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BREAST CANCER: NURSES' ROLE IN PAIN MANAGEMENT

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Stela Márcia Draib Gervasio[1], Rosana Maria Faria Vador[2], Leandra Ruzene Carlúcio[3], Raquel Pereira Gomes Lima[4].

ABSTRACT

Introduction: Data from the World Health Organization (WHO) state that cancer (AC) was responsible for one in 6 deaths in the world, that is, 8.8 million deaths, of which 571 thousand were due to breast cancer. Pain is considered the fifth vital sign and because it is the most common symptom described by clients undergoing cancer treatment, regardless of the clinical situation in which each woman finds herself, it deserves real recognition and immediate care, as its constancy directly interferes with emotional conditions and their tasks, directly affecting their recovery. Thus, the present research aims to provide subsidies to help nurses in the management of pain in breast cancer patients, using alternative resources already applied by nursing for other interventions, now directed to the improvement of acute or chronic pain. The technical-scientific knowledge of this professional about the evaluation and performance of appropriate interventions for pain is essential to provide improvement in the quality of life of these clients, as well as their socialization during this period. Objectives To describe the role of nurses in pain management for women affected by breast cancer. Method: An integrative literature review was used, through national and international scientific articles published in the BVS, PUBMED, SCIELO, LILACS databases, as well as books, booklets/manuals of the Ministry of Health, between 2010 and 2018. Results: Twenty (20) articles, five (5) books and four (4) booklets/manuals of the Ministry of Health were selected to compose the review. Conclusion: Thus, this research demonstrates the degree of importance of this theme, proving that the prescription of alternative therapies by nurses is pertinent to treatment, as they can promote help in controlling and relieving pain in clients with breast cancer.

Keywords: Breast cancer, Pain, Alternative therapies, Nurse.

[1] MSc
Taubaté Institute of Higher Education – ITES/Department of Nursing
E-mail: coord.enfermagem@ites.edu.br
[2] MSc
Taubaté Institute of Higher Education – ITES/Department of Nursing
E-mail: rosanavador@gmail.com
[3] MSc
Taubaté Institute of Higher Education – ITES/Department of Nursing
E-mail: leandraruzene@gmail.com
[4] Student
Taubaté Institute of Higher Education – ITES/Department of Nursing
Email: raqueldamiao@yahoo.com.br

INTRODUCTION

Cancer is still the leading cause of death worldwide, occurring mostly in low- and middle-income countries, reaching 70% of cases. Data from the World Health Organization (WHO) state that cancer was responsible for one in 6 deaths in the world, that is, 8.8 million deaths, of which 571 thousand were due to breast cancer. These data are so high that they even exceed deaths from complications related to HIV/IAIDS, tuberculosis and malaria combined, with the number of cases being up to two and a half times higher (WHO, 2017).

He is known for all the suffering that cancer brings to those involved and the physical pain it causes to the person affected by it. Pain is considered the fifth vital sign and because it is the most common symptom described by clients undergoing cancer treatment, regardless of the clinical situation in which each woman finds herself, it deserves real recognition and immediate care, as its constancy directly interferes with emotional conditions and their tasks, directly affecting their recovery (MATOS AMÉLIA, et al. 2017).

The vast majority of nurses distinguish pain through the individual's behavioral and emotional reactions, which end up altering their physiological factors such as blood pressure, breathing, tachycardia. From this perspective, one of the biggest problems in actually assessing pain, according to health professionals, is that when there are medications prescribed by the doctor to end the pain in high doses and even so the clients continue to report pain, many of them do not know how to measure this pain and end up taking changes in vital signs as a basis for this (BIASI et al, 2011).

Thus, the present research aims to provide subsidies to help nurses in the management of pain in breast cancer patients, using alternative resources already applied by nursing for other interventions, now directed to the improvement of acute or chronic pain. The technical-scientific knowledge of this professional about the evaluation and performance of appropriate interventions for pain is essential to provide improvement in the quality of life of these clients, as well as their socialization during this period.

