

Pain and myeloma

Symptoms and
complications Infoguide

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It can be challenging to read about symptoms of myeloma such as pain. The sections in this Infoguide do not have to be read in order and you can choose to pick out the parts you find most useful, at the time that is best for you. Myeloma UK provides a range of different types of support. If you would like to find out more about these, see page 39.

You will find a definition of the terms highlighted in **bold** throughout this booklet in the Medical terms explained section on page 31.

Throughout this Infoguide, "Healthcare team" is used to refer to your hospital team (doctors, nurses and other specialists).

The quotes in this Infoguide are from myeloma patients and carers.

Disclaimer: The information in this Infoguide is not meant to replace the advice of your healthcare team. They are the best people to ask if you have questions about your individual situation.

This publication is intended for a UK audience. It therefore may not provide relevant or accurate information for a non-UK setting.

Myeloma – an overview

This section explains some key facts about myeloma, including what it is, how it affects patients, and how it is treated. If you are newly diagnosed this section can be a good place to start. If you have been living with myeloma for some time, this information might be familiar but it can still be a useful reminder before reading about specific aspects of myeloma.

Myeloma is a type of cancer arising from **plasma cells** that are normally found in the **bone marrow**. Plasma cells are a type of **white blood cell** which form part of the **immune system**.

Normal plasma cells produce different types of **antibodies** to help fight infection. In myeloma, some of the plasma cells become cancerous (sometimes called **malignant**) and usually release a large amount of a single type of antibody, known as **paraprotein**, which has no useful function. It is often through the measurement of paraprotein that myeloma is diagnosed and monitored.

Sometimes, myeloma cells produce only part of the paraprotein, known as **light chains**. These also have no useful function. In other types of myeloma, the myeloma cells only produce small amounts of paraprotein or no paraprotein

at all. There are other ways to diagnose and monitor these types of myeloma.

Myeloma affects multiple places in the body where bone marrow is normally active, such as the bones of the spine, pelvis, rib cage and the areas around the shoulders and hips. This is why it is sometimes referred to as 'multiple myeloma'.

Most of the complications and symptoms of myeloma are caused by a buildup of the cancerous myeloma cells in the bone marrow and the presence of paraprotein or light chains in the body.

Common problems in myeloma include bone pain, bone fractures, fatigue, frequent or recurrent infection and kidney damage.

Myeloma is highly treatable in most cases. Treatment is aimed at controlling the disease, relieving the complications and symptoms

it causes, and extending and improving the **quality of life**. Treatment for myeloma is often most effective when two or more drugs, with different but complementary mechanisms of action, are given together.

Myeloma is known as a relapsing and remitting cancer: patients are treated and generally go into **remissions** when their cancer is not active and often is not being treated, followed by **relapses** when the myeloma is active and needs treatment again. Remissions can last for long periods of time, and many patients have a number of remissions and relapses during their lifetime. Although myeloma is not currently curable, the outlook for patients has improved greatly over recent years and is continuing to improve. There are a large number of treatments available, and others are being developed in clinical trials.

The causes of myeloma are not fully understood but it is believed to be caused by an interaction of both genetic and environmental factors.

Key facts

- There are approximately 5900 people diagnosed with myeloma every year in the UK
- There are over 24,000 people living with myeloma in the UK at any one time
- Myeloma is the third most common type of blood cancer, and accounts for 2% (1 in every 50) of all new cancer cases diagnosed each year
- Although more common in older people, around a quarter (1 in 4) of myeloma patients are diagnosed under the age of 65

What is pain?

Pain can have a significant impact on the quality of life of myeloma patients. It is the most common symptom of myeloma, and affects up to 80% of patients (8 in 10) at some point.

Pain is a sensation that causes discomfort or distress. It is often a signal that the body is dealing with an injury or illness.

Pain receptors in the affected part of the body send a signal to the brain. The brain then gathers the information and responds by telling your body to protect itself. Pain is part of a warning system to minimise potential harm to your body.

Most pain resolves when the cause of the pain is removed and the body has healed.

Pain is most commonly linked to sensations caused by an illness, inflammation, surgery or physical injury. However, it is also influenced by memories, expectations and emotions. Pain can, therefore, have both physical and emotional components.

Pain is subjective and is very individual. What is bearable in one person may be intolerable in another person, even when the cause of the pain is similar.

