom, so you can get the right treatment. Usually, the earlier treatment is started the easier it is to control pain.

### **Emotions and pain**

Sometimes, emotional stress such as anxiety, depression and tiredness can make your pain feel worse. This doesn't mean that cancer pain is completely due to your emotions. But it's important to get the right help, and this may mean treating emotional stress as well as the physical causes of your pain.

### **Social effects on pain**

Sometimes, social or work pressures that cause stress can make pain worse. For example, not being able to see friends or not being able to work can affect pain levels.



## Types of pain

Your doctors or nurses may talk about your pain in different ways. Here we explain the different types of pain you may hear about:

### Acute pain

This is pain that starts suddenly and acts as a warning to the body. It is always short-term. When the reason for the pain has been treated or the tissues have healed, the pain will disappear.

### Chronic pain

This is felt over a longer period of time. It's usually caused by the cancer (tumour) itself. It can sometimes be caused by cancer treatments.

### Neuropathic (nerve) pain

This is pain caused by nerve damage. It may be due to the cancer or cancer treatments. The pain can sometimes continue even when the cause has been treated.

Neuropathic pain can come and go. You may describe it using words such as burning, stabbing, shooting, tingling or radiating (spreading out). There are specific medicines and treatments that can help treat neuropathic pain (see page 38).

### Visceral pain

This is pain we feel when our organs or tissues are damaged, injured or inflamed. An example of visceral pain is when the liver becomes enlarged and causes pain and discomfort in the tummy (abdomen).

### Breakthrough pain

This is pain that occurs in between regular, scheduled painkillers. It may happen quite suddenly because of an activity, such as walking or coughing. It may happen when the effect of the regular

painkiller wears off. Sometimes, it's not clear why someone has breakthrough pain.

### **Total pain**

Total pain is not just physical pain. Pain can be caused, or made worse, by your emotions or things happening in your life. Our emotions, behaviours, social activities and spiritual beliefs may all affect how we feel pain. Your healthcare team will consider these things when assessing your pain. Tell them about any worries you have, even if they are not about your illness.

If you have any of these types of pain, tell your healthcare team. They will be able to help control the pain with the right treatment.

### **Talking about your pain**

Talking about your pain and how you are feeling is very important. Some people think that they just have to accept pain, and that talking about it won't help. But there are ways of managing pain if you tell your healthcare team about it.

Being in pain that is not properly controlled will make you miserable and affect your everyday life. If you are in pain and upset, this will also affect your family. Tell your healthcare team how you are feeling. They can help manage your pain. Feeling less or no pain will help you do the things you want to do. It will also help you stay more positive and active.

**'Effective pain relief can really reduce the extent that the pain itself negatively impacts on your life.'**

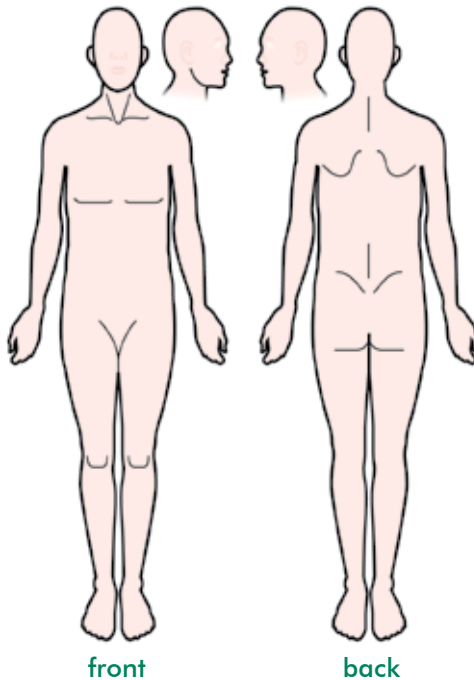
**Arnold**

## Describing pain

Describing your pain as well as you can will help your doctors and nurses find the best way of treating it. Here are some questions that will help you to describe your pain:

### Where is the pain?

Is the pain in one part of your body, or in more than one place? You can use diagrams like the one below to mark where your pain is. If you have more than one pain, label them 1, 2, 3, and so on (with 1 being the pain that upsets you most).



We have also included this diagram on the back page of the pain diary (in the centre of this booklet). There is more information about keeping a pain diary on page 12.

## What is the pain like?

You might use words such as these to describe your pain: aching, tender, sharp, hot, burning, nagging, intense, stabbing, tingling, dull, throbbing.

For more words that may describe your pain, look on the back page of the pain diary (in the centre of this booklet).

## How bad is your pain?

If you measured your pain on a scale of 0 to 10, what number would you rate it? (0 means no pain and 10 means the worst pain you've ever had.)



We've also included this scale on the back page of the pain diary (in the centre of this booklet).

## When are you in pain?

Are you in pain all the time? Or does it come and go? Does it get better or worse when you sit still? What happens when you move? Is it better or worse at night? Does it keep you awake or wake you up?

## Does anything make the pain better or worse?

Do you feel better or worse when you're standing, sitting or lying down? Does a heat pad or ice pack help? Is it relieved by painkillers such as paracetamol? Do the painkillers stop the pain or just reduce it, and for how long? Can you reduce the pain yourself by reading, listening to music or watching TV?

## How does the pain affect your daily life?

Does it stop you from bending or stretching? Does it stop you from sitting for very long? Can you sit long enough to eat a meal? Does the pain stop you from concentrating or affect your sleep? Does it stop you from walking for short or long distances?



Don't feel that you're being a nuisance or making a fuss by talking about your pain. Your answers to these questions will help your doctor or nurse plan the best treatments for you.

## Keeping a pain diary

It can help to keep a record of your pain. Write down how bad it is at different times of day and note anything that makes it better or worse. This information can help you talk about your pain with your doctor or nurses.

Your hospital may give you a pain chart to use. Or you can use the pull-out pain diary in the centre of this booklet. It also has a picture of the body so you can mark where you feel pain. And it gives examples of words that you may find helpful when describing your pain.

You might want to pull it out and photocopy both sides of it. Then you can use it as often as you need to. This will also allow you to see the progress you've made and things you've learned over time.

## Who can help?

Various healthcare professionals may be involved in managing your pain. Here are some you might meet:

### **GP**

When you are at home, your GP can tell you about medicines or other treatments you may need to control your pain. They can monitor you regularly to see what has helped. They can arrange for a district nurse to visit (see below). They can also refer you to a specialist palliative care team (see pages 15–16) or other people who can help you.

### **District nurse**

A district nurse can visit you at home to help you manage your pain. They can make sure your pain relief is working and help you with your medicines. They can contact the GP to renew prescriptions and advise you about pain treatments.

### **Physiotherapist**

A physiotherapist may be able to show you different ways of moving so that your pain isn't made worse (see page 54). They can also arrange a wheelchair for you if that will help you move more easily.

### **Occupational therapist**

An occupational therapist may be able to give you equipment to make you more comfortable. For example, special cushions or mattresses for when you are sitting or lying down. They can arrange handrails and ramps for your home to help you move around more easily. They can also suggest ways to help improve your energy and be more active.



## Counsellor or psychologist

Some people find it helpful to see a counsellor or psychologist. They can help you find ways of coping with the pain. They can also help you with any worries or emotions that may be making your pain worse (see pages 62–63).

'What the psychologist helps you do is understand the thought processes involved in how your body experiences pain. Because if you're feeling like I am all the time, your subconscious is always focused on that aggravation that you're feeling. The psychologist I spoke to helped me understand and re-learn almost how to experience pain and to be able to try and shut pain out in many ways.'

**Lukas**

## Pharmacist

A pharmacist will know about any medicines you have been prescribed. They can check your prescription, advise you about your medicines and explain how they may affect you. It's a good idea to tell the pharmacist if you are buying any over-the-counter medicines. They can tell you whether it is safe to take them with your prescribed painkillers.

## Specialist palliative care team

Specialist palliative care doctors and nurses are experts in helping people who are in pain. They help to manage the symptoms of cancer and other life-changing conditions. The palliative care



team may also include a physiotherapist, an occupational therapist and a counsellor.

Some teams also have a psychologist. This is a person trained to help you think about what other things in your life may be causing you pain.

Specialist palliative care teams can be based in hospitals or the community.

Hospital teams only work in the hospital. They can help you with your pain control if you're attending an outpatient clinic or if you're an inpatient. They will make sure your GP knows what is happening. They can also refer you to a community palliative care team to look after you when you are at home.

Community teams work from a local hospice or somewhere outside the hospital, for example, from a GP surgery. Community teams have doctors and nurses who can visit you in your own home. They give advice and guidance on pain and other symptoms. They also provide emotional support.

## **Hospices**

Sometimes it can help to spend a few days or weeks in a hospice having your pain, symptoms and other problems treated. Your community specialist palliative care team or GP can arrange this for you. In the hospice, the doctors and nurses can often adjust the dose of painkillers, or give you new ones, more quickly than if you were at home. Once your pain is controlled, you can go home again. At home, your GP and community specialist palliative care team can continue to help you.

Your GP will know which community palliative care and hospice services are available in your area.

### Marie Curie nurses

Marie Curie nurses help people with advanced cancer to stay in their own homes. They can help manage symptoms, including pain. They will stay in your home for a period of time during the day and/or night. Your district nurse or specialist palliative care team will be able to give you more information about Marie Curie nurses in your area.

### Anaesthetist

Anaesthetists give drugs during and after operations. Some are also experts in pain relief and can help treat cancer pain. They may be part of a pain team (see below). If you have a treatment called a nerve block (see page 51), you may have an anaesthetist.

### Pain team

Many hospitals have pain teams. The doctors and nurses who work in these teams are specially trained to help people in pain. Most teams include an anaesthetist. Some teams have a psychologist. Your GP or specialist palliative care team can refer you to a pain team. This is very useful if your pain is difficult to control or you need a nerve block.



