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PAIN MANAGEMENT IN PEOPLE WITH PALLIATIVE NEEDS

GESTÃO DA DOR EM PESSOAS COM NECESSIDADES PALIATIVAS

TRATAMIENTO DEL DOLOR EN PERSONAS CON NECESIDADES PALIATIVAS

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ABSTRACT

Introduction: Palliative care (PC) is a crucial part of integrated, person-centered health services and should be available at all levels of care. Over the years, opioids have become an important component in the relief of moderate/severe pain in people with palliative needs. There are a large number of opioids available for clinical use, however, this article focuses on those that are most commonly used for moderate/severe pain control, namely morphine and oxycodone. The use of each should be well evaluated according to the therapeutic plan proposed by the multidisciplinary team. The importance of knowing the effect of each of these drugs may also contribute to more effective and safe interventions in pain control, increasing the quality of life of the person during palliative care.

Objective: To analyze which of the drugs, morphine, or oxycodone, have a greater effect on pain relief/control in people with palliative needs in the context of the therapeutic nursing relationship.

Methodology: Integrative literature review using the PICO mnemonic to compile the research question. We proceeded to search for articles on the EBSCOhost platform, selecting articles published between January 2015 and December 2022 in the MEDLINE complete and CINAHL complete databases. Six articles and one thesis were selected and the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses – PRISMA method were followed.

Results: Both drugs, morphine, and oxycodone, are widely used in pain management in palliative care. Scientific evidence suggests that both drugs can be effective in relieving pain in palliative care patients. Morphine is considered one of the treatments of choice for moderate to severe pain in palliative care patients because of its long history of use and proven effectiveness. Oxycodone is considered an appropriate alternative when morphine is not effective or is poorly tolerated.

Conclusion: Scientific knowledge and training of nursing professionals is fundamental for an effective therapeutic relationship with palliative care patients and their families. Evidence-based practice is also important in pain management in palliative care, as it allows nursing professionals to use best practices and proven approaches for pain relief. This not only increases the effectiveness of medication administration, but also allows nurses to work collaboratively with other members of the healthcare team to ensure the best care for people.

Keywords: Evidence-Based Practice; Nursing Care; People with Palliative Needs; Pain Management.

RESUMO

Introdução: Os cuidados paliativos (CP) são uma parte crucial dos serviços de saúde integrados e centrados nas pessoas e devem estar disponíveis em todos os níveis de cuidados. Ao longo dos anos, os opióides têm vindo a ser um importante componente no alívio da dor moderada/severa em pessoas com necessidades paliativas. Existe um grande número de opióides disponíveis para uso clínico, no entanto, este artigo foca-se nos que são mais utilizados para o controlo da dor moderada/severa, nomeadamente a morfina e a oxicodona. A utilização de cada um deles deverá ser bem avaliada de acordo com o plano terapêutico proposto pela equipa multidisciplinar. A importância de conhecer o efeito de cada uma destas drogas, poderá também contribuir para que se possa intervir com mais efetividade e segurança no controlo da dor, obtendo-se um incremento na qualidade de vida da pessoa durante o cuidado paliativo.

Objetivo: Analisar qual dos fármacos, morfina ou oxicodona, em contexto da relação terapêutica de enfermagem, têm mais efeito no alívio/controlo da dor, em pessoas com necessidades paliativas.

Metodologia: Revisão integrativa da literatura que utilizou a mnemónica PICO para compilar a pergunta de investigação. Procedeu-se à pesquisa de artigos na plataforma EBSCOhost, selecionando-se artigos publicados entre janeiro de 2015 e dezembro de 2022 nas bases de dados MEDLINE complete e CINAHL complete. Foram selecionados seis artigos e uma tese e seguiram-se as recomendações do método *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* – PRISMA.

Resultados: Ambos os fármacos, a morfina e a oxicodona, são amplamente utilizados na gestão da dor em cuidados paliativos. A evidência científica sugere que ambos os medicamentos podem ser eficazes no alívio da dor em doentes em cuidados paliativos. A morfina é considerada um dos tratamentos de escolha para a dor moderada a grave em doentes em cuidados paliativos, devido a sua longa história de uso e eficácia comprovada. Já a oxicodona é considerada uma alternativa apropriada quando a morfina não é eficaz ou é mal tolerada.

Conclusão: O conhecimento científico e a formação dos profissionais de enfermagem são fundamentais para uma relação terapêutica eficaz com os doentes e suas famílias em cuidados paliativos. A prática baseada em evidências também é importante na gestão da dor em cuidados paliativos, pois permite aos profissionais de enfermagem utilizarem as melhores práticas e abordagens comprovadas para o alívio da dor. Isso não só aumenta a eficácia da administração de medicamentos, mas também permite aos enfermeiros trabalharem em colaboração com outros membros da equipa de saúde para garantir os melhores cuidados às pessoas.

Palavras-chave: Cuidados de Enfermagem; Gestão da Dor; Prática Baseada em Evidências; Pessoas com Necessidades Paliativas.

RESUMEN

Introducción: Los cuidados paliativos (CP) son una parte crucial de los servicios sanitarios integrados y centrados en la persona y deberían estar disponibles en todos los niveles asistenciales. A lo largo de los años, los opiáceos se han convertido en un componente importante en el alivio del dolor moderado/grave en personas con necesidades paliativas. Existe un gran número de opiáceos disponibles para uso clínico, sin embargo, este artículo se centra en los que se utilizan con más frecuencia para el control del dolor moderado/grave, es decir, la morfina y la oxicodona. El uso de cada uno de ellos debe ser bien evaluado de acuerdo con el plan terapéutico propuesto por el equipo multidisciplinar. La importancia de conocer el efecto de cada uno de estos fármacos también puede contribuir a una intervención más eficaz y segura en el control del dolor, aumentando así la calidad de vida de la persona durante los cuidados paliativos.