Managing and controlling pain properly is an important part of myeloma treatment. Pain can have a significant impact on your quality of life as a myeloma patient, especially if it is untreated or poorly managed.

Pain can affect you physically, emotionally and socially. It can make it difficult to carry out daily tasks. Pain can also make it more challenging to cope with the other symptoms and complications of myeloma. Pain can have a real impact on those closest to you, as well.

The next sections talk about how your healthcare team identify the causes of any pain you are experiencing and its impacts on you (both physical and emotional), so that they can decide the best treatment.

Describing your pain

You should describe your pain as accurately as possible to your healthcare team. This will help them to identify the cause of the pain, and, therefore, the best treatment.

Pain in myeloma may be caused by the myeloma itself or by side effects of treatment. There may also be causes unrelated to the myeloma. There is more about these different causes of pain on page 8.

Your healthcare team will ask you questions about your pain, including:

- Where do you feel your pain?
- When did it begin?
- What does it feel like? Is it sharp, dull, throbbing, or burning?
- What effect does the pain have on your day-to-day activities?
- Does it affect your sleep or your mood?
- What have you noticed makes your pain worse or better? For example – heat, cold, moving around, or massaging the area?
- What have you tried for pain relief?
- Is your pain constant? If not, how many times a day (or week) does it occur?

- Does it occur at different times, for example is it worse in the morning or the evening?
- Do you have any other pain that may not be related to your myeloma?
- Has your pain recently changed?
- Do you feel in control of the pain or is it in control of you?

It is important for you to describe your pain, and its impact on you, honestly and accurately. Then your healthcare team will be able to help you better.

Keeping a symptom diary

You may find that keeping a diary of your pain, over a few days, helps you to describe it more accurately. A diary may also help you to pinpoint things that trigger your pain, and patterns of when the pain is worse.

The free Myeloma UK Patient diary includes sections for recording symptoms including pain.

Order your free **Patient diary** from Myeloma UK by calling **0800 980 3332** or visiting **myeloma.org.uk**



Pain rating scales

You may be asked to complete a pain rating scale. You can see an example of this in Appendix 1 on page 37. Some healthcare teams will use other pain rating tools such as body diagrams.

Terms used for pain

You may hear some of these terms used to describe pain:

- **Acute pain** – pain that comes on quickly and lasts for a relatively short time
- **Chronic pain** – pain that lasts for longer than 12 weeks
- **Intermittent pain** – pain that comes and goes
- **Musculoskeletal pain** – pain from joints, muscle or bone

- **Neuropathic (nerve) pain** – pain caused by damage to, or pressure on, the nerves

- **Breakthrough pain** – a short-lived sharp spike of pain that overrides persistent controlled pain (background pain). It may happen unexpectedly or be triggered by something such as getting up after resting. It can happen in between regular doses of painkillers

- **Total pain** – this term recognises that pain has emotional, social and spiritual elements as well as being physical, which affects a patient's experience of pain

Other symptoms

You may also have other symptoms alongside your pain. These can include **nausea**, headaches, dizziness, tingling in your fingers and toes, shortness of breath, weakness, drowsiness, increased sweating, **constipation** and/or **diarrhoea**. You should discuss any of these symptoms with your healthcare team.

Psychological impact of pain

Pain not only affects the body, but it also has a significant psychological impact and affects how you feel emotionally. Chronic pain can cause effects such as frustration, anxiety, anger, fear, poor concentration and sleep deprivation. In turn, these can affect not only how you cope with pain, but also the level of pain you experience, and how you deal with other aspects of your life.

Pain that is not treated effectively can lead to a vicious cycle of increased pain, **fatigue** and anxiety.

When your level of pain is assessed, it is likely that your doctor or nurse will ask you questions about how you are feeling generally.

They may ask you specific questions about the following:

- How much sleep you get each night and whether you feel tired or are fatigued
- If you feel anxious, scared or angry
- If you often feel down or depressed
- Whether you feel you have the support that you need from those close to you

These questions will help your healthcare team to understand the extent pain is affecting you emotionally and provide the most effective pain treatment plan for you.

You may need additional psychological support if your pain is causing a significant emotional impact. For example, if it is affecting:

- Your relationships with others
- How well you are able to cope with other aspects of your life, for example managing your finances and household duties
- Your general outlook

In this case, counselling or additional social support could be helpful to you, and a pain assessment should identify any such additional needs you may have.