METHOD

This is an integrative literature review, a descriptive study, with a qualitative-quantitative approach and exploratory character, using original articles, in Portuguese and English, available in full online, published in the last ten years. The databases used were: Latin American and Caribbean Literature on Health Sciences (LILACS), Scientific Electronic Labrary On-line (SCIELO) and Nation Center for Biotechnology Information (PubMed), books and booklets/manuals of the Ministry of Health. The search strategy was carried out from the crossings of the Health Sciences Descriptors (DECS): Breast cancer, pain,

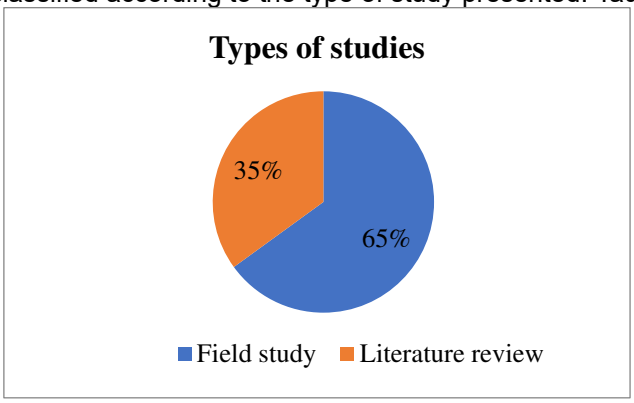
alternative therapies, nurse. The rights of the authors of the literature used in this study were respected, as determined by Law 9610 of February 19, 1998 (Brasil, 1998). Data collection took place from February to October 2018. The publication period used was between 2010 and 2018, and 20 articles were selected.

3 RESULTS

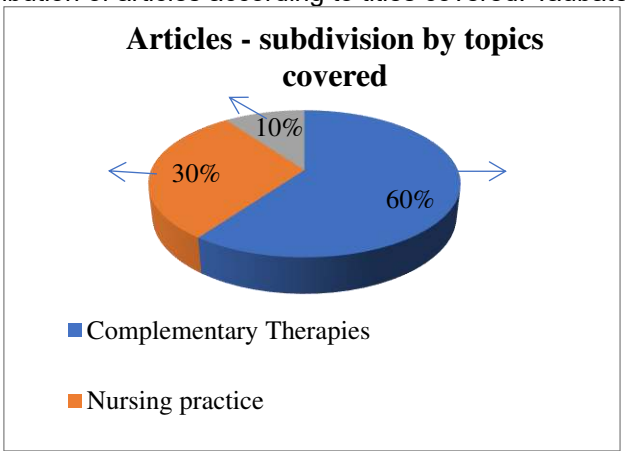
Table 1 – Distribution of articles, books and booklets selected according to year of publication. Taubaté, 2018. (n=29)

Year of publication	Absolute number of references searched	Percentage of references used
2010	3	10%
2011	3	10%
2012	4	11%
2013	8	32%
2014	5	16%
2015	3	5%
2016	1	5%
2017	2	11%
Total in percentage		100%
Total in absolute numbers		29

Graph 1 – Articles classified according to the type of study presented. Taubaté, 2018. (n=20).



Graph 2 – Distribution of articles according to titles covered. Taubaté, 2018. (n=20).



DISCUSSION

During the research, it was observed that the use of alternative therapies applied by nurses combined with conventional treatment has positive effects on the reduction of the intensity of cancer pain. The nurse's technical-scientific knowledge, its evaluation and the performance of appropriate interventions for pain are essential to provide improvement in the quality of life of clients with breast cancer.

The nurse can perform the comfort massage method for pain relief, as it promotes decreased anxiety and improves blood circulation. ABREU et al. (2012) state that relaxing massage causes a reduction in these factors, especially muscle tension, relieving pain, and muscle contraction contributes to increased pain, acting on nerve endings, especially in chronic pain.

The authors FLORENTINO et al. (2012) and SWELTZER et al (2009) state that thermal therapy, also used by nurses, is widely used for the relief of chronic pain. They state that heat promotes relief during muscle spasm and directly interferes in this cycle (pain-spasm-pain), increasing tissue extensibility and muscle relaxation, especially in cancer clients. GRANER et al. (2010), corroborate by explaining that this therapy can be performed with thermal bags, compresses or immersion of some part of the body in hot water, and can be performed 3 to 4 times a day, for 20 to 30 minutes.

FLORENTINO et al. (2012) point out that ice therapy has analgesic action related to muscle contracture, due to low blood flow. This method reduces edema and procrastinates the sending of nociceptive stimuli to the spinal cord. The application should be performed for 15 minutes, 2 to 3 times a day. The nurse can train his team to apply this technique because it is simple to use in any environment.

SWELTZER et al. (2009), report that heat and cold therapies are anti-inflammatory in the physiological function of vasoconstriction and vasodilation. It contains the primary nociceptive afferent stimuli of the tissues, causing a decline in the activation of the peripheral and central nervous system, resulting in a reduction in pain.