It's important that you and your family know who is supervising your pain control and who you should contact if you have pain or other symptoms. If you don't know who this is, ask your GP.

You should always be able to get help and advice, by telephone or in person, whenever you need it. This includes during the day and night, weekends and bank holidays.

**There are lots of ways to manage pain.**



# MANAGING PAIN WITH PAINKILLERS AND OTHER MEDICINES

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## **This section tells you about painkillers. It also talks about other medicines you may have with your painkillers.**

There are many painkillers available to treat different types and levels of pain. Painkilling drugs are known as analgesics. Your medical team will aim to find the right combination of painkillers for you.

Some people with cancer have constant pain, so they need to take painkillers regularly to keep the pain under control. If you are prescribed painkillers, it's important to take them at regular intervals. This is to make sure the medicines are as effective as possible. Your medicines will be most effective if you follow the schedule.

It's important not to let pain increase until it becomes severe. Tell your doctor or nurse if your pain gets worse. Severe pain can cause fear, anxiety and difficulty sleeping. These things can make the pain worse and more difficult to control.



**Not everyone who has cancer pain has advanced cancer. But if your cancer is advanced, we have a video about pain control at [macmillan.org.uk/advancedcancerpain](https://www.macmillan.org.uk/advancedcancerpain)**



## Ways of taking painkillers

Painkillers are mostly taken by mouth – either as tablets or capsules. For people who find it hard to swallow, many oral medicines are available as liquids and some can be dissolved in water. Sometimes, painkillers may be given in other ways:

- **Skin patches** – These are stuck onto the skin. They are useful when your pain is under control. They only need to be changed every few days.
- **Gels** – Some painkillers can be rubbed onto the skin to help relieve pain in one area.
- **Buccal and sublingual medicines** – These enter the bloodstream through the tissues in the mouth, so they don't have to be swallowed. They are usually used for controlling breakthrough pain (see pages 8–9), as they work quickly.
- **Nasal medicines** – Some painkillers can be sprayed into the nose. These work best for breakthrough pain.
- **Suppositories** – These are inserted into the back passage of your bottom (also known as the rectum).
- **Feeding tube** – If you have a feeding tube, such as a PEG (percutaneous endoscopic gastrostomy) or RIG (radiologically inserted gastrostomy), some liquid or soluble painkillers can be given through the tube.

- **Injection** – Many painkillers can be given by injection, either into a muscle or more usually under the skin.
- **Infusion** – Some painkillers can be given by infusion over a period of time. There are different ways of giving painkillers by infusion:
  - **Subcutaneous infusion** – This involves giving a continuous dose of a drug or drugs into a fine needle that is placed just under the skin. A small portable pump called a syringe driver (see page 34) is used to give the drugs.
  - **Intravenous infusion using a patient-controlled analgesia (PCA) pump** – A PCA pump can be used to give pain relief after surgery. The pump has a button on a handset that you press to give yourself a set dose of a painkiller. If you need surgery, your doctors will give you more information about PCA.
  - **Epidural and intrathecal analgesia** – These may be used to relieve pain after surgery. They are also used during labour, when a woman is giving birth. Sometimes, they can be used to help people with cancer pain. An anaesthetist will manage this type of pain control. Your doctors or an anaesthetist will tell you more about epidural or intrathecal analgesia if you need them.



## Levels of pain control

Different types of painkillers are effective for mild, moderate or severe pain. This is explained in an analgesic ladder, which is a tool doctors and nurses often use to find the best medicines for your pain. See below, and the box on the opposite page.

Moderate  
to severe  
pain

### Step three

Strong opioid  
With or without non-opioid  
With or without other medicines

Moderate  
pain

### Step two

Weak opioid  
With or without non-opioid  
With or without other medicines

Mild  
pain

### Step one

Non-opioid  
With or without other medicines



If pain persists,  
move up  
one step

### **Non-opioid**

Examples are paracetamol and ibuprofen. There is more information about non-opioids on pages 26–27.

### **Weak opioid**

Examples are dihydrocodeine and codeine phosphate. There is more information about weak opioids on page 27.

### **Strong opioids**

Examples are morphine, fentanyl and oxycodone. There is more information about strong opioids on page 28.

### **Other medicines**

Also known as adjuvant drugs, examples are bisphosphonates, steroids and muscle relaxants. There is more information about these on pages 37–39.

## **How the analgesic ladder is used**

If your pain is not controlled by a painkiller from step one on the analgesic ladder, your nurse or doctor will prescribe a painkiller from step two.

For example, if you're taking a mild painkiller such as paracetamol but are still getting pain, your doctor should prescribe a weak opioid from step two. This may be a painkiller such as dihydrocodeine, codeine phosphate or tramadol. If the pain still isn't controlled or it increases, your doctor could then prescribe a strong opioid from step three, such as morphine.

You don't have to start with painkillers from the mild group – if you have moderate or severe pain when you first see your doctor, you can start by taking painkillers from step two or step three.

Often, non-opioid painkillers are used at the same time as weak or strong opioid painkillers, as they work in different ways. For example, a strong painkiller such as morphine can be used with a mild painkiller such as paracetamol or ibuprofen.

At each step of the analgesic ladder, other medicines can also be used to control pain. These include bisphosphonates, steroids and drugs for nerve pain. Although they are not painkillers, they can be used for certain types of pain. We have more information about these medicines on pages 37–39.

There is more information about non-opioid, weak opioid and strong opioid drugs on the next few pages.

### **Step one: Non-opioid drugs for mild pain**

Mild pain is treated with painkillers such as paracetamol, and anti-inflammatory drugs.

Paracetamol can be used for most types of mild pain. It can be bought from a chemist or supermarket. It has few side effects, but it's important not to take more than the recommended dose. Higher doses can damage the liver. Paracetamol does not reduce inflammation.

Anti-inflammatory drugs such as ibuprofen (Brufen®, Neurofen®) help reduce inflammation and swelling. They are good for treating pain in the skin, muscle or bone. Ibuprofen can be bought from a pharmacist or supermarket. Other anti-inflammatory medicines need to be prescribed by a doctor.

Check with your doctor or nurse before taking these types of medicines. They do not always work for everyone and may not mix well with other medicines. Anti-inflammatory drugs can cause indigestion and may irritate the lining of the stomach, so it's important to take them after a meal or snack.

Your doctor may prescribe another medicine to help protect your stomach. If you've had previous problems with stomach ulcers, your doctor may advise you not to take anti-inflammatory drugs at all.

When taking these drugs, always check the recommended dose on the packet and never take a higher dose.

Remember that other medicines or tablets that you can buy from a pharmacy or supermarket may also contain paracetamol or anti-inflammatory drugs such as aspirin or ibuprofen. These should not be taken as well as other pain medicines unless advised by your doctor. Check with your pharmacist before buying any other medicines.

### **Step two: Weak opioid drugs for moderate pain**

Moderate pain is treated with weak opioid drugs such as dihydrocodeine (DF118 Forte®, DHC Continus®), codeine phosphate or tramadol.

These are often combined with paracetamol in a single tablet (for example, co-codamol contains codeine and paracetamol, and co-dydramol contains dihydrocodeine and paracetamol). Combination painkillers have brand names such as Tylex®, Remedeine®, Solpadol®, Kapake® and Tramacet®. Most are only available on prescription from a doctor. There is a limit to the number of tablets that can be taken in one day. If your pain isn't controlled, it's important to let your doctor know so that you can be switched to stronger painkillers.

Some weak opioids may cause side effects such as constipation, nausea or drowsiness. See pages 32–33 for more information about side effects.

### **Step three: Strong opioid drugs for moderate to severe pain**

Moderate to severe pain is treated with strong opioids, such as morphine, fentanyl and oxycodone. There is more information about types of strong opioids on pages 29–32.

With this type of painkiller, it's important for your doctor to find the most effective dose for you. Two people with the same type of cancer may need different doses of the same drug, even if they're at the same stage of their illness. It's common to start at a low dose and increase it gradually to a dose that controls your pain. If your pain increases or decreases, the dose of your painkiller can be changed. You may only need a small increase in dose to get your pain under control again. But if your pain is bad, your doctors may increase the dose by a larger amount.

It can take a few days to adjust to taking a strong opioid painkiller.

Strong painkillers have side effects. These are explained more on pages 32–33. If you have side effects, tell your doctor or nurse. A different type of strong painkiller may be better for you and not cause side effects.

Other painkillers may be used with strong opioids. For example, paracetamol or anti-inflammatory drugs such as ibuprofen. If your doctor or specialist nurse suggests this, it is important to take these as well as your strong painkiller.

## Types of strong opioid drugs

Strong opioids such as morphine, fentanyl, oxycodone, buprenorphine and diamorphine are all commonly used. Hydromorphone, methadone and alfentanil are used less commonly. Here we describe the drugs, how you take them and some possible side effects. There's also information about syringe drivers, which can be used to give painkillers.

### Morphine

Morphine can be taken in various ways:

- short-acting tablets (Sevredol®)
- short-acting syrups (Oramorph®)
- a short-acting injection (morphine sulfate)
- suppositories, which are usually short-acting, inserted into the back passage (morphine)
- long-acting granules to mix with water (MST Continus®)
- long-acting tablets and capsules (Morphgesic® SR, MST Continus®, MXL®, Zomorph®).

To begin with, you usually take a short-acting type of morphine every four hours. The dose of the morphine is changed until your pain is well controlled. Sometimes, you may have the drug more than every four hours to begin with. This allows your doctor to get the dose right. Your doctor or specialist nurse will explain to you how often to take the drug. It's usually taken as a tablet or a liquid. Liquid morphine has a bitter taste that can be improved by mixing it with a fruit drink.

When the doctor knows the best dose for you, you will be able to take long-acting drugs. These release the morphine dose very slowly over a period of either 12 or 24 hours, depending on which type you are taking. You may still need to take short-acting morphine in between, if you get breakthrough pain (see pages 8–9).