“ Be honest with your healthcare team and tell them how you’re feeling. They will be able to help you. ”

Causes of pain in myeloma

You may experience pain for different reasons as a myeloma patient. Pain can be a result of the myeloma itself or it can be caused by side effects of treatment.

This section describes some of the most common causes of pain in myeloma, including:



Myeloma bone disease



Nerve pain including peripheral neuropathy



Infection



Fatigue



Side effects of treatment



Tests and procedures

Myeloma bone disease

Myeloma bone disease is one of the most common and debilitating features of myeloma. Bone pain is a very common symptom of bone disease, although it may not always be easy to tell whether the pain you are experiencing is coming from your bones.

What is myeloma bone disease?

Myeloma bone disease happens when the normal balance of bone building and breakdown is disrupted.

Healthy bone is not static, but is constantly being broken down and rebuilt. This allows for minor areas of damage to be repaired, and is normally in a balance.

However, myeloma cells in the bone marrow can upset this balance, and cause bone near them to be broken down faster than it can be repaired.

This can lead to a number of problems:

- Thinning of the bone (called **osteopenia**)
- Eventually pockets of bone can disappear, producing holes called **lytic lesions**




For more information see the **Myeloma bone disease Infoguide** from Myeloma UK

What causes the pain associated with myeloma bone disease?


Pain from myeloma bone disease can have several causes:

- Osteopenia and lytic lesions can cause a dull pain which may spread over a generalised area or may be more localised
- Build-up of myeloma cells in the bone marrow can cause increased pressure and an increasingly acidic environment, both of which can cause pain
- Bone fractures cause persistent severe pain which may be localised or radiate below the injury site
- If a bone in the spine (**vertebra**) fractures, or if the spine collapses when several vertebrae fracture, this can press on the spinal cord. This is called **spinal cord compression**
- Spinal cord compression can also happen when myeloma cells build up outside the bone marrow and press on the spinal cord
- Spinal cord compression can cause sharp pain in the back, or pain like a tight band round the chest or abdomen that can radiate down the buttocks and legs. It can also cause other symptoms such as weakness, numbness or pins and needles in the limbs, or difficulty controlling your bladder or bowel



Spinal cord compression is an emergency. If you unexpectedly develop any of the symptoms above you should get medical advice immediately.

- If bones in the vertebrae collapse, a curve may develop in the back (called **kyphosis**). This can cause loss of height. Kyphosis is often a cause of chronic back pain and mobility difficulties in myeloma patients. If the kyphosis is severe, it may put pressure on other areas of the body such as the rib cage and cause chest pains



For more information about spinal fractures see the **Managing spinal fractures in myeloma Infoguide** from Myeloma UK

Nerve pain

Pain due to nerve damage or pressure on the nerves is called neuropathic (nerve) pain. This can affect any part of the body.

One form of nerve damage that can affect myeloma patients is called **peripheral neuropathy**. This is damage to the nerves that transmit signals such as pain and touch.

Nerve pain is very individual to each patient. Therefore, if you develop any new pain or sensations, you should tell your healthcare team as soon as you notice them.

What causes nerve pain in myeloma?

The causes of nerve pain in myeloma include:

- Myeloma treatments, such as **thalidomide** and **bortezomib (Velcade®)**. These can cause peripheral neuropathy, particularly when given in high doses and/or for long periods of time
- The paraprotein produced by myeloma cells. This can be deposited on the nerves and damage them, causing nerve pain or other symptoms
- **Shingles** (a common viral infection). Shingles can cause nerve pain both during and after the infection. See page 12 for more about shingles
- Other factors unrelated to myeloma (such as diabetes, vitamin deficiency and a history of high alcohol consumption) may also cause or worsen nerve pain. These factors may make treating nerve pain in myeloma more problematic

Peripheral neuropathy

The symptoms of peripheral neuropathy can vary from patient to patient and will depend on which nerves are affected – you may not experience pain.

In myeloma, the hands and feet are the most commonly affected areas. Pain from peripheral neuropathy is often described as ‘sharp’, ‘burning’, or ‘jabbing’.