According to GRANER et al. (2010), distraction helps to alleviate acute and chronic pain. It consists of the client concentrating attention on something other than pain, which can be a method responsible for other effective cognitive techniques, and can be applied by the nurse in the oncology outpatient clinic or in the oncology hospitalization unit, through an LED or LCD monitor, using programs aimed at physical and mental well-being, promoting relaxation and cognitive thoughts of hope and health.

BORGES & FERREIRA (2013) and GRANER et al. (2010) explain that the relaxation technique and guided imagery are excellent for reducing chronic pain. It consists of a

combination of slow, rhythmic breathing with the mental image of relaxation and comfort. In the relaxation technique, the nurse instructs the client to close her eyes and breathe slowly, always advising her to inhale and exhale slowly, calming her thoughts, which will also cause her heart rate to decrease, promoting adequate blood circulation, implying better fluid drainage, causing a feeling of well-being as a whole.

In guided imagery, the nurse instructs the client to imagine that with each inhalation a healing energy will be produced in the region where the discomfort is being experienced, making it necessary for the nurse to direct the thought, explaining the steps of the technique and for the client to practice it 3 times a day.

In nursing, music therapy was used by the pioneer FLORENCE NIGHTINGALE (1859), with therapeutic intent. Later, music therapy was included as a Classification of Nursing Interventions (NIC) to assist in a change in behavior, feeling, among others. In addition to being a low-cost resource, acting to reduce pain, reduce anxiety, among other factors, it is a valuable instrument in the relief of acute and chronic pain, and can be implemented in any environment, as described by TAETS AND BARCELLOS (2010).

MATOS et al. (2017) allege that alternative therapies are already employed by nurses for pain control, such as transcutaneous electrical stimulation (TENS), acupuncture and homeopathy, as they claim. These techniques are associated with the existence of pain, muscle tension and anxiety, pain in patients brings a feeling of anguish and fear, thus causing muscle tension, consequently pain.

SCHULZ et al. (2012) state that transcutaneous electrical stimulation (TENS) is another method that promotes the improvement of acute pain by providing physiological relaxation, activation of pain inhibitory mechanisms, acting to block the pain impulse and releasing endorphins and enkephalins.

Acupuncture is a technique used to relieve chronic pain, in which it stimulates nerve endings in the skin and tissue, reducing spasms through the insertion of fine needles applied to the skin manually with analgesic and anti-inflammatory action GRANER et al. (2010).

NEUBERN (2013) comments that hypnosis is an effective component for pain relief and potent to reduce the amount of analgesic agents of extreme need in patients with acute and chronic pain. The effectiveness of hypnosis depends on how each individual's hypnotic concentration will be.

COFEN, in Resolution No. 0500/2015, provides that therapies such as transcutaneous electrical stimulation (TENS), acupuncture and hypnosis can be exercised

by the nursing professional as long as he or she has specialization and/or professional qualification.

The Ordinance of the Ministry of Health No. 971 of May 3, 2006, on the National Policy of Integrative and Complementary Practices in the Unified Health System, authorizes them, using procedures for care in the public network. As stated in Resolution No. 0500/2015 of the Federal Nursing Council, which recognizes Alternative Therapies as a specialty and/or qualification of the Nursing professional, it ensures that the nurse prescribes these techniques to contribute to the care provided to the client (MS, 2006; COFEN, 2015).

These therapies are also highlighted in Opinion No. 028/2010 of the Regional Nursing Council – SP, which defines that it is the nurse's responsibility to apply complementary therapies in any environment and free from damage from malpractice, negligence and imprudence (COREN – SP, 2010).

Nurses who have knowledge about alternative therapies for pain control and relief can and should prescribe them in the places where they perform treatment and/or follow-up of these women with breast AC, whether during hospitalization for any reason, or for the performance of the chemotherapy cycle or simply routine examination for evaluation and general follow-up of the woman.

CONCLUSION

The alternative means used by the nurse are heat and cold, massage, music therapy, distraction, relaxation techniques, transcutaneous electrical stimulation (TENS), acupuncture and hypnosis. It is inferred that these practices should be prescribed according to the individual need and the moment of each woman, in each chemotherapy cycle, in each routine nursing consultation or when necessary. This research demonstrates the degree of importance of this theme, proving that the prescription of alternative therapies by nurses is pertinent to treatment, as it can promote help in the control and relief of pain in clients with breast cancer.

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