Objetivo: Analizar cuál de los fármacos, morfina u oxicodona, tiene un mayor efecto sobre el alivio/control del dolor en personas con necesidades paliativas en el contexto de la relación terapéutica enfermera. Metodología: Revisión bibliográfica integradora utilizando la mnemotecnia PICO para elaborar la pregunta de investigación. Se procedió a la búsqueda de artículos en la plataforma EBSCOhost, seleccionando los artículos publicados entre enero de 2015 y diciembre de 2022 en las bases de datos MEDLINE complete y CINAHL complete. Se seleccionaron seis artículos y una tesis y se siguieron las recomendaciones del método PRISMA (*Preferred Reporting Items for Systematic Reviews and Meta-Analyses*).

Resultados: Ambos fármacos, morfina y oxicodona, se utilizan ampliamente en el tratamiento del dolor en cuidados paliativos. Las pruebas científicas sugieren que ambos fármacos pueden ser eficaces para aliviar el dolor en los doentes de cuidados paliativos. La morfina se considera uno de los tratamientos de elección para el dolor de moderado a intenso en doentes de cuidados paliativos, debido a su larga historia de uso y a su eficacia demostrada. Mientras que la oxicodona se considera una alternativa adecuada cuando la morfina no es eficaz o se tolera mal.

Conclusión: El conocimiento científico y la formación de los profesionales de enfermería son fundamentales para una relación terapéutica eficaz con los doentes y sus familias en los cuidados paliativos. La práctica basada en la evidencia también es importante en el tratamiento del dolor en cuidados paliativos, ya que permite a los profesionales de enfermería utilizar las mejores prácticas y enfoques probados para el alivio del dolor. Esto no sólo aumenta la eficacia de la administración de la medicación, sino que también permite a las enfermeras trabajar en colaboración con otros miembros del equipo sanitario para garantizar la mejor atención a las personas.

Descriptores: Cuidados de Enfermería; Personas con Necesidades Paliativas; Práctica Basada en la Evidencia; Tratamiento del Dolor.

INTRODUCTION

Palliative care (PC) is a crucial part of integrated, person-centered health services. Alleviating severe suffering related to impaired health, whether physical, psychological, social, or spiritual, is a global ethical responsibility. Palliative care encompasses a wide range of care, including pain relief, symptom management, emotional support, social and spiritual support, as well as care during the dying process. It is delivered by an interdisciplinary team of health care professionals, including physicians, nurses, psychologists, and social workers, who work together to ensure that the patient's needs are met[1].

Palliative care is also important for families and caregivers in that it offers emotional support, information, and guidance on how to care for the patient, and help in dealing with financial, legal and practical issues related to long-term care. It is important to emphasize that palliative care is not just for people with terminal illnesses. It can be offered to anyone who is suffering due to a serious illness or condition, regardless of life expectancy. The main goal is to provide humanized, quality care that improves the quality of life for patients and their families.

Worldwide, 40 million people need PC each year, 78% of whom live in low- and middle-income countries. Estimates indicate that only 14% of people who need PC receive it[1]. In Portugal, it was estimated that in 2020, 93,135 adult people needed PC, which indicated that about 0.9% of the adult population needed this care. In the case of the pediatric population, 7,658 in the same year needed PC, representing about 0.5% of the total population in this age group[2].

Although these numbers are alarming, awareness and availability of palliative care is increasing around the world. However, there are still significant obstacles to accessing palliative care, especially in low- and middle-income countries. Some of the obstacles include lack of adequate infrastructure, lack of healthcare professionals trained in palliative care, lack of financial resources, and lack of awareness about the importance and availability of palliative care.

It is important that communities, governments, and healthcare organizations work together to ensure that all people have access to quality palliative care when they need it. This includes investing in the training of health care workers, providing adequate infrastructure and financial resources, and promoting public awareness of the importance and availability of palliative care because it is an important and necessary part of health care services, even though there is still much to be done to ensure that all people have access to it when they need it.

Nursing care in PC is essential to ensure that patients and their families receive quality health care during the final stage of life. Nurses are an integral part of a multidisciplinary team working to reduce suffering, improve quality of life, and preserve the dignity of people with palliative needs during this difficult time.

The nurse is an important and indispensable professional in the management of these people's pain because, besides administering medication for its relief, he/she plays a key role in assessing the patient's pain, monitoring the response to medication, and identifying any adverse effects that may occur[3].

Nurses are also active in educating the patient and their family about the disease, treatment, and personalized care for their health condition by providing clear and accurate information about the patient's condition and answering any questions or concerns they may have. Additionally, they guide patients on pain management, symptom management, and with daily care, helping them understand and prepare for the course of the disease and the final phase of life. The educational role of nurses is crucial to the well-being of the patient and their family and to ensuring that they receive quality health care[4]. Careful observation of the patient's subjective complaints and physical manifestations is also essential to assess the effectiveness of pain management and to intervene immediately if necessary[4].

It should be noted that inadequately controlled pain can lead to secondary problems, such as increased anxiety, depression, insomnia and reduced functional capacity, thus negatively affecting the patient's well-being and prognosis. For this reason, it is essential that PC nurses have a good understanding of pain assessment techniques and the various types of medications and therapies available for pain treatment, allowing for a personalized and effective approach to an effective patient pain management. Interventions for pain control or treatment can be classified into nonpharmacological and pharmacological. Nonpharmacological interventions include physical techniques (such as thermotherapy, physical exercise, mobilization, massage), cognitive behavioral techniques, and emotional support, all of which aim to relieve pain without the use of drug therapy[5].