Other symptoms of peripheral neuropathy can include:

- ‘Pins and needles’ or tingling
- Increased sensitivity to touch, where a light touch can cause extreme discomfort
- Altered sensations – such as feeling pain or heat when touching something cold
- Numbness
- Muscle cramps, weakness and tremors

Symptoms of peripheral neuropathy often start at a low level but can increase over time. Peripheral neuropathy is often more easily and effectively treated if diagnosed early. Therefore, it is important that you tell your healthcare team as soon as you develop any of these symptoms.

Infection

Infection is a common complication of myeloma and, therefore, infection-related pain can also be common.

What causes infection in myeloma patients?

As a myeloma patient you are at an increased risk of getting an infection. This is because myeloma reduces the number of infection-fighting white blood cells and antibodies in the blood. Some treatments for myeloma, such as thalidomide, bortezomib and **lenalidomide (Revlimid®)**, can also reduce the number of white blood cells, making infections more likely.

What type of pain is associated with infection?

Infection can occur in any part of the body and the pain it can cause can vary widely. The most common infections causing pain include:

- Lung infections (such as pneumonia) – these can cause chest pains. The pain is usually located on one side of the chest. It is usually sharp and worsens when you breathe or cough
- Urinary tract infections – these can cause pain or a burning sensation when you pass urine. You may also have cramping or pressure in the lower back or abdomen

- Shingles (a virus infection) – this can be very painful on and around the area of skin affected by the shingles rash. The infection affects the nerves in the skin, and the skin becomes very sensitive to touch. Pain from shingles may continue after the infection, in some cases for up to a year. This is often called **post-herpetic neuralgia**, and may be intermittent sharp or stabbing pain
- Mouth infections – these can cause ulcers and sores on the inside of the mouth, on the tongue or on the inside of the lips. You may experience pain or a burning sensation, made worse by eating and drinking. **Oral thrush** caused by a fungal infection can also cause an uncomfortable burning sensation in the mouth and throat
- **Gastrointestinal** infections – these can cause sudden, sharp abdominal pains and spasms

For more information see the **Infection and myeloma** Infosheet from Myeloma UK



Fatigue

Fatigue affects most, if not all, myeloma patients at some point and can be challenging physically and emotionally. Fatigue is a feeling of extreme tiredness, lethargy or exhaustion, different from everyday tiredness, and is not fully relieved by sleep or rest.

How does fatigue cause pain?

Fatigue does not cause pain directly, but fatigue and pain can be linked together in a vicious cycle if neither is addressed properly. For example, it can be difficult to sleep if you are in pain and a lack of sleep can contribute to fatigue. This can make the pain feel worse, and make it harder to cope with it.

For these reasons, it is important that fatigue is taken into account when your pain is being managed.

For more information see the **Fatigue Infoguide** from Myeloma UK



Side effects of anti-myeloma treatments

Treatments for myeloma can cause painful side effects:

- Diarrhoea, vomiting and constipation can be side effects, and can cause painful cramps
- Some myeloma treatments, such as high-dose melphalan which is given as part of **high-dose therapy** and **stem cell transplantation** (HDT-SCT) can cause the inside of the mouth and throat to blister. This is known as **mucositis**, and it increases the risk of getting mouth infections
- Mucositis may also make your mouth and throat sore, and eating, drinking and swallowing may become difficult for a while. In some cases, you may need **intravenous** fluids and/or liquid food supplements until you are able to go back to eating and drinking normally. You may also be given special mouth washes before you take food or drink, to numb any pain caused
- Peripheral neuropathy (see page 10) and infections (see page 11) can also occur as side effects of myeloma treatments

Most side effects can be managed well and usually resolve once treatment is finished. For advice about specific side effects, contact your healthcare team or call the Myeloma Infoline on **0800 980 3332**.

Pain due to tests and procedures

Myeloma patients undergo many tests and procedures. Some of these can cause pain:

- Blood tests can be slightly uncomfortable, but usually they are only painful if it is difficult to find a vein to take the sample from
- Having a **central line** or a **peripherally inserted central catheter (PICC)** inserted can be uncomfortable, but you will be given local **anaesthetic** in the area to minimise any pain