Morphine can be given by injection or as an infusion using a syringe driver (see page 34). This is useful if you are feeling sick or vomiting. Occasionally, morphine suppositories are used.

## **Fentanyl**

Fentanyl is usually given as a skin patch or a buccal medicine (which is absorbed in the mouth).

Fentanyl patches look like waterproof plasters. You stick them onto the skin, and the drug is released slowly through the skin. You usually change your patch every three days, and each new patch is put on a different area of skin.

When you first use the patch, it takes around 12–24 hours for the fentanyl to reach its level in the blood. During this time, you'll usually need to take a short-acting strong opioid such as morphine to keep the pain under control.

You should place patches on parts of the body that are not hairy. Write the date on the patch so you remember when to change it. Patches can sometimes cause a slight skin rash. Avoid letting the patch get hot by protecting it from the sun, hot water, heat pads or hot water bottles. Let your doctor or specialist nurse know if you have a temperature.

There are also two buccal types of fentanyl. These are a short-acting lozenge (Actiq®) and a buccal tablet (Effentora®). You put the lozenge or tablet in your mouth between your cheek

and gum. They are absorbed into the lining of your cheek or gum. They work best for breakthrough pain (see pages 8–9). Fentanyl can also be given as a nasal spray or as a tablet that is placed under the tongue (sublingual).

### **Oxycodone**

You can take oxycodone by mouth as short-acting capsules or liquid (OxyNorm®) every 4–6 hours. Or, you can have long-acting tablets (OxyContin®) every 12 hours. You may have oxycodone if you can't have morphine or if it doesn't work well for you.

Oxycodone can also be given by injection or as an infusion using a syringe driver (see page 34).

### **Buprenorphine**

This may be given as:

- a skin patch (Transtec®) that you change every 72 hours
- a skin patch (BuTrans®) that you change every seven days
- a tablet (Temgesic®) that you dissolve under the tongue every 6–8 hours.

### **Diamorphine**

If you can't swallow and need to have your painkillers by injection or by infusion using a syringe driver (see page 34), you may have diamorphine.

### **Hydromorphone**

Hydromorphone is available as short-acting capsules (Palladone®) and long-acting capsules (Palladone® SR).



## **Methadone**

Methadone may be given as tablets, a syrup or an injection. It's usually only given under close supervision from a specialist palliative care doctor or pain doctor. Methadone may reduce neuropathic pain (see page 8).

## **Alfentanil**

Alfentanil is another strong painkiller that is only given by injection or as an infusion using a syringe driver (see page 34). It's more likely to be used if someone's kidneys are not working well.

## **Side effects of strong opioids**

As with most medicines, some people may experience side effects. These won't affect everyone taking opioids. Here are some of the more common ones:

### **Drowsiness**

This usually decreases within a few days, once you're used to the dose. Alcohol may increase drowsiness so it's better to avoid it or only drink small amounts. You can then gradually increase how much you drink if drowsiness isn't a problem.

### **Feeling tired**

Painkillers can make you feel tired. If you're planning to drive or work with machinery, you should talk to your GP before taking strong opioid painkillers. Don't drive if you don't feel fully alert or if your reactions are slow.

### **Constipation**

All strong opioid painkillers, and some weak ones, cause constipation. If you're taking strong painkillers, you should also take a laxative throughout your treatment. Some laxatives soften stools and make them easier to pass. Others stimulate the bowel to push the stools along more quickly. A combination of these two

types of laxative is often best at preventing constipation. Also, remember to eat a diet high in fibre.

### Sickness

You may feel sick when you first start taking weak or strong opioid painkillers. You may need to take an anti-sickness (anti-emetic) drug for at least the first week of treatment.

If you have sickness that doesn't stop after seven days, let your doctor know. You may need to change to another strong painkiller.



It is a good idea to have anti-sickness drugs and laxatives prescribed at the same time as painkillers. You may not need them, but you'll have them if you do.

### Dry mouth

Strong painkillers can make your mouth dry. Chewing gum or using products containing artificial saliva can help. Tell your doctor or nurse if you have a dry mouth.

### Other effects

If the dose of a strong opioid painkiller is too high, it can cause other symptoms. These include drowsiness, confusion, hallucinations (seeing things that are not real), low blood pressure and slow, deep breathing. You may feel dizzy or faint. Let your doctor know immediately if you experience any of these effects.

Remember that although all strong opioid painkillers cause similar side effects, some may suit you better than others. If your pain is not well controlled, or if side effects are a problem, tell your doctor or nurse. They may change your dose or give you another type of strong painkiller.

## Syringe drivers

Many strong painkillers (strong opioids) can be given by a syringe driver (see next two photographs). A syringe driver is a small, portable pump that can be used to give you a continuous dose of your painkiller and other medicines through a syringe. You may use one if you're being sick or you can't swallow. Your doctor or nurse will let you know if you need a syringe driver.

A syringe driver is battery powered. The painkiller is put into the syringe, and the syringe is put into the driver. It is attached by a long tube to a fine needle or cannula that is placed just under the skin. A small dose of the drug is then released at a constant rate for as long as you need it. The syringe is usually changed every 24 hours by a nurse.

Syringe drivers are portable so you can move around as usual. They can clip onto a belt, or fit into a pocket, bag (see photograph on page 36) or bum bag. Or they can be placed in a specially designed holster (holder) that fits under your arm. Other medicines, such as anti-sickness medicines, can also be given through the syringe driver.

Some people worry that if they have advanced cancer and need a syringe driver, this could shorten their life. This isn't true. A syringe driver is simply a different way of giving drugs at the dose you need to control your symptoms.





## Other helpful medicines (adjuvant drugs)

You may be prescribed other medicines to take with your painkillers. These are often known as adjuvant drugs and may include the following:

### Bisphosphonates

People who have pain from cancer that has spread to the bones may find drugs called bisphosphonates helpful. As well as helping to reduce pain, bisphosphonates can also strengthen the affected bones. You can have them as a drip into a vein, usually once a month, or as tablets. An example of this type of drug is zoledronic acid.



We can send you more information about individual bisphosphonate drugs. We also have a booklet about secondary bone cancer.

### Denosumab

This is a treatment that reduces bone breakdown. It may be used to lower the risk of fractures and relieve bone pain if cancer has spread to the bones. You have it as an injection just under the skin every four weeks.

### Steroids

Steroids are usually given by mouth as tablets. They can reduce swelling and pain caused by a tumour pressing on a part of the body. There are many types of steroids. Usually people are given prednisolone or dexamethasone.



We can send you information that explains more about steroids and the possible side effects.

### **Anti-epileptic and anti-depressant drugs**

Some anti-epileptic drugs (such as gabapentin, pregabalin or carbamazepine) and some low-dose anti-depressants (such as amitriptyline) can help reduce pain caused by nerve damage. This type of pain is called neuropathic pain (see page 8). These medicines are usually taken by mouth as tablets or capsules.

The dose of these medicines may need to be gradually increased over a few days or weeks to control the pain. This means it's important to continue taking them, even if they don't work immediately.

Some people worry that if they are given anti-depressants for nerve pain, it's because their doctor thinks they're depressed. This is not the reason. Research has shown that low doses of anti-depressants are effective for nerve pain. Higher doses are needed to treat depression.

Some people find that the anti-depressant amitriptyline can make them feel sleepier or slightly 'hungover'. If this happens to you, tell your doctor or nurse. Take the dose at night to stop you feeling drowsy during the day.

### **Antibiotics**

When pain is caused by an infection, for example an infected wound, your doctor may prescribe antibiotics to treat the infection.

## Muscle relaxants

If muscle spasms are making your pain worse, you may have a short course of a muscle relaxant drug. This could be diazepam (Valium®), baclofen (Lioresal®), hyoscine butylbromide (Buscopan®) or clonazepam (Rivotril®). They help relax the muscles.

You may have other medicines that are not mentioned here. Ask your doctor or specialist nurse if you have any questions or are unsure about any of your prescribed medicines.

It is important you are as pain-free as possible. Sometimes, it may take a little while to find the drugs that suit you best and relieve your pain. Talk to your doctor or nurse if you are still in pain or side effects are bothering you.





# ABOUT YOUR MEDICINES

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Common questions 42

Practical tips 45

**This section answers some of the questions you may have about taking painkillers. It also offers some practical advice about taking your medicines.**

## **Common questions**

People have different beliefs about painkillers, especially strong ones such as morphine. Some people may feel scared or worried about having these painkillers. This may stop them taking the painkillers as advised by their doctor, which makes the pain harder to control. It can help to know some of the facts about painkilling drugs when you start taking them.

**'I wouldn't assume that all opioids will have a big negative effect. I took codeine on and off for a while. It did help manage pain and it meant I was able to work and walk, whereas otherwise I might not have been able to.'**

**Arnold**

### **When should I take my painkillers?**

You should start taking your painkillers when you have pain. Many people believe that they should delay using painkillers for as long as possible, and that they should only get help when pain becomes unbearable. But if you do this, it can mean you are in pain when you don't need to be. It can also make the pain more difficult to control. There is no need to save painkillers until you're very ill or your pain is severe.

## Do I have to take my painkillers regularly?

If you have painkillers, take them regularly as prescribed by your doctor. The aim is for pain control to be constant. If you've been given painkillers for breakthrough pain (see pages 8–9), don't wait for it to get really bad before you take them.

It's important to let your doctors and nurses know if your painkillers are not helping, or if you get breakthrough pain. Depending on the type of painkiller you are taking, you may need to have your regular dose adjusted, or you may need to have a different painkiller. Remember that it can sometimes take time to get the right painkiller and dose.

'At the pain clinic, myself and the pain specialist worked out the medicines or pills that I should have. This takes some time, because you can take too much morphine or too little and it doesn't work. But once you've balanced the number of pills and the correct amounts, then it seems to work extremely well.'