Pharmacological interventions are related to the administration of therapy, which is one of the most commonly used methods of pain management in people with palliative needs and include the use of medications, such as analgesics, opioids, and others, that aim to relieve pain through oral, topical, intravenous, or subcutaneous administration. The nurse must know the various types of medications used to manage pain and their possible interactions with other medications the patient is taking, in addition to being aware of possible adverse effects. It is important to highlight that the use of medications in PC requires a deep

knowledge on the part of nurses, in order to avoid possible health problems resulting from their inadequate administration[6]. The choice between morphine and oxycodone for pain relief in people with palliative needs depends on many factors, including pain severity, response to other treatments, the presence of multimorbidity, and the patient's personal preferences, and should therefore be based on an individualized assessment of the patient.

It is also extremely important that medication administration in PC always be grounded in evidence-based practice. This includes careful assessment of pain and other symptoms, as well as careful consideration of each patient's preferences, personal, clinical conditions, and anamnesis. The administration of medications, including morphine and oxycodone, should always be closely monitored to ensure patient safety and optimize medication effectiveness. In addition, it is important to work collaboratively with other members of the healthcare team to ensure that the patient's needs are met in a comprehensive and integrated manner. The goal is to find the most appropriate treatment to relieve pain and preserve the patient's quality of life, while avoiding adverse effects and ensuring the safety of the medication[8-10].

Morphine is one of the most widely used opioids for pain relief in people with palliative needs and is considered the "gold standard" for the treatment of moderate to severe pain. Morphine is known for its effectiveness in relieving pain, but it can also cause side effects such as sedation, nausea, and constipation. Oxycodone, on the other hand, is another effective option for moderate to severe pain relief, especially for people with chronic pain. Oxycodone is less likely to cause constipation and may be a good option for pain patients who do not respond to morphine or who have intolerable side effects with it[8-10].

In general, the decision about which drug to use should be based on an individualized assessment together with the patient, the family, and the multidisciplinary team, with the goal of achieving the best pain relief outcome and ensuring that the plan of care is safe and effective.

It is hoped to gain a deeper understanding of the effectiveness of morphine and oxycodone in pain management in people with palliative care needs, as well as the best available scientific evidence to help nurses make informed decisions about pain management in this setting. In addition, it is hoped to identify possible limitations in the existing literature and future areas for research.

Objective

To analyze which of the drugs, morphine or oxycodone, is more effective in managing pain in people with palliative needs, in the context of the therapeutic nursing relationship and based on the best available scientific evidence.

METHODS

Ethical aspects

The Ethics Committee was not asked for an opinion since this is a secondary research study. When formulating the problem, care and respect for the principles of clarity, objectivity and accuracy were taken. The research path was designed so that the results obtained would be relevant for nursing interventions and/or care practice and, in the case of the chosen theme, directed to pain symptom control and prevention in end-of-life patients. The data obtained in the selected studies were analyzed so as to respect the results collected in these investigations. Author referencing was documented according to the standards of good academic and scientific practice.

Study type

The choice of an integrative literature review aimed to access current knowledge on the problem under study and thus contribute to the incorporation of the results of this study in practical settings. The methodological procedures used involved the following steps: 1) identification of the initial question; 2) definition of the inclusion and exclusion criteria of the studies; 3) definition of the information to be extracted from the studies; 4) analysis of the included articles; 5) presentation and discussion of the results; and 6) synthesis of the knowledge[7].

Methodological procedures

As a methodological approach, the following steps were used to conduct this integrative literature review: definition of the study's research question, definition of exclusion and inclusion criteria, introduction of descriptors in the databases, identification of studies in the databases, selection of studies after reading the title and abstract of the studies, thorough evaluation of the articles selected for this study, and finally, the analysis of the collected data.

In order to achieve the proposed objective, a research question was defined by applying the PICO methodology, which we intend to answer in this integrative literature review, in which "P" corresponds to population, "I" is intervention, "C" refers to comparison/control, and "O" is outcomes. The question outlined was as follows: In people with palliative needs (P), which drug, morphine or oxycodone (C), is more effective in pain management (O)?

With the PICO question developed, a data collection on the subject under study was carried out during the month of October 2022 through the EBSCOhost platform, later selecting the MEDLINE complete and CINAHL complete databases.

Articles published between January 2015 and December 2022, written in English or Portuguese, and addressing the effectiveness of morphine and oxycodone in pain management in people with palliative care needs will be included. Articles that are not directly related to the objective of this review will be excluded.

The descriptors used for the search were: "morphine administration" AND "oxycodone administration" AND "palliative care". These descriptors were organized using the Boolean operators OR and AND, in the following arrangement: "morphine administration" AND "oxycodone administration" AND "palliative care".

To select the articles, the title and abstract of the articles were first read to check for concordance in the inclusion and/or exclusion according to the previously defined criteria. If the title and abstract revealed interest or if they were not conclusive, the entire document was read to minimize the loss of precious information for the study. If the article revealed interest, it was included in this study.

Duplicate results obtained with the search and those that had the descriptors in the title, but in terms of context did not correlate with the object of study were excluded; studies with ambiguous methodology were also excluded. The exclusion criteria set were studies prior to the year 2015 and lack of relevant content. Twelve articles were selected in the initial search. After reading titles and keywords, 8 full-text articles were selected, of which 2 articles were excluded. 5 review articles and 1 thesis were included. Figure 1↗ shows how these results were arrived at using a PRISMA flowchart.

RESULTS

In order to meet the proposed objectives, several articles were read, and their content was analyzed. The characteristics and main results obtained are summarized in Table 1↗, in ascending chronological order of publication.