- If your central line or PICC becomes infected, the site where it is inserted may feel painful, or there may be redness or pus (fluid produced at the site of an infection). If you notice any of these, you should let your healthcare team know straight away
- You will have a **bone marrow aspirate** and/or **bone marrow biopsy** done during myeloma diagnosis. These last a few minutes, and involve inserting a needle into a bone (usually your hip bone) and removing a small sample of liquid and/or solid bone marrow. You may experience a pulling or pushing sensation, or a sudden sharp pain. You will be given local anaesthetic on the skin before the needle is inserted, and you may be offered a **sedative** or **gas and air (Entonox)**. You may also have some discomfort for a few days after the biopsy

- **Radiotherapy** is sometimes given to treat localised bone pain (see page 21). It can cause some pain itself, for a while after it is given (red and sore skin, similar to sunburn, or mouth sores)

For more information see the **Radiotherapy Infosheet** from Myeloma UK



For more information about bone marrow tests see the **Tests and investigations Infoguide** from Myeloma UK



Treatment of pain

How your pain is treated will depend on its cause and how it is affecting you. If your healthcare team are unable to remove the cause of your pain, they will aim to help you manage it in the best way possible. There are many different treatment options available, and certain treatments work better for particular types of pain.

Pain control must be tailored specifically to you, and it must be reviewed on a regular basis. Not all pain treatments will work in every patient and it is often only through trial and error that your healthcare team will find the best pain relief for you. If needed, your healthcare team will have access to specialists who are experts in pain management.

Some pain specialists are based in hospices. Hospices can have a role at any stage of myeloma, and they are experts in managing pain and improving quality of life.

Some of the most often used treatments for pain for myeloma patients are described in the following sections.

Anti-myeloma treatments

Myeloma-related pain is often relieved by treatment of the myeloma itself. Anti-myeloma

treatments (treatments that kill myeloma cells) are, therefore, a key part of pain management.

If your myeloma responds to treatment, then it may be possible to reduce or stop any painkillers you are taking.

Painkillers

Different painkillers are used to treat different levels of pain (mild, moderate and severe). Painkillers are also called **analgesic drugs**.

There are many types of painkiller available, with varying actions and different side effects. Different painkillers suit different patients at different times. The painkillers most commonly used in myeloma are listed below.

Simple **non-opioid painkillers** include drugs such as paracetamol, and are used to treat mild to moderate pain. They are often used

to treat pain due to infections, but can sometimes mask the onset of more serious infections. For this reason, always be aware of symptoms of infections and report them to your healthcare team.



Non-steroidal anti-inflammatory drugs (NSAIDs) (such as ibuprofen, diclofenac, naproxen and high-dose aspirin) should not be used in myeloma because they can worsen kidney damage.

Opioid painkillers are a group of different drugs in the chemical family of morphine. Weak opioids are used for mild to moderate pain that is not controlled by non-opioid painkillers. They include drugs such as co-codamol, codeine and dihydrocodeine.

Strong opioids are used for moderate to severe pain. They include morphine, diamorphine, oxycodone, high-dose tramadol, fentanyl and buprenorphine. They can be very effective for treating some types of pain, but they need to be used carefully to make sure there are no unnecessary side effects. Morphine

is usually tried first unless there are specific reasons why it cannot be given.

How are painkillers used?

There are many painkillers available, and your healthcare team will work to find the one that works best for you. No two patients are alike, the pain you have will vary at different times, and different painkillers may be used at different stages of your myeloma. Some painkillers may not be suitable for certain patients due to complications or side effects that can be caused or made worse by the painkillers.

Usually, your doctor will start with a low dose of a particular painkiller first, and increase the dose until pain is controlled but the level of side effects is acceptable. If this can't be achieved, they will then prescribe you a different or stronger painkiller. There is more information about side effects of painkillers on page 17.

Pain is more difficult to control once it has become severe. So it is important to take your prescribed painkillers at the intervals

recommended by your doctor, and not wait until you are experiencing severe pain.

Forms of painkillers

Painkillers come in different forms that are absorbed into the body in different ways. These include:

- Tablets
- Liquids
- Skin patches
- Suppositories (inserted into the rectum or back passage)
- Injections, given either under the skin (subcutaneous) or into a vein (intravenous)

The form you are given will depend on the specific painkiller and your own circumstances.

Painkillers can be made up in a form that enters your system quickly or slowly:

- **Immediate release** – formulated to go into your system quickly and control pain quickly

- **Modified release** – formulated to be released into your system gradually, and provide a more steady level of the drug

When you are started on a new painkiller you are likely to be given it in an immediate release form. Once the right dose has been found and your pain is under control, your doctor may change the drug to a modified release form.