**Sabrina**

## If I'm given a strong painkiller, does that mean that my cancer is advanced?

If you have severe pain you may be given a strong painkiller, such as morphine. This doesn't mean that the cancer is more serious. The dose can also be changed if the pain gets better or worse. If you have a strong painkiller, this doesn't mean you will always need to take it. If your pain improves, you may be able to take a milder painkiller.

### **Will my painkillers be given with any other medicines?**

You may be given other medicines to take with your painkillers. These may include anti-depressants, muscle relaxants or anti-epileptics (drugs that prevent fits or seizures, but are also used for neuropathic pain). These medicines will help to control your pain in a different way from your painkillers. They are explained on pages 37–39.

### **Will I become addicted to painkillers?**

Many people who are prescribed strong opioid painkillers such as morphine ask if they will get addicted to it, or if they will become confused and unable to look after themselves. This is unlikely to happen. People who become addicted to drugs usually initially choose to take them, and then keep taking them because they have a psychological need. For example, they may crave feeling disconnected or 'high' when they take them. This is very different from someone who is in physical pain and needs to take the drug to control their pain.

### **What is the right dose of a strong opioid painkiller?**

Unlike many other drugs, there is no standard dose for morphine or other strong opioid painkillers. The right dose is the one that controls your pain, and this varies from person to person.

### **Is there a maximum dose of a strong painkiller you can take?**

If morphine or other strong opioids are taken as prescribed, you will not overdose. There is no maximum dose for strong opioid painkillers. However, suddenly increasing the dose is dangerous, so never increase the dose or take extra doses without talking to your doctor first.

# PAIN DIARY

WE ARE  
MACMILLAN.  
CANCER SUPPORT

## How to use your pain diary

You may want to pull out this pain diary and photocopy it, so you can use it more than once. Remember to photocopy the back page as well.

- 1.** Begin by noting down the date when you use a new diary. You can fill in the diary as often as you need to. If your pain isn't well controlled, you may want to fill it in every 1–2 hours, but if it's better controlled, you can fill it in every 4–6 hours.
- 2.** Note where the pain is on your body – you can use the body pictures on the back page of the diary. It could be in one area or in multiple areas.
- 3.** Describe what the pain feels like. See the back page of the diary for words you can use to describe your pain.
- 4.** Rate the level of pain on a scale of 0 to 10, where 0 means no pain and 10 means severe pain (see the back page of the diary).
- 5.** Note down which medicines or pain control methods you used, and anything that made the pain better or worse.

All of this information will help you and your healthcare team find the best pain control methods for you.



























# PAIN DIARY

Keeping a record of your pain will help you understand it better. Photocopy this diary before you fill it in so that you can use it if you have pain in more than one place, you may want to use a different colour for each place.

Time	Where is the pain?	What is the pain like?	Level of pain (where 0 = no pain and 10 = worst pain)
1am			
2am			
3am			
4am			
5am			
6am			
7am			
8am			
9am			
10am			
11am			
12pm (noon)			
1pm			
2pm			
3pm			
4pm			
5pm			
6pm			
7pm			
8pm			
9pm			
10pm			
11pm			
12am (midnight)			

discuss it with your doctors and nurses.  
at you can use it as often as you need to. If you  
wish to use an extra copy of this diary.

date     /     /    

pain (=none ever?)	Medicines/pain control used?	What makes the pain better?	What makes the pain worse?
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			
			

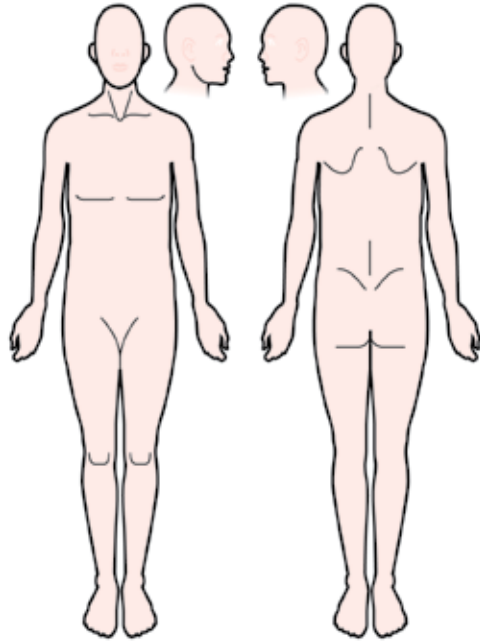


## Where is the pain?

Is it in one part of your body or in more than one place?

You can use the diagrams on the right to mark where your pain is.

If you have more than one area of pain, you may want to label them (for example, A, B, C).



front

back

## What is the pain like?

Use any of the following words that best describe your pain:

- aching
- biting
- blunt
- burning
- cold
- comes and goes
- constant
- crushing
- cutting
- dragging
- dull
- excruciating
- frightful
- gnawing
- hot
- intense
- nagging
- nauseating
- niggling
- numb
- penetrating
- piercing
- pins and needles
- pricking
- radiating
- scratchy
- sharp
- shooting
- smarting
- sore
- spreading
- stabbing
- stinging
- tender
- throbbing
- tingling
- tiring
- unbearable.

## Numbered pain scale



How bad is your pain? If you measured it on a scale of 0 to 10, how would you rate it (where 0 is no pain and 10 is the worst pain you've ever had)?

## Can I stop taking a strong opioid painkiller?

If you're taking morphine or another strong opioid painkiller, it's important that you don't suddenly stop taking it. This is because as well as controlling pain, strong painkillers have other physical effects. If they are stopped suddenly, you may get withdrawal effects. These include diarrhoea, cramping pains in the stomach and bowel, sickness, sweating, restlessness and agitation.

'When my husband was admitted to a cancer ward, they switched him to oxycodone, which I wasn't happy with. But the doctors explained that this would help his pain. I was reluctant, but after a week or so he was able to walk again, which he was unable to do for months due to hip and pelvis pain. It really was working.'

**Joanne**

## Practical tips

### Storing painkillers

It's very important to store painkillers carefully. Make sure that they are properly labelled, and keep them in a cool, dry place. Keep them out of the reach of children and lock them away if necessary.

Keep medicines in their labelled bottles or packets, so you don't mix them up. Don't take them if they are out of date. You can check the bottle or packet for a date.

Always return any unused medicines to a pharmacist, who can dispose of them properly. Don't put them in the bin or down the toilet.

### **Remembering to take your medicines**

If you're worried about forgetting to take your medicine, write a note to yourself and put it somewhere you will see it. You could ask your partner, relative or friend to remind you to take them. Or you could create an alarm on your computer or mobile phone to remind you.

Keeping a pain diary may help you keep track of when to take your drugs. There is a pain diary in the middle of this booklet.

If you are taking several different drugs, you may find it helpful to write down:

- the drugs you're taking
- what they're for
- their doses
- the time of day you need to take them.

Your doctor, nurse or pharmacist can help you do this. They may give you a chart to write on. Make sure it has space for you to check and mark each dose as you take it.

It's best to make things as simple as possible. If you find it hard to remember to take medicines several times a day, talk to your doctor. There may be other types of the same drug that you can take less often.

## Pill organisers

You may find it easier to have your drugs arranged in a container or box. This is called a pill organiser or dosette box. You can label it with the times you need to take them.

## Travelling with your medicines

When you are away from home, remember to take your medicines with you. If you are travelling on a plane, keep them in a zipped bag in your hand luggage. Take a list of your medicines, copies of your prescription and the telephone number of your doctor. Don't forget there may be a time difference if travelling abroad. Make sure you have enough painkillers and other medicines to cover the whole time away. Taking a few extra may be a good idea, in case there is a delay for any reason.

Some countries limit the amount of particular drugs that can be taken into the country. There are restrictions about taking drugs like morphine into some countries.



We have more information about taking medicines abroad, which we can send you.

## Pain diary

You may find it useful to keep a diary of how well your pain and other symptoms are being controlled. You can also use it to record which painkillers you take and how well they work. This will help your medical team too. They will be able to see whether the doses of any of your painkillers need changing. There is a pain diary in the middle of this booklet.

If you don't want to keep a pain diary, you can still write down times when the pain was bad and what helped.



# USING OTHER TREATMENTS FOR PAIN CONTROL

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**This section looks at other treatments used to help relieve cancer pain. It includes medical and non-medical treatments.**

## **Surgical and medical treatments**

### **Surgery**

Some people may have an operation to remove part, or all, of a tumour. This can help to relieve pressure on organs or a nerve. Sometimes, laser treatment can be used to reduce the size of a tumour. Or a surgeon can insert a stent. This is a narrow tube that is put inside a duct or tube-like organ, such as the gullet. It can help to reduce pressure and relieve a blockage by keeping the duct or organ open. These treatments can sometimes help to relieve or improve cancer pain.

### **Radiotherapy**

This treatment uses high-energy rays such as x-rays. It is sometimes used to shrink a tumour. It can reduce pain and other symptoms. Radiotherapy can be used to control pain in the bones – especially the spine, thigh bones (femur), pelvis and ribs.

Usually only one or two sessions of radiotherapy are needed. The treatment doesn't work straight away. It usually takes 7–10 days to reduce your pain. You will need to keep taking your other painkillers during this time. The dose of radiotherapy used to treat pain is low, and the treatment has very few side effects other than tiredness for a while.

Sometimes, a special type of radiotherapy known as radioisotope therapy may be used to help control bone pain. This can be used if there is pain in more than one bone. We have more information about this in our booklet *Understanding secondary cancer in the bone*.

## Chemotherapy and targeted therapies

These drug treatments can shrink tumours to help reduce pain. Your doctor can tell you whether they may help you. Ask how likely they are to work and what the side effects may be. This will help you decide whether the treatment would be helpful for you.