DISCUSSION

Through the identification of the main results obtained in the six articles included in this literature review, it was possible to understand that all the results of the studies converge on the fact that both therapies presented very similar effects in terms of pain treatment and control but showed some discrepancies in relation to the appearance and manifestation of adverse effects. This indicates that although both therapies are effective in pain control, it is important to carefully evaluate possible interactions between adverse effects and the individual patient's response in order to choose the best treatment option for each case. In addition, it is also important to emphasize the importance of a personalized approach and constant monitoring of the treatment to evaluate effectiveness and prevent adverse effects.

In the study by Araújo, L. C.; Romero, B. (2015)[8], despite advances in health care, pain still presents itself as a problem little investigated and sometimes underestimated by health professionals in the care of the patient with palliative needs

According to article 97 of the Nurses' Code of Ethics, nurses must adopt all measures to improve the quality of nursing care, exercising the profession with adequate scientific and technical knowledge. Therefore, nurses must adopt well-founded strategies in the therapeutic relationship with people in pain, in order to provide better nursing care[9].

This fact highlights the importance of further investment in research and studies on pain and its treatment, in order to understand more thoroughly the characteristics and mechanisms involved in pain and develop more effective and less toxic solutions for its control. In addition, it is essential that health professionals have adequate and updated training on the subject, so that they can correctly recognize and assess the patients' pain and prescribe the most appropriate treatment. It is important that pain be considered a priority in the care of the patient with palliative needs, in order to ensure that they have quality of life and a dignified end of life.

To understand how it would be possible to provide quality nursing care to the person in pain, contributing to better pain control/relief in people in pain, Zecca E. *et al* (2016)[10], observed that, after the administration of morphine and oxycodone, patients presented, on a scale of 0-10, pain of 3.3 vs 3.5, respectively, with a minimum difference of 0.2.

Based on the results of this study, regarding adverse effects, the authors found that there was more evidence of the onset of adverse effects following oxycodone administration compared to morphine administration (Figure 2↗).

When looking at Figure 2↗, it can be seen that the adverse effects manifested were identical, however, a worsening of side effects developed after the administration of oxycodone. There was also a greater discrepancy in values regarding the worsening of: nausea (15% vs. 21%), constipation (25% vs. 35%), xerostomia (16% vs. 22%), and sleepiness (35% vs. 32%).

Regarding the duration and intensity of these adverse effects, the authors also found that, when given morphine, the need for administration of other therapies, such as laxatives and antiemetics to control adverse effects, was progressively increasing throughout the evaluation, which suggested a worsening of the effects experienced.

In oxycodone administration during the 3 weeks of the study, there was a decrease in the need for these therapies in the last week, suggesting a decrease in the manifestation of adverse effects over time, or a decrease in their intensity (Figure 3↗).

These results suggest that both morphine and oxycodone are effective in controlling pain, but that it is important to evaluate each case individually, considering the individual response of the patient to each of these therapies. Pain assessment should be done systematically and regularly, so that the effectiveness of the treatment can be monitored, and necessary adjustments can be made. Nursing care plays a key role in the administration and monitoring of pain management. It is important that nursing professionals have a clear and up-to-date understanding of available therapies and how they work, so that they can provide accurate information to patients and help them make informed decisions about their treatment. In addition, nursing care must also be proactive in identifying potential adverse effects and ensuring that they are addressed appropriately.

According to Davies P. S. (2016)[15], there was statistically significant evidence of the need for increased opioid doses in all intervention groups as death approached. Also, these authors, similar to the previous ones, corroborate the fact that in addition to pain, there are other common symptoms found, such as: dyspnea, asthenia, weight loss, anorexia, constipation, anxiety, depression and delirium. These results indicate the need for comprehensive and integral care in the approach to pain in terminally ill patients. It is important

to consider not only pain, but also other symptoms that are common at this stage of life, as noted by the authors. Opioid administration may be necessary to control pain but should be closely monitored and adjusted according to the patient's needs, as doses may need to be increased as death approaches.

Other studies also state that a detailed assessment of pain is essential to establish its source and to create an adequate pain management strategy. Caring for people in pain requires nurses to recognize that pain can and should be relieved[11]. Intervening to minimize the suffering of people in pain is a question of ethics and humanization of care[13] and nurses have the professional and ethical responsibility to promote effective and safe pain management[12].

When intervening with people in pain, nurses should monitor it and be alert to possible complications that may arise from the analgesia administered[13]. On the other hand, nurses should administer analgesic medication as soon as the person begins to feel pain, before it increases in intensity[11]. Based on these findings, in regular pain management is important to assess the effectiveness of therapy and, if necessary, adjust medication doses to ensure pain relief. It is critical that nurses be aware of possible side effects and follow safety guidelines for prescribing and monitoring pain medications. Education and active involvement of the person and their family are also crucial to effective and humanized care, to ensure the best outcome for the person in pain.

Also Reddy A. *et al* (2017)[19], corroborate the previous authors by noting that the protocoled doses of opioids to be administered are merely guidelines, and the final doses should be tailored to each patient's situation, accompanied by strict monitoring. For an adequate treatment of the person in pain, an individualized approach is essential, as well as an adequate pain assessment that will contribute to a more adequate treatment. It is through a careful evaluation that the need (or not) for new interventions is defined, in that it can confirm the effectiveness of the implemented intervention or that one must choose to discontinue certain interventions. Ribeiro, A. *et al* (2018)[6], also refer that nurses play a key role in pain management intervention; however, in the results of their research, they found a need for more training in the area of palliative care, pointing out difficulties related to the conceptualization of pain, symptoms, psychological, social and spiritual aspects to be taken into account. In fact, the training and development of technical and human skills by nurses is crucial to ensure an effective and humanized approach to pain management in people with palliative needs. Importantly, pain management goes beyond medication administration and includes a comprehensive assessment of the symptoms, psychological, social, and spiritual aspects of the person in pain. By developing skills in these areas, nurses can contribute to the preservation of patients' dignity and autonomy, as well as promote a significant improvement in their quality of life[14].