If you are on modified release painkillers for severe pain, you will also be given a supply of quicker acting painkillers to use in case of breakthrough pain (see page 6). For example, if you have severe breakthrough pain when you stand up or walk, you may be advised to take an immediate release painkiller 30 minutes before getting out of bed in the morning.

Side effects of painkillers

Opioid painkillers, especially strong opioids, can cause a number of side effects. The most common are:

- Constipation – all opioids, particularly the stronger ones, cause constipation, but it can usually be treated easily with

laxatives. You should tell your healthcare team if you are finding constipation a problem, as it is easier to deal with before it has lasted for too long

- Nausea and sickness – if this occurs, it is usually at the start of treatment. With some opioids, you will be given an anti-sickness drug (**anti-emetic**) at the start
- Drowsiness – this is more common with strong opioids, and at the start of treatment, but often wears off as treatment is continued. It may affect your ability to drive or operate machinery


If you have cancer and your treatment causes side effects that could affect your driving, you are required by law to inform the DVLA – see [gov.uk/cancer-and-driving](https://www.gov.uk/cancer-and-driving). Unfortunately, this can be a time-consuming process.

- Increased sweating – this can happen with some opioids
- Effects on breathing – this can occur especially at the start of some strong opioid treatments, or if too much is taken. Care will

be taken at the start of treatment with a new opioid, especially if you have other breathing problems

- Symptoms such as confusion, hallucinations, muscle twitching or breathing problems, may be a sign that you are taking too much opioid. You should let your doctor know straight away if you experience any of these symptoms

It is important to tell your doctor if you are experiencing side effects after starting a new painkiller, even if the painkiller is reducing your pain. It may be possible to reduce the dose, give you treatments to control the side effect (such as laxatives or anti-sickness drugs), or try an alternative treatment that will give you the same (or better) pain control with less side effects.

Treatment of nerve pain

Nerve pain, including pain caused by peripheral neuropathy, does not normally respond well to standard painkillers. For this reason, different drugs are used to treat this type of pain. Some of these drugs are also used to treat other conditions. They include:

- **Gapapentin** and **pregabalin** (also used to treat epilepsy)
- **Amitriptyline** (also used to treat depression)
- **Topical** treatments applied to the skin – these may be used to help relieve nerve pain in localised areas of the skin (for example post-herpetic neuralgia – see page 12). They include **lidocaine** and **capsaicin**

Side effects of nerve pain treatments

As with most treatments, those for neuropathic nerve pain can cause their own side effects and may not be suitable for every patient. Side effects can include:

- Tiredness or feeling sleepy
- Dizziness
- Headaches
- Constipation
- Dry mouth
- Skin redness or rash where a topical treatment has been applied



For more information see the **Peripheral neuropathy Infosheet** from Myeloma UK

Patient concerns about pain relief drugs

Taking pain relief drugs, especially strong opioids, can cause concerns to patients, including worries about getting addicted to the painkiller or needing increasing amounts of it. Your healthcare team will aim to ensure that your pain is managed with the appropriate treatment and dose, for the minimum time needed in your circumstances. You should discuss any concerns you have about your treatment with your healthcare team.

Addiction

Addiction happens when people get a psychological ‘high’ from a drug, and have cravings that make them want to take it again. If you have been prescribed strong painkillers because you need them to control pain from cancer, and are taking them as prescribed, then addiction to them is unlikely.

If you have had previous issues with drug misuse, or are worried about addiction, speak to your healthcare team who will discuss the best options for you in your own situation.

Tolerance

Tolerance means that your body gets used to a drug over time and you need to take more and more of it to get the same amount of pain relief.

This is unlikely to happen when you are taking strong painkillers for cancer pain, but if it does your doctor will adjust the dose or may try a different form of painkiller.

It may be necessary to adjust the dose of your painkiller from time to time, because your pain has become worse or better. This is different from tolerance. If your painkiller is not working as well as it did, talk to your healthcare team about adjusting the dose or trying a different painkiller. They will monitor you carefully for side effects if your painkiller dose is increased, or will try a different painkiller if you are having problems with side effects.