## Hormonal therapy

Hormones can be used to treat cancer. They may also help to reduce pain for some types of cancer, such as breast and prostate cancer. Your doctor can tell you whether hormonal therapies may help your pain.

## Nerve blocks

Nerve blocks may help relieve pain by preventing pain messages getting to the brain (see page 6).

Nerves can be blocked using drugs such as local anaesthetics (sometimes given with steroids) or other chemicals such as alcohol or phenol. Local anaesthetics produce a short-lasting block. Although alcohol or phenol give a longer-lasting block, they are less commonly used because of the side effects they cause.

Nerve blocks involve specialist techniques and are carried out by a pain specialist. This is usually an anaesthetist. Your GP or hospital specialist can refer you to a pain team (see page 17).

## Other treatments for bone pain

Radiofrequency ablation (RFA) uses heat to destroy cancer cells. It can help to relieve pain that hasn't responded to radiotherapy. It is usually only used to treat small secondary bone tumours.

There may be other treatments that can help strengthen bones and relieve bone pain. You can ask your doctor or specialist nurse about these. They will be able to tell you more.



## Other therapies to help cancer pain

Other methods of pain control can be used on their own or with painkillers. These are non-drug treatments or complementary therapies. Some people find them very helpful. However, it is important to remember that they may not help everyone.



**Complementary therapies should not replace any treatments that your doctor has prescribed.**

It is always best to talk to your doctor or healthcare team before starting a complementary therapy.

Always use a qualified therapist. The British Complementary Medicine Association (BCMA) has details of qualified therapists – see page 73.



**We have a booklet called *Cancer and complementary therapies*, which you may want to read.**

### **TENS machine**

A TENS machine is a battery-powered device with wires. The wires are attached to sticky pads, which are put on the surface of your skin (usually near the area of your pain). It sends a small electrical current into your body that feels like a tingling sensation. Some people say that using a TENS machine has helped ease their pain. You should always continue with your prescribed painkillers as a TENS machine alone is not effective.

It is important to check with your healthcare team before using a TENS machine. They are not suitable for everyone.

TENS machines may be available for short-term loan on the NHS. Pain teams, physiotherapists and many palliative care teams can advise you on whether TENS is suitable for you and how to use it. You can also buy a TENS machine from a pharmacy.

### **Acupuncture**

Acupuncture uses fine needles that are inserted just under the skin at certain pressure points on the body. It is not painful as the needles are so tiny. It's thought that acupuncture may work by stimulating the body to produce endorphins. Endorphins are natural substances produced in the body, which are similar to morphine and help to reduce pain.

Acupuncture can help some people with cancer pain. It may also help relieve other cancer symptoms, such as feeling sick. Some specialist NHS pain and palliative care teams offer acupuncture. Your GP or cancer specialist can refer you. You may have to pay for this.

### **Cognitive behavioural therapy (CBT)**

CBT is a therapy that helps people change the way they feel, by changing the way they think and behave. This may help someone feel more in control of their illness. Some people say this has helped them with their pain. It cannot make the pain go away, but it may help someone to cope with the pain, and think about it in a different way. You can have CBT on a one-to-one basis with a trained therapist, or in group sessions. If you think it may help, ask your healthcare team about CBT.

## Physiotherapy and exercise

Pain may stop you from using the part of your body that hurts. This may lead to muscle or joint stiffness. You may be able to see a physiotherapist who will help treat the problem with gentle massage and exercise. This may help to relieve the pain.

Physiotherapists can also advise you on any exercise you can do at home to help improve your pain. Check with your doctor or physiotherapist whether it is safe to exercise and what type of activity may help.

## Relaxation

Learning to relax and let go of your fears and anxieties can also help control pain. Even if you can only do this for a short time each day, it will help. There are two main types of relaxation exercises:

- **Physical exercises** – These release tension in your body. A technique called progressive muscle relaxation involves learning to tense and relax particular groups of muscles in the body. You can learn to relax and contract stomach muscles, neck muscles and other muscles individually or together. When you know how, you can start using the technique during stressful periods to help reduce tension and therefore pain. When you have learned the basic technique, you can use it to help with pain relief during more difficult times.
- **Mental exercises** – For example, visualisation. This means seeing pictures in your head (see page 57). It can help relax your mind. Mental exercises can be helpful if you find that anxiety is making your pain worse.

To practice relaxation, find a quiet, warm, dimly lit, relaxing place. Make sure you will not be disturbed. Lie or sit in a well-supported position. These techniques are most helpful if you practise them for 5–15 minutes each day. Using relaxation tapes can help. You may want to try different things until you find the best sort of relaxation exercise for you. You can ask your doctor if there is a healthcare professional who can help you. This might be an occupational therapist or psychologist.

### **Hypnotherapy**

Hypnosis is a form of deep relaxation. It can help you to think about your pain differently. It will help you to focus your thoughts and feelings on something other than pain. You can learn how to hypnotise yourself. This is called self-hypnosis. It can help you change the way you think about pain and help you cope with difficult treatments or situations. Your GP may have a list of local therapists who provide hypnotherapy, or you can contact the National Register of Hypnotherapists and Psychotherapists (see page 74).

### **Meditation**

There are many different types of meditation. They all aim to calm your mind so that you become at peace with yourself. To meditate, sit quietly and be aware of your breathing, without trying to control it. If you have a thought, try to ignore it and only focus on your breathing. If you prefer, you can put an object in front of you and focus on that instead.

Some hospices or hospitals have people who can help you meditate. Ask your doctor, specialist nurse or palliative care team about it.

If you're being treated for any mental illnesses, check with your doctor before using meditation.



## Massage therapy

Massage therapy is when someone strokes or applies gentle pressure to your body. It may help improve your mood and help you relax. Some people find it reduces pain.

Gentle massage can help relieve aching backs or limbs. Rubbing the painful area may help to reduce the number of pain messages reaching the brain. It also helps the muscles relax. Use unscented oils and lotions to keep your skin soft and supple.

Check with your doctor to see whether massage may help and if it is suitable for you.

## Visualisation (imagery)

Visualisation is when you bring happy, relaxing pictures into your mind. Remembering pleasant sounds, sights, tastes or smells may help you to feel more relaxed. It may help to distract you from the symptoms of pain and discomfort. Someone who has had special training can help you to practise visualisation. Check with your healthcare team about finding a trained therapist.

## What else can help?

Many people assume that drugs or other treatments are the only way to control cancer pain. In fact, they are only one part of treatment. Sometimes, simple ways of making you feel better are overlooked. There are a lot of things that you and other people can do to make you feel better.

## Staying as comfortable as possible

The way you sit or lie down can affect your pain. Try to be in a comfortable position. Remember, what may feel comfortable at first may be painful 15 or 20 minutes later. Family or friends can help you change position as often as you need. This will also

reduce the risk of your skin becoming sore because of being in one position for a long time.

Bedding may need to be tidied or changed. You may feel a lot better when you get back into a cool bed with fresh bed linen.

Other things that can help are:

- v-shaped pillows or supports that help reduce backache and neck pain
- a bed cradle to keep the weight of blankets off weak or painful limbs
- a special mattress and cushions
- equipment to help with movement and sitting.

Your district nurse can help you get these things, or tell you where to get them.

### **Using heat or cold**

Heat pads and warm baths can help relieve aches and pains. They may help relax muscles and reduce joint stiffness. Ice packs can help relieve pain where there is inflammation and swelling. Some people find that alternating heat with cold helps them.

Always take care to protect your skin from burns when using heat pads and ice packs. Heat pads should be used with a fleece cover. Ice packs should be wrapped in a towel before you place them near the skin. Heat shouldn't be used on body areas that are already inflamed or swollen, as it can make the swelling worse.

## Distraction

Watching TV, reading, playing computer games, listening to music or chatting to a friend are ways of using your mind to think of something else. Sitting in a chair or lying in bed with nothing to do can become depressing. Short periods of entertainment can help you feel better and help you cope better with your pain. Short, regular visits from friends and relatives may help. And it's good to have something nice like this to look forward to.

## Music or art therapy

This is using music or art to reduce anxiety and relax you. It may help you to express your feelings in a creative way. You don't have to be musical or artistic. Music or art therapists often run classes at hospitals or hospices. Going out and meeting other people while enjoying an activity may also help to distract you from any pain, and help you to feel as good as possible.

## Practical support and information

You may be anxious about your treatment or worried about coping at home. You may be having financial problems or emotional difficulties. Often, friends or relatives can help by getting information from doctors and nurses for you, or by researching services that can help. Sometimes, there is little that they can say or do, but just having them there to listen and understand can be a huge relief.

Getting help with the things that worry you can help you cope better with pain. If you are less stressed, this can make pain easier to control. Call us on **0808 808 00 00**. We can give you the support and information you need, and tell you about other services that can help.



If you have money worries, we can send you our booklet *Help with the cost of cancer*.





# EMOTIONAL AND PRACTICAL HELP

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**This section talks about your feelings and things that can help you cope with cancer and pain.**

## **Your feelings and cancer pain**

Having cancer can affect every part of your life. Being in pain not only affects your body. It also interferes with your thoughts and feelings. People can have lots of emotions when they are in pain. You may feel:

- angry
- hopeless
- frustrated
- anxious
- isolated
- fearful
- depressed
- like you've lost control.

Being in pain may stop you from doing the things you enjoy. You may not be able to go out as much. Or you may not be able to do normal daily tasks any more, or go to work. Feelings can change from day to day. Sometimes, they can all become overwhelming. But you are not alone in feeling like this.

There are many people and organisations that can help you. Some of the non-medical treatments mentioned on pages 52–59 may help. Ask your doctor or specialist palliative care nurse which ones may help.

If you feel okay emotionally, your physical pain may feel better. It can help to talk about your feelings. You could talk to your partner, a close friend or relative. If you don't talk about your feelings, the people close to you may not realise you are in pain. They may not understand why you are angry or upset.