Similarly, to previous studies, the results found in the study of Manoel, A. *et al* (2021)[4] demonstrate that nurses play a key role in the measurement of pain in cancer patients. It is also of great importance that nurses have knowledge about the application of pain relief medication, develop a recurrent pain assessment (looking for subjective complaints and assessing the manifestation of physiological signs), be aware of the therapies applied, and assess the person's response to medication. Thus, it is important that nurses are familiar with the latest guidelines for pain management and are able to assess the appropriate use of analgesic medications, including opioids, in each individual case. It is essential to take into consideration the possibility of side effects, adjust the dosage, and monitor the person's response, as well as offer psychological and emotional support to the patient. Pain assessment must be performed in an individualized and personalized manner, taking into account the cultural, social, and personal differences of each patient.

Additionally, Ribeiro, A. R.; Tiago A. (2018)[6], mention that for a successful treatment it is essential to provide verbal support with the information about the advantages of the pain treatment being performed for the person.

These authors list the following guidelines that should characterize the communication between the health care provider and the person in pain: (i) explain the mechanisms of action of the drug in a simple way to ensure that the person understands what is being said and emphasize the positive side of the medication; (ii) avoid promises that are not realistic, explaining the real effects of the drug so that the person can validate them; (iii) allow people to talk about previous or current negative and positive aspects related to their use of pain medication, letting them associate positive memories and relativize negative memories.

In light of these findings, nurses must actively listen to people's concerns and needs regarding pain management and work collaboratively with them to find effective solutions. It is also important that health care professionals inform people of the treatment options available and help them understand the risks and benefits associated with each option, so that they can make informed decisions about their treatment. Patient education and information, as mentioned by Manoel *et al* (2021)[4], are key elements in successful pain management and help promote adherence to therapies and improve quality of life.

Thus, and based on the scientific evidence consulted, it seems that all authors corroborate that better pain control occurs when there is a choice of treatment by the person in pain, despite the fact that morphine is usually the first choice for pain management in hospital settings, since it is low cost, available in multiple forms, and easily accessible.

However, in the literature, some studies report that morphine should be avoided (due to the accumulation of toxic metabolites) in patients with renal and hepatic insufficiency. Rotation between opioids can generate more effective analgesia or can be used to improve adverse reactions or address opioid tolerance.

All studies infer that it is important to use a multimodal approach to pain management, including pharmacological, nonpharmacological, and psychological interventions, depending on the underlying cause of the pain and the person's individual profile. Furthermore, educating the person in pain as well as his or her family and caregivers about pain and the available treatment options is critical to successful pain management. Thus, effective pain management requires a detailed pain assessment, a multidisciplinary approach, and collaboration among health care professionals to implement an individual and effective care plan.

Study limitations

The limitations of this Integrative Literature Review are essentially due to the fact that the selection of articles was only in Portuguese and English, which may have limited the scope of the results obtained and, consequently, led to a loss of significant information from other potentially important international investigations written in other languages. It is essential to emphasize that the Integrative Literature Review is a methodology that allows obtaining an overview of the studies already conducted on a given theme but does not guarantee the total comprehensiveness of all available information. Therefore, it is necessary to continue to research and update knowledge on the subject to ensure a complete and up-to-date approach.

Contributions to Nursing

This Integrative Literature Review on pain management in people with palliative needs, may bring several contributions to the nursing profession. Some of these contributions include:

- Knowledge: to help provide up-to-date, evidence-based information on pain management for people with palliative care needs. This can be useful for nurses in acquiring knowledge and structuring knowledge for evidence-based clinical practice.
- Improving clinical practice: Based on the information obtained from the literature review, nurses can improve their clinical practice in pain management in people with palliative needs, which can have positive consequences for people and their families.

- Awareness Raising: It can be useful to make nurses aware of the importance of pain management in people with palliative needs, helping to reinforce their responsibility in this area.
- Gap identification: can identify gaps in the existing literature and provide information for future research on pain management in people with palliative needs.
- Professional enrichment: It can be useful for the professional enrichment of nurses, helping them to update their knowledge and improve their competence in pain management in people with palliative needs.

FINAL CONSIDERATIONS

According to the integrative literature review, pain management in people with palliative needs is an important issue that requires a careful and individualized approach. It is essential that nursing professionals have adequate scientific knowledge to structure care in an effective and evidence-based manner.

After analyzing and discussing the results, it was possible to conclude that there is a minimal contrast in pain intensity, pain relief, and adverse effects experienced after the administration of morphine and oxycodone. Although there are some benefits in favor of morphine over oxycodone, such as its low cost, easy access, lower incidence of adverse effects, and better pain relief outcomes, the discrepancies were not clinically significant to conclude that one opioid is more beneficial and effective than the other. For clinical purposes, both therapies can be used for treatment and relief of moderate/severe chronic pain in patients in palliative care.

Morphine and oxycodone are viable options for the treatment of moderate to severe pain in patients in palliative care, but it is important to take into account their particularities, including possible adverse effects. The results of this review further suggest that the choice of pain management should be made in collaboration with the patient, taking into account their individual needs and preferences at the same time, the importance of verbal support and clear communication with patients and family cannot be underestimated, as it helps to improve the effectiveness of treatment and promote a more positive experience for the patient. In summary, pain management in people with palliative needs is a complex issue that requires a multidisciplinary and evidence-based approach to ensure the best possible care.