Withdrawal symptoms

Strong opioids, and some drugs for peripheral neuropathy, can cause physical symptoms if you stop taking them suddenly after you have been taking them for some time. These symptoms are called withdrawal symptoms, and can include nausea, sweating, tremor, headaches, difficulty sleeping or feeling unwell. Your doctor will advise you about how to reduce the dose of your opioid gradually.

It is important not to stop a painkiller, or change how much you take, without speaking to your healthcare team first.

Bisphosphonates

Bisphosphonates are a specific group of drugs that help to protect and strengthen bones and therefore minimise the extent of, or prevent, bone damage and fractures. At the same time, bisphosphonates may also relieve bone pain and may reduce the need for strong painkillers.

The bisphosphonates most commonly used in myeloma are:

- **Zoledronic acid (Zometa®)**
- **Disodium pamidronate (Aredia®)**
- **Sodium clodronate (Loron®, Clasteon® and Bonefos®)**

National guidelines recommend zoledronic acid as the bisphosphonate of choice for all patients with active myeloma. However, sometimes another bisphosphonate may be better for you.

Side effects with bisphosphonates can include:

- Flu-like symptoms (after bisphosphonates given by infusion)
- Nausea
- Impaired kidney function
- An uncommon but serious side effect affecting the bones of the jaw

For more information about bisphosphonates see the **Myeloma bone disease Infoguide** from Myeloma UK

Radiotherapy

Targeted radiotherapy can be helpful for patients with bone pain in a localised area of their body. This can be caused by a localised build-up of myeloma cells in an area of the bone, called a solitary bone **plasmacytoma**. Radiotherapy aims to kill off the myeloma cells in the area, which in turn reduces bone pain.

Radiotherapy is also effective in relieving the pain caused when myeloma cells build up outside the bone marrow, and press on the spinal cord. This is called spinal cord compression (see page 9).


For more information see the **Radiotherapy Infosheet** and the **Solitary plasmacytoma Infosheet** from Myeloma UK

Surgical procedures

Two surgical procedures are used to treat spinal fractures. These are called:

- **Percutaneous vertebroplasty**
- **Balloon kyphoplasty**

As well as strengthening the vertebrae (bones in the spine), these procedures relieve back pain. They are not suitable for all patients, and non-surgical treatments such as painkillers will normally be tried first.

For more information see the **Managing spinal fractures in myeloma** Infoguide from Myeloma UK 


Spinal injection

A spinal injection is an injection of painkiller into the area round the spinal cord. It is also called an epidural or spinal anaesthetic. The aim of a spinal injection is to ‘turn off’ pain signals. Doctors may use spinal injections to treat cancer pain that is not well controlled by painkillers given in other ways.

Complementary therapies

There are many complementary therapies that may be used alongside medical treatments for pain. Your hospital may offer some complementary therapies for cancer patients.

Not all of the therapies listed below are suitable for all patients, and you should ask your healthcare team for advice before starting a new therapy. You should make sure any therapist you receive treatment from is properly trained. There is more about complementary therapies on [nhs.uk](https://www.nhs.uk)

 Sometimes people may refer to **herbal medicines or supplements as ‘complementary therapies’**. However, **supplements or herbal medicines that have not been prescribed by your haematologist have the potential to cause problems when taken alongside your prescribed treatment.**

You must speak to your doctor before taking any kind of supplement or alternative treatment, including herbal, traditional or natural medicines and remedies, and vitamins or wellbeing supplements, to ensure it is safe to do so and will not have any harmful effects.

Mind-body therapies

Mind-body therapies such as meditation, mindfulness and relaxation can be helpful in relieving pain. They can also help you feel less anxious and

improve your mood, which can help with pain. Many cancer centres offer mind-body therapies and you can ask what is available locally.

TENS machines

Transcutaneous electrical nerve stimulation (TENS) is a method of pain relief involving the use of a mild electrical current. A TENS machine is a small battery-operated device with leads called electrodes which are placed on the skin. The electrical impulses can reduce the pain signals going to the spinal cord and the brain, which may help relieve pain and relax muscles. They may also stimulate the production of the body's natural painkillers, called **endorphins**.

TENS machines are not suitable for everyone, and some patients should not use them. You should ask your healthcare team for advice. There is more about TENS machines on [nhs.uk](https://www.nhs.uk)

Acupuncture

Acupuncture is a treatment derived from ancient Chinese medicine. The treatment involves