If you don't want to talk to anyone you know about your feelings, talk to your GP or specialist palliative care nurse. They can help by putting you in contact with a counsellor. You could also contact one of the counselling organisations listed on page 74. Or you can speak to our cancer support specialists on **0808 808 00 00**. They can give you contact details of local support groups.

Sometimes, your GP may suggest you take an anti-depressant or a sedative drug such as diazepam. This can help improve your mood or reduce anxiety. Don't feel bad about this. It is common to be prescribed one of these. Many people with cancer or cancer pain find these medicines help them cope.

## Spiritual help

Illness can force people to take life more seriously, to question the meaning of life and to stop taking things for granted.

Some people who have religious beliefs may find themselves questioning their faith. Even people who are not religious may experience spiritual turmoil. People often ask questions such as, 'Is there life after death?' and 'Why should the people I love suffer?' Questions like these, which relate to basic beliefs about life, can cause great emotional and spiritual upset. This can worsen the experience of physical pain.

Some people find comfort in religion at this time. It may help to talk to a local minister, hospital chaplain or other religious or spiritual leader. If you don't feel that this is right for you, it may help to talk to family and friends, a counsellor or someone from a cancer support organisation. Details of organisations that provide counselling are on page 74.

## Control of other cancer symptoms

People with cancer may have many symptoms. Some are caused by the cancer, and some are caused by cancer treatments. Trying to cope with other symptoms may make it more difficult to cope with pain. Often, other symptoms can be relieved by medical or non-medical treatments, or by a combination of both. If your other symptoms are well controlled, this can help you deal more effectively with your pain.

Talk to your healthcare team if you have other symptoms. They will be able to advise you on how to deal with them.



We can send you a booklet on controlling the symptoms of cancer.

## Practical support

If your pain means that you can't move around easily, you may need specialist equipment or people to help you in your daily life.

The British Red Cross (see page 75) has an office in every county. They have volunteers who can help you in many ways. This may be with shopping, posting letters or changing library books. They may be able to take you to an appointment at the hospital. The British Red Cross can also lend equipment like wheelchairs and commodes (portable toilets).

The Disabled Living Foundation runs an information service (see page 75). It also has specialist advisers and occupational therapists. They can give advice on aids and specialist equipment, including special cutlery, walking aids and wheelchairs. Scope also gives information and advice to disabled people (see page 75).

If you have mobility (movement) problems because of your cancer or pain, you may find the Blue Badge scheme useful. This provides parking concessions (allowances) for people with mobility problems. It means that you, or someone with you, can park close to where you want to go. For example, you can park next to the entrance of a shop. This will make it easier for you to go out. To apply for a badge, contact your local council. A healthcare professional, welfare rights adviser or social worker can help you apply.

Some areas have good neighbour schemes. The schemes organise help for people in the local area. This could be help with shopping, befriending or offering transport. The schemes are usually run by the social services or local community organisations. Some are only available to people living alone. Look for 'council for voluntary service' or 'good neighbour schemes' in the phone book or online.



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# How we can help you

**Cancer is the toughest fight most of us will ever face. But you don't have to go through it alone. The Macmillan team is with you every step of the way.**

## Get in touch

### Macmillan Cancer Support

89 Albert Embankment,  
London SE1 7UQ

### Questions about cancer?

Call free on **0808 808 00 00**  
(Mon–Fri, 9am–8pm)

**[www.macmillan.org.uk](http://www.macmillan.org.uk)**

### Hard of hearing?

Use textphone 0808 808 0121  
or Text Relay.

### Non-English speaker?

Interpreters are available.

## Clear, reliable information about cancer

We can help you by phone, email, via our website and publications or in person. And our information is free to everyone affected by cancer.

## Macmillan Support Line

Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists provide clinical, financial, emotional and practical information and support to anyone affected by cancer. Call us on **0808 808 00 00** or email us via our website, **[macmillan.org.uk/talktous](http://macmillan.org.uk/talktous)**

## Information centres

Our information and support centres are based in hospitals, libraries and mobile centres, and offer you the opportunity to speak with someone face-to-face. Find your nearest one at **[macmillan.org.uk/informationcentres](http://macmillan.org.uk/informationcentres)**

## Publications

We provide expert, up-to-date information about different types of cancer, tests and treatments, and information about living with and after cancer. We can send you free booklets, leaflets and fact sheets.

## Other formats

We have a small range of information in other languages and formats. Our translations are for people who don't speak English and our Easy Read booklets are useful for anyone who can't read our information. We also produce a range of audiobooks. Find out more at [macmillan.org.uk/otherformats](https://www.macmillan.org.uk/otherformats)

Please email us at [cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk) if you'd like us to produce our information for you in Braille or large print.

You can find all of our information, along with several videos, online at [macmillan.org.uk/cancerinformation](https://www.macmillan.org.uk/cancerinformation)

## Review our information

Help us make our resources even better for people affected by cancer. Being one of our reviewers gives you the chance to comment on a variety of information including booklets, fact sheets, leaflets, videos, illustrations and website text.

If you'd like to hear more about becoming a reviewer, email [reviewing@macmillan.org.uk](mailto:reviewing@macmillan.org.uk)

## Need out-of-hours support?

You can find a lot of information on our website, [macmillan.org.uk](https://www.macmillan.org.uk)

For medical attention out of hours, please contact your GP for their out-of-hours service.

## Someone to talk to

When you or someone you know has cancer, it can be difficult to talk about how you're feeling. You can call our cancer support specialists to talk about how you feel and what's worrying you.

We can also help you find support in your local area, so you can speak face-to-face with people who understand what you're going through.

## Professional help

Our Macmillan nurses, doctors and other health and social care professionals offer expert treatment and care. They help individuals and families deal with cancer from diagnosis onwards, until they no longer need this help.

You can ask your GP, hospital consultant, district nurse or hospital ward sister if there are any Macmillan professionals available in your area, or call us.

## Support for each other

No one knows more about the impact cancer has on a person's life than those who have been affected by it themselves. That's why we help to bring people with cancer and carers together in their communities and online.

### Support groups

You can find out about support groups in your area by calling us or by visiting [macmillan.org.uk/selfhelpandsupport](https://www.macmillan.org.uk/selfhelpandsupport)

### Online community

You can also share your experiences, ask questions, get and give support to others in our online community at [macmillan.org.uk/community](https://www.macmillan.org.uk/community)

## Financial and work-related support

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. Some people may have to stop working.

If you've been affected in this way, we can help. Call the Macmillan Support Line and one of our cancer support specialists will tell you about the benefits and other financial help you may be entitled to.

We can also give you information about your rights at work as an employee and help you find further support.

### Macmillan Grants

Money worries are the last thing you need when you have cancer. A Macmillan Grant is a one-off payment for people with cancer, to cover a variety of practical needs including heating bills, extra clothing, or a much-needed break.

Find out more about the financial and work-related support we can offer at [macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)

## Learning about cancer

You may find it useful to learn more about cancer and how to manage the impact it can have on your life.

You can do this online on our Learn Zone – [macmillan.org.uk/learnzone](https://www.macmillan.org.uk/learnzone) – which offers a variety of e-learning courses and workshops. There's also a section dedicated to supporting people with cancer – ideal for people who want to learn more about what their relative or friend is going through.

## Other useful organisations

### Pain management and support

#### Action on Pain

PO Box 134, Shipdham,  
Norfolk IP25 7XA

**Tel** 0845 603 1593

(Mon–Fri, 10am–4pm)

**Email** [aopisat@btinternet.com](mailto:aopisat@btinternet.com)

**www.action-on-pain.co.uk**

Provides support and information to people affected by chronic pain. Run entirely by volunteers, many of whom have been affected by chronic pain.

#### British Pain Society

3<sup>rd</sup> floor, Churchill House,  
35 Red Lion Square,  
London WC1R 4SG

**Tel** 020 7269 7840

#### Email

[info@britishpainsociety.org](mailto:info@britishpainsociety.org)

**www.britishpainsociety.org**

Can provide a list of local pain clinics and self-help groups. Also has booklets and leaflets on managing pain.

#### Pain Association Scotland

Suite D,  
Moncrieff Business Centre,  
Friarton Road,  
Perth PH2 8DG

**Tel** 0800 783 6059

(Mon–Fri, 8am–4.30pm)

#### Email

[info@painassociation.com](mailto:info@painassociation.com)

**www.painassociation.com**

Provides self-management training to help people manage and live with chronic pain. Offers staff-led sessions in coping with pain, relaxation and movement.

#### Pain Concern

Unit 1–3,  
62–66 Newcraighall Road,  
Fort Kinnaird,  
Edinburgh EH15 3HS

**Tel** 0300 123 0789

(Mon–Fri, 10am–4pm)

**Email** [info@painconcern.org.uk](mailto:info@painconcern.org.uk)

**www.painconcern.org.uk**

Provides information and support to people living with pain. Offers free fact sheets and leaflets about managing pain and has an online forum for peer support.

### **Pain Relief Foundation**

Clinical Sciences Centre,  
University Hospital Aintree,  
Lower Lane,  
Liverpool L9 7AL

**Tel** 0151 529 5820

**Email** [secretary@painrelief  
foundation.org.uk](mailto:secretary@painrelieffoundation.org.uk)

**www.painrelief  
foundation.org.uk**

Researches chronic pain and its treatment. Offers an information service to people with pain and has leaflets about chronic pain conditions.

### **Complementary therapies**

#### **British Acupuncture Council**

63 Jeddo Road,  
London W12 9HQ

**Tel** 020 8735 0400

**www.acupuncture.org.uk**

A regulatory body for the practice of acupuncture. It publishes a Register of Practitioner Members and can provide lists of local acupuncture practitioners.