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AC: Review and discussion of results.
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LL: Review and discussion of results.
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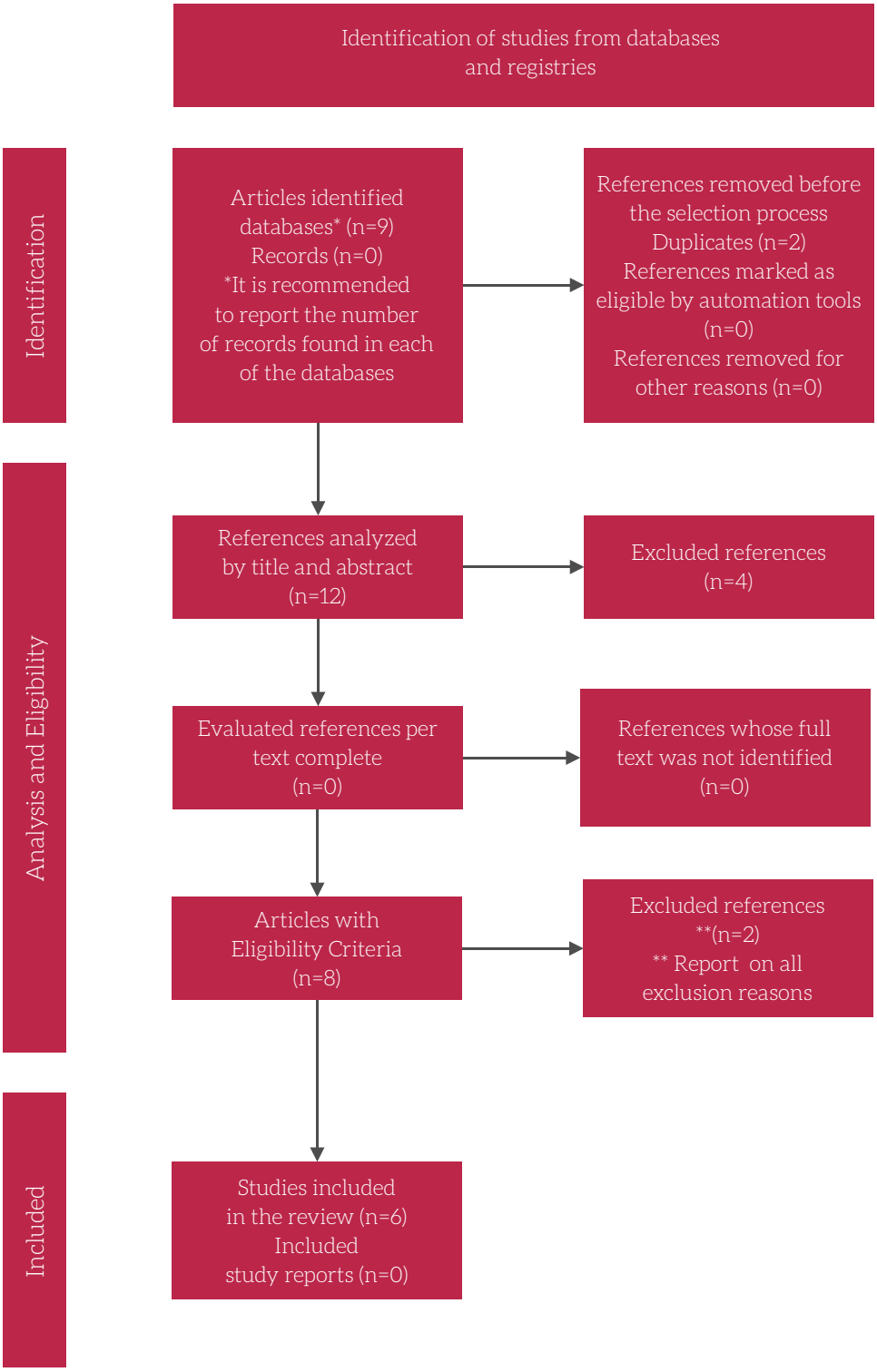


Figure 1 – 2020 PRISMA diagram for the presentation of the research methodology.

Chart 1 – Identification of the studies and main results.

Authors/Year/Method	Objectives	Results
Araújo, L C; Romero, B (2015).[8] Theoretical and literary reflection.	Validate pain as a vital sign, elucidate about the painful experience and its coping, and how nursing manages patient pain.	According to the literature, despite the advances in the health area, pain is still a problem that is little investigated and sometimes underestimated by health professionals in patient care.
Zecca, E; Brunelli, C; Bracchi, P; Biancofiore, G; Sangro, C; Bortolussi, R; Montanari, L; Maltoni, M; Moro, C; Colonna, U; Finco, G; Roy, M; Ferrari, V; Alabiso, O; Rosti, G; Kaasa, S; Caraceni, A (2016).[10] Randomized Controlled Trial.	Compare the risk of developing adverse effects after administration of morphine (oral) versus administration of oxycodone (oral) in the treatment of cancer pain. Compare analgesic efficacy and test for heterogeneity in tolerance between different subgroups of age and renal function. Compare the intensity of pain experienced by the patient after administration of the two therapies.	187 patients were enrolled (47% of the initially planned), 95 morphine (56 men, 39 women), 92 oxycodone (60 men, 32 women). Development of certain adverse effects, after administration of morphine vs. oxycodone, respectively: • Increased nausea (15% vs. 21%); • Constipation (25% vs. 35%); • Dry mouth (16% vs. 22%); • Somnolence (35% vs. 32%). More patients demonstrated worsening nausea, presence of constipation, and dry mouth after receiving oxycodone administration, and a higher percentage of patients experienced drowsiness after morphine administration. The adverse effects caused by the two therapies were very similar, as was their frequency. The prescription of laxatives and antiemetics to both treatment groups (morphine and oxycodone) over 2 weeks was evaluated. In morphine-treated patients, there was a progressive increase in the need for laxatives and antiemetics over the 2-week period. In patients treated with oxycodone there was a decrease in the need for prescriptions for both laxatives and antiemetics by the second week of treatment. The assessment of pain intensity felt by the patients after the administration of morphine vs. oxycodone was 3.3 vs. 3.5, respectively, on a scale of 0-10, with a minimum difference of 0.2.

