

Journal Watch

Current Perspectives on Pain in AIDS (Second of Two Parts)

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Abstract:

As active participants in the care of patients with acquired immunodeficiency syndrome (AIDS), oncologists need to be aware of the many facets of pain management in this population. This two-part article, which began in the June 2002 issue, describes the prevalence and types of pain syndromes encountered in patients with AIDS and reviews the psychological and functional impact of pain as well as the barriers to adequate pain treatment in this group and others with human immunodeficiency virus (HIV)-related disease. Finally, principles of pain management, with particular emphasis on controlling pain in HIV infected patients with a history of substance abuse, are outlined.

Comments:

Strengths/uniqueness:

A thorough review of treatment of pain at the end of life in HIV-infected patients and particularly for those continuing to abuse drugs. This paper includes a discussion of nonpharmacologic interventions (eg neurosurgical options) and stresses a multidimensional approach. The importance of carefully defining the pain syndrome is emphasized.

Weaknesses:

Although a multidimensional approach is stressed, it would have been very useful to know which counselling techniques have been found to be most effective with this population. Contracts are very commonly used with patients who continue to abuse drugs but are not specifically mentioned in the article. Consideration of the impact of a methadone maintenance program on the use of methadone in the treatment of neuropathic pain syndromes in these patients would have been useful.

Relevance to Palliative Care:

As HIV-infection therapy advances, AIDS presents more as a chronic disease. Undoubtedly we will be seeing greater numbers of HIV-infected palliative patients dying of chronic AIDS-related illnesses or of causes more commonly found in the current palliative population. It is increasingly important to be able to recognize and manage specific concerns which affect this population.