#### **British Complementary Medicine Association (BCMA)**

PO Box 5122,  
Bournemouth BH8 0WG

**Tel** 0845 345 5977

**Email** [office@bcma.co.uk](mailto:office@bcma.co.uk)

**www.bcma.co.uk**

An association of complementary medicine therapists and organisations. Holds a register of qualified therapists who are all members of the BCMA and adhere to the BCMA code of ethics.

#### **Institute for Complementary and Natural Medicine**

Can Mezzanine,  
32–36 Loman Street,  
London SE1 0EH

**Tel** 0207 922 7980

**Email** [info@icnm.org.uk](mailto:info@icnm.org.uk)

**www.icnm.org.uk**

Keeps a register of professional practitioners of complementary therapies and can give information about different therapies. You can search for a practitioner on the website.

### **National Register of Hypnotherapists and Psychotherapists**

1<sup>st</sup> Floor,  
18 Carr Road, Nelson,  
Lancashire BB9 7JS  
**Tel** 01282 716839  
**Email** [admin@nrhp.co.uk](mailto:admin@nrhp.co.uk)  
**www.nrhp.co.uk**  
Has a database of hypnotherapists in the UK and overseas. Provides a free referral service. You can search the register on the website.

### **Counselling and emotional support**

#### **British Association for Counselling and Psychotherapy (BACP)**

BACP House,  
15 St John's Business Park,  
Lutterworth,  
Leicestershire LE17 4HB  
**Tel** 01455 883 300  
**Email** [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk)  
**www.bacp.co.uk**  
Promotes awareness of counselling and signposts people to appropriate services. You can search for a qualified counsellor at **[itsgoodtotalk.org.uk](http://itsgoodtotalk.org.uk)**

### **UK Council for Psychotherapy (UKCP)**

2<sup>nd</sup> Floor, Edward House,  
2 Wakley Street,  
London EC1V 7LT  
**Tel** 020 7014 9955  
**Email** [info@ukcp.org.uk](mailto:info@ukcp.org.uk)  
**www.psychotherapy.org.uk**  
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

### **Equipment and advice on living with disability**

#### **Assist UK**

Redbank House,  
4 St Chad's Street,  
Manchester M8 8QA  
**Tel** 0161 832 9757  
**Email** [general.info@assist-uk.org](mailto:general.info@assist-uk.org)  
**www.assist-uk.org**  
A UK-wide network of Disabled Living Centres. Staff can give advice about the products, which are designed to make life easier for people who have difficulty with daily activities.

**The Blue Badge Scheme  
(Department for Transport)**  
**[www.gov.uk/browse/  
driving/blue-badge-parking](http://www.gov.uk/browse/driving/blue-badge-parking)**

Contact your local authority about the Blue Badge Scheme. Allows drivers or passengers with severe mobility problems to park close to where they need to go. You can apply for a badge on the website.

**British Red Cross**

UK Office,  
44 Moorfields,  
London EC2Y 9AL  
**Tel** 0844 871 11 11

**Email**  
[information@redcross.org.uk](mailto:information@redcross.org.uk)  
**[www.redcross.org.uk](http://www.redcross.org.uk)**

Offers a range of health and social care services such as care in the home, a medical equipment loan service and a transport service.

**Disabled Living  
Foundation (DLF)**

Ground Floor,  
Landmark House,  
Hammersmith Bridge Road,  
London W6 9EJ

**Tel** 0300 999 0004  
(Mon–Fri, 10am–4pm)  
**Email** [helpline@dlf.org.uk](mailto:helpline@dlf.org.uk)

**[www.dlf.org.uk](http://www.dlf.org.uk)**

Provides free, impartial advice about all types of disability equipment and mobility products.

**Scope**

6 Market Road,  
London N7 9PW

**Tel** 0808 800 3333

(Mon–Fri, 9am–5pm)

**Email** [response@scope.org.uk](mailto:response@scope.org.uk)

**[www.scope.org.uk](http://www.scope.org.uk)**

Offers advice and information on living with disability.

Supports an independent, UK-wide network of local Disability Information and Advice Line services (DIALs) run by disabled people.

**General cancer  
support organisations**

**Cancer Black Care**

79 Acton Lane,  
London NW10 8UT

**Tel** 020 8961 4151

**Email**

[info@cancerblackcare.org.uk](mailto:info@cancerblackcare.org.uk)

**[www.cancerblackcare.org.uk](http://www.cancerblackcare.org.uk)**

Offers information and support to people with cancer from ethnic communities, their friends, carers and families.



### **Cancer Focus Northern Ireland**

40–44 Eglantine Avenue,  
Belfast BT9 6DX

**Tel** 0800 783 3339

(Mon–Fri, 9am–1pm)

#### **Email**

hello@cancerfocusni.org

**www.cancerfocusni.org**

Offers support to people affected by cancer, including a free helpline, counselling and links to local support groups.

### **Cancer Support Scotland**

Calman Cancer Support Centre,  
75 Shelley Road,  
Glasgow G12 0ZE

**Tel** 0800 652 4531

**Email** info@cancersupport  
scotland.org

**www.cancersupport  
scotland.org**

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

### **Irish Cancer Society**

43–45 Northumberland Road,  
Dublin 4, Ireland

**Tel** 1800 200 700

(Mon–Thu, 9am–7pm,  
Fri, 9am–5pm)

**Email** helpline@irishcancer.ie

**www.cancer.ie**

National cancer charity offering information, support and care to people affected by cancer. Has a helpline staffed by specialist cancer nurses. You can also talk to a nurse online and use the site's message board.

### **Maggie's Centres**

1<sup>st</sup> Floor, One Waterloo Street,  
Glasgow G2 6AY

**Tel** 0300 123 1801

#### **Email**

enquiries@maggiescentres.org

**www.maggiescentres.org**

Provide information about cancer, benefits advice, and emotional or psychological support.

**Penny Brohn Cancer Care**

Chapel Pill Lane, Pill,  
Bristol BS20 0HH

**Tel** 0845 123 2310  
(Mon–Fri, 9.30am–5pm)

**Email**

helpline@pennybrohn.org

**www.pennybrohn  
cancercare.org**

Offers a combination of physical, emotional and spiritual support, using complementary therapies and self-help techniques.

**Tenovus**

Head Office,  
Gleider House, Ty Glas Road,  
Cardiff CF14 5BD

**Tel** 0808 808 1010  
(Mon–Sun, 8am–8pm)

**www.tenovus.org.uk**

Aims to help everyone get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, an 'Ask the nurse' service on the website and benefits advice.

**Financial or legal advice and information****Benefit Enquiry Line Northern Ireland**

**Tel** 0800 220 674  
(Mon–Wed and Fri, 9am–5pm,  
Thu, 10am–5pm)

**Textphone** 0800 243 787

**www.nidirect.gov.uk/money-tax-and-benefits**

Provides information and advice about disability and carers' benefits in Northern Ireland.

**Citizens Advice**

Provides advice on a variety of issues including financial, legal, housing and employment issues. Find details for your local office in the phone book or on one of the following websites:

**England and Wales**

**www.citizensadvice.org.uk**

**Scotland**

**www.cas.org.uk**

**Northern Ireland**

**www.citizensadvice.co.uk**

You can also find advice online in a range of languages at **adviceguide.org.uk**

**Department for Work  
and Pensions  
Disability Benefits Helpline**

08457 123 456

**Textphone** 0845 722 4433

**Personal Independence  
Payment Helpline**

0845 850 3322

**Textphone** 0845 601 6677

**Carer's Allowance Unit**

0845 608 432

**Textphone** 0845 604 5312

**[www.gov.uk/browse/  
benefits](http://www.gov.uk/browse/benefits)**

Manages and gives information on state benefits in England, Scotland and Wales.

**Gov.uk (UK government  
information portal)**

**[www.gov.uk](http://www.gov.uk)**

Has information and practical advice about public services. There are sections covering financial support, rights, employment and independent living.

**The Money Advice Service**

**Tel** 0300 500 5000

(Mon–Fri, 8am–8pm,

Sat, 9am–1pm)

**Typetalk**

18001 0300 500 5000

**[www.moneyadvice  
service.org.uk](http://www.moneyadvice.service.org.uk)**

Runs a free financial health check service and gives advice about all types of financial matters. Has an online chat service for instant financial advice.

**Money Advice Scotland**

**Tel** 0141 572 0237

**[www.moneyadvice  
scotland.org.uk](http://www.moneyadvice.scotland.org.uk)**

**National Debtline (England,  
Wales and Scotland)**

Tricorn House,

51–53 Hagley Road,

Edgbaston,

Birmingham B16 8TP

**Tel** 0808 808 4000

(Mon–Fri, 9am–9pm,

Sat, 9.30am–1pm)

**[www.nationaldebtline.co.uk](http://www.nationaldebtline.co.uk)**

A national helpline for people with debt problems. The service is free, confidential and independent.

**Personal Finance Society –  
‘Find an Adviser’ service**  
**[www.findanadviser.org](http://www.findanadviser.org)**

Use the website to find qualified financial advisers in your area.

**[Unbiased.co.uk](http://Unbiased.co.uk)**

**Email** [contact@unbiased.co.uk](mailto:contact@unbiased.co.uk)  
**[www.unbiased.co.uk](http://www.unbiased.co.uk)**

On the website you can search for qualified advisers who specialise in giving financial advice, mortgage, accounting or legal advice.

**Support for carers**

**Carers Direct**

**Tel** 0808 802 0202  
(Mon–Fri, 9am–8pm,  
Sat–Sun, 11am–4pm)

**[www.nhs.uk/carersdirect/  
Pages/CarersDirectHome.  
aspx](http://www.nhs.uk/carersdirect/Pages/CarersDirectHome.aspx)**

Aims to offer all the information you need as a carer to access the financial help you’re entitled to, as well as advice on getting a break from caring and going to work.

**Carers UK**

**Tel (England, Scotland,  
Wales)** 0808 808 7777

**Tel (Northern Ireland)**  
028 9043 9843

(Wed–Thu, 10am–12pm  
and 2–4pm)

**Email** [advice@carersuk.org](mailto:advice@carersuk.org)  
**[www.carersuk.org](http://www.carersuk.org)**

Offers information and support to carers across the UK. Can put people in contact with support groups for carers in their area.

**Support for young people**

**CLIC Sargent**

Horatio House,  
77–85 Fulham Palace Road,  
London W6 8JA

**Tel** 0300 330 0803

**[www.clicsargent.org.uk](http://www.clicsargent.org.uk)**

Provides clinical, practical, financial and emotional support to children with cancer.

### **Teenage Cancer Trust**

3<sup>rd</sup> Floor, 93 Newman Street,  
London W1T 3EZ

**Tel** 020 7612 0370

**[www.teenagecancertrust.org](http://www.teenagecancertrust.org)**

A charity devoted to improving the lives of teenagers and young adults with cancer. Runs a support network for young people with cancer, their friends and families.

### **Youth Access**

1–2 Taylors Yard,  
67 Alderbrook Road,  
London SW12 8AD

**Tel** 020 8772 9900

(Mon–Fri, 9.30am–1pm  
and 2–5.30pm)

#### **Email**

[admin@youthaccess.org.uk](mailto:admin@youthaccess.org.uk)

**[www.youthaccess.org.uk](http://www.youthaccess.org.uk)**

A national organisation providing counselling and information for young people. Support is given through local young people's services. Find your local service via the website.

### **Support for older people**

#### **Age UK**

Tavis House,  
1–6 Tavistock Square,  
London WC1H 9NA

**Tel (England and Wales)**

0800 169 6565

**Tel (Scotland)**

0845 125 9732

**Tel (Northern Ireland)**

0808 808 7575

(Mon–Sun, 8am–7pm)

**[www.ageuk.org.uk](http://www.ageuk.org.uk)**

Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

## Advanced cancer and end-of-life care

### Help the Hospices

Hospice House,  
34–44 Britannia Street,  
London WC1X 9JG

**Tel** 020 7520 8200

#### **Email**

[info@helpthehospices.org.uk](mailto:info@helpthehospices.org.uk)

**[www.helpthehospices.org.uk](http://www.helpthehospices.org.uk)**

Provides information about living with advanced illness. Has a directory of hospice services and practical booklets available free from the website.

### Marie Curie Cancer Care

89 Albert Embankment,  
London SE1 7TP

**Tel** 0800 716 146

(Mon–Fri, 9am–5pm)

**Email** [supporter.relation@mariecurie.org.uk](mailto:supporter.relation@mariecurie.org.uk)

**[www.mariecurie.org.uk](http://www.mariecurie.org.uk)**

Marie Curie nurses provide free end-of-life care to people in their own homes, or in Marie Curie hospices, 24 hours a day, 365 days a year.



You can search for more organisations on our website at [macmillan.org.uk/organisations](http://macmillan.org.uk/organisations), or call us on 0808 808 00 00.

# Further resources

## Related Macmillan information

You may want to order some of the resources mentioned in this booklet. These include:

- *Cancer and complementary therapies*
- *Controlling the symptoms of cancer*
- *Coping with fatigue*
- *Help with the cost of cancer*
- *Understanding secondary cancer in the bone*

To order a booklet, visit [be.macmillan.org.uk](http://be.macmillan.org.uk) or call **0808 808 00 00**. All of our information is also available online at [macmillan.org.uk/cancerinformation](http://macmillan.org.uk/cancerinformation)

We have information about chemotherapy, radiotherapy and surgery in these languages: Bengali, Gujarati, Hindi, Polish, Punjabi, Russian, Traditional Chinese, Urdu and Welsh.

We also have a range of Easy Read booklets. Visit [macmillan.org.uk/otherformats](http://macmillan.org.uk/otherformats) to find out more.

## Macmillan audiobooks

Our high-quality audiobooks, based on our variety of booklets, include information about cancer types, different treatments and about living with cancer.

To order your free CD, visit [be.macmillan.org.uk](http://be.macmillan.org.uk) or call **0808 808 00 00**.

## Macmillan videos

There are many videos on the Macmillan website featuring real-life stories and information from professionals.

There is a video about pain control for people with advanced cancer at [macmillan.org.uk/advancedcancerpain](http://macmillan.org.uk/advancedcancerpain)

## Useful websites

A lot of information about cancer is available online. Some websites are excellent; others have out-of-date or misleading information. The sites listed here are considered by nurses and doctors to contain accurate information and are regularly updated.

### Macmillan Cancer Support [www.macmillan.org.uk](http://www.macmillan.org.uk)

Find out more about living with the practical, emotional and financial effects of cancer. Our website contains expert, accurate and up-to-date information on cancer and its treatment, including:

- all the information from our 150+ booklets and 360+ fact sheets
- videos featuring real-life stories from people affected by cancer and information from professionals
- how Macmillan can help, the services we offer and where to get support
- how to contact our cancer support specialists, including an email form for sending your questions
- local support groups search, links to other cancer organisations and a directory of information materials
- a huge online community of people affected by cancer sharing their experiences, advice and support.

### Cancer Research UK [www.cancerhelp.org.uk](http://www.cancerhelp.org.uk)

Contains patient information on all types of cancer and has a clinical trials database.

### Health and Social Care in Northern Ireland [www.n-i.nhs.uk](http://www.n-i.nhs.uk)

The official gateway to health and social care services in Northern Ireland.

### Healthtalkonline [www.healthtalkonline.org](http://www.healthtalkonline.org) [www.youthhealthtalk.org](http://www.youthhealthtalk.org) (site for young people)

Contains information about some cancers and has video and audio clips of people



talking about their experiences of cancer and its treatments.

**Macmillan Cancer Voices**  
**[www.macmillan.org.uk/cancervoices](http://www.macmillan.org.uk/cancervoices)**

A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

**National Cancer Institute – National Institute of Health – USA**

**[www.cancer.gov](http://www.cancer.gov)**

Gives information on cancer and treatments.

**NHS Choices**  
**[www.nhs.uk](http://www.nhs.uk)**

NHS Choices is the online ‘front door’ to the NHS. It is the country’s biggest health website and gives all the information you need to make decisions about your health.

**NHS Direct Online**  
**[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)**  
NHS health information site for England.

**NHS 24 in Scotland**  
**[www.nhs24.com](http://www.nhs24.com)**

NHS health information site for Scotland.

**NHS Direct Wales**  
**[www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk)**

NHS health information site for Wales.

**Patient UK**  
**[www.patient.co.uk](http://www.patient.co.uk)**

Provides people in the UK with good-quality information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health and illness-related websites.

**Riprap**  
**[www.riprap.org.uk](http://www.riprap.org.uk)**  
Developed especially for teenagers who have a parent with cancer.



## Disclaimer

We make every effort to ensure that the information we provide is accurate and up-to-date, but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photographs are of models.

## Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Senior Medical Editor, Dr Sara Booth, Macmillan Consultant in Palliative Care, and by our Chief Medical Editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist.

With thanks to: Jackie Chipps, Clinical Nurse Specialist in Palliative Care; Dr Beata LeBon, Lead Consultant in Palliative Medicine; Angie Macklin, Community Nurse Manager; and the people affected by cancer who reviewed this edition.

## Sources

We've listed a sample of the sources used in this publication below. If you'd like further information about the sources we use, please contact us at [bookletfeedback@macmillan.org.uk](mailto:bookletfeedback@macmillan.org.uk)

Ernst, E. *Complementary and alternative therapies for cancer*. UpToDate [Online] Updated 2013. Available from: <http://uptodate.com/contents/complementary-and-alternative-therapies-for-cancer> [Accessed July 2013].

The British Pain Society. *Cancer pain management* [Online] Updated 2010. Available from: [http://www.britishpainsociety.org/book\\_cancer\\_pain.pdf](http://www.britishpainsociety.org/book_cancer_pain.pdf) [Accessed August 2013].

National Cancer Institute. *Pain control: Support for people with cancer* [Online] Updated 2013. Available from: <http://www.cancer.gov/cancertopics/coping/paincontrol.pdf> [Accessed May 2013].

# Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



## **Share your cancer experience**

Support people living with cancer by telling your story, online, in the media or face to face.

## **Campaign for change**

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

## **Help someone in your community**

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

## **Raise money**

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

## **Give money**

Big or small, every penny helps. To make a one-off donation see over.

**Call us to find out more**

**0300 1000 200**

**[macmillan.org.uk/getinvolved](http://macmillan.org.uk/getinvolved)**

## Please fill in your personal details

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Please accept my gift of £

(Please delete as appropriate)  
I enclose a cheque / postal order /  
Charity Voucher made payable to  
Macmillan Cancer Support

OR debit my:  
Visa / MasterCard / CAF Charity  
Card / Switch / Maestro

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## Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- I am a UK taxpayer and I would like Macmillan Cancer Support to treat all donations I have made for the four years prior to this year, and all donations I make in the future, as Gift Aid donations, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to [macmillan.org.uk/donate](https://macmillan.org.uk/donate)

Please cut out this form and return it in an envelope (no stamp required) to:  
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,  
89 Albert Embankment, London SE1 7UQ

More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don't have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you're entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

For cancer support every step of the way,  
call Macmillan on 0808 808 00 00  
(Mon–Fri, 9am–8pm) or visit [macmillan.org.uk](http://macmillan.org.uk)

Hard of hearing? Use textphone  
0808 808 0121, or Text Relay.  
Non-English speaker? Interpreters available.  
Braille and large print versions on request.

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Next planned review 2016. Macmillan Cancer Support, registered charity  
in England and Wales (261017), Scotland (SC039907) and the Isle  
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