Chart 1 – Identification of the studies and main results.

Authors/Year/Method	Objectives	Results
Davies P S (2016).[15] Systematic literature review.	Assess the patient's pain in order to create an appropriate pain management strategy. Choice of opioid therapy (morphine, oxycodone).	In a study of opioid prescriptions in a cohort of nearly 30,000 patients with 5 common cancers, pain was found to be a prominent symptom in the last 3 months of life, with a requirement for increased opioid doses in all groups as death approached. In addition to pain, there are other common symptoms found, such as fatigue, shortness of breath, weakness, weight loss, anorexia, constipation, anxiety, depression, and delirium). Comprehensive pain assessment is essential to establish its source and to create an appropriate pain management strategy. A detailed history of the pain experience includes: • Their location and radiation; • Pain quality word descriptors (pain, throbbing, burning); • Intensity descriptors (mild, moderate, severe pain); • Duration (constant, intermittent); • Awareness of pain-relieving factors (medication, distraction); • Awareness of pain aggravating factors (standing, coughing); • Awareness of associated symptoms (nausea, anxiety, insomnia). Other questions include the impact of the pain on quality of life, mood, sleep, activities, and concentration. A detailed physical examination should include evaluation of the affected area and nearby structures. Pure mu-agonist opioids are equally effective with similar adverse effects when given in equal doses. Morphine is generally the first choice for pain management in hospitalization settings because it is low cost, available in multiple forms, and easily accessible. However, the literature indicates that morphine should be avoided (due to the accumulation of toxic metabolites) in patients with renal and hepatic failure. Oxycodone is a good choice for end-stage disease for oral, sublingual (SL), and rectal administration. Rotation between opioids can generate more effective analgesia or can be used to improve adverse reactions or address opioid tolerance.

Chart 1 – Identification of the studies and main results.

Authors/Year/Method	Objectives	Results
Reddy, A; Vidal, M; Stephen, S; Baumgartner, K; Dost, S; Nguyen, A; Heung, Y; Kwan, S; Wong, A; Pangemanan, I; Azhar, A; Tayjasanant, S; Rodriguez, E; Waletich, J; Lim, K; Wu, J; Williams, J; Yennurajalingam, S; Bruera, E (2017).[19] Integrative literature review.	Determine the conversion rate and opioid turnover ratio from IV hydromorphone to oral hydromorphone and morphine equivalent daily dose (obtained from oral morphine and oxycodone).	In the study, 163 patients were given morphine and 84 patients were given oxycodone. It has been determined that 11 mg of morphine has the same effect as 8 mg of oxycodone in controlling severe/moderate pain in cancer patients. However, these doses are merely guidelines, and the final doses of opioids should be tailored to each patient's situation, accompanied by close monitoring.
Ribeiro, A R; Tiago, A (2018).[6] Integrative literature review.	Identify nursing interventions in pain control in palliative care.	The results show that nurses are fundamental in the intervention in pain management, however there is a need for training in palliative care and its 4 central pillars. They also point to difficulties related to the conceptualization of pain, symptoms, psychological, social, and spiritual aspects. Nurses have the necessary knowledge to be able to intervene, yet investment and training in the area is still needed, making it essential to promote the quality of life of patients with this condition and care of excellence.
Manoel, A L R; Penteado, V S M M; Oliveira, L B; Polaz, D C N; Souza, L A (2021).[4] Integrative Literature Review.	Identify the role of nurses in effective cancer pain management.	The nurse plays a key role in measuring pain in cancer patients and has the role of applying anti-algic drug treatment. The recurrent pain assessment (targeting subjective complaints and evaluating the manifestation of physiological signs); responding to the applied therapies, checking their effectiveness and being aware of possible adverse effects.

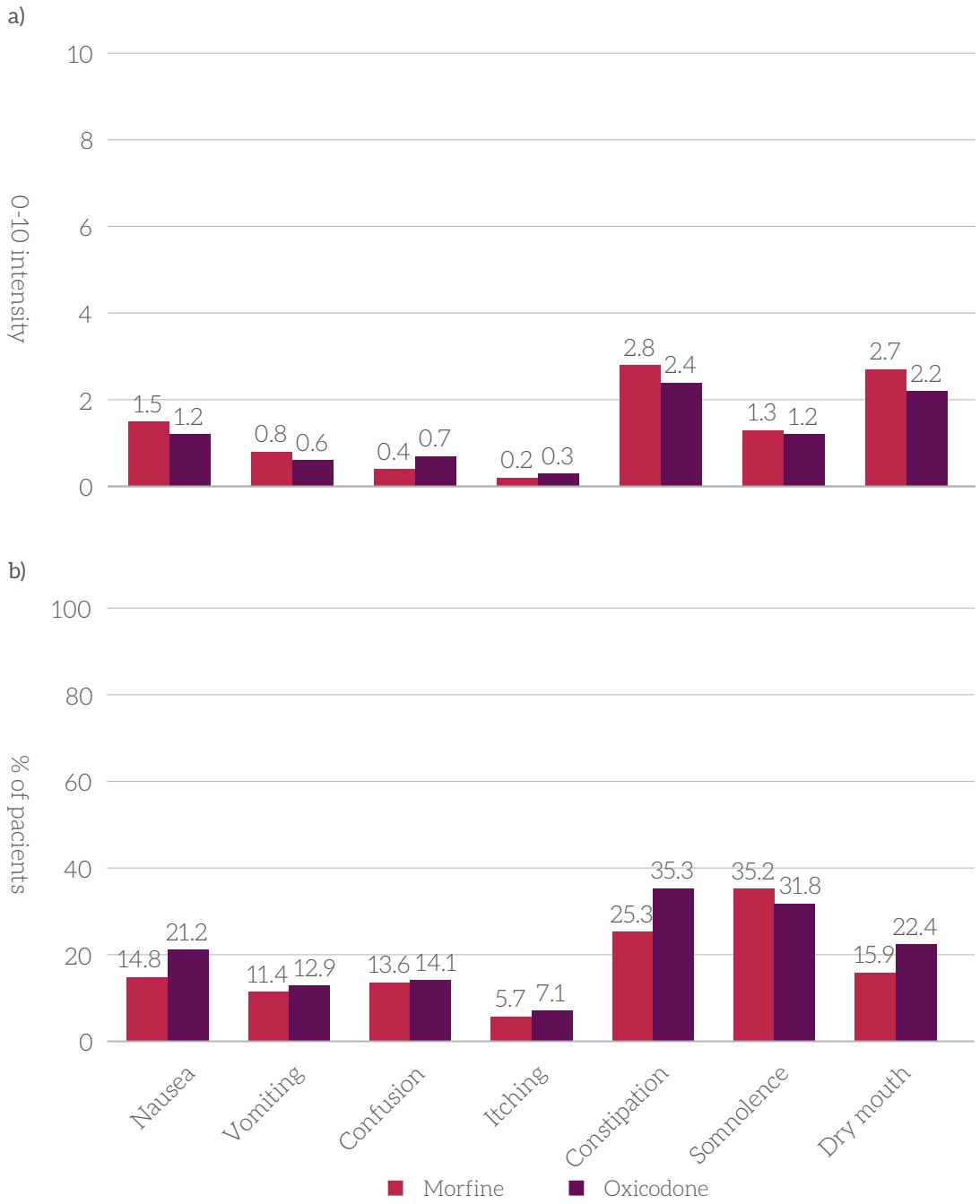


Figura 2 – **a)** mean baseline symptom intensity score measured at 0-10 NRS and **b)** percentage of patients with baseline symptom intensity next worsening ≥ 2, by treatment group[10].

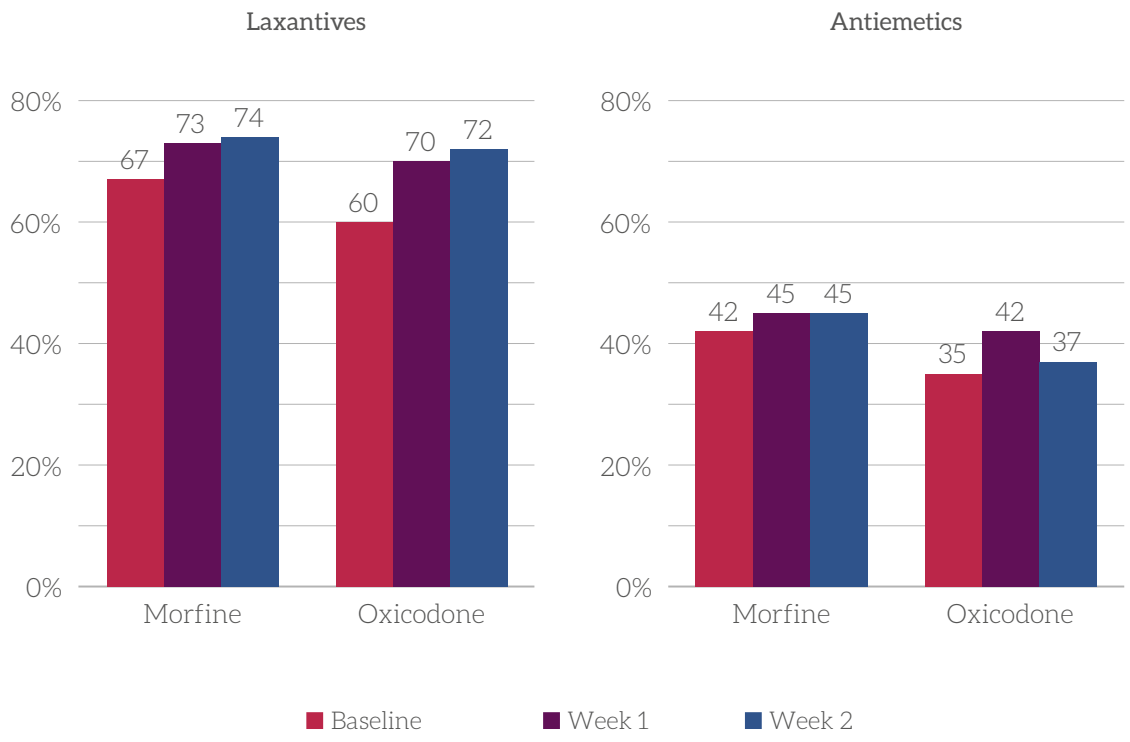


Figura 3 – Prescription of laxatives and antiemetics at baseline and during follow-up by treatment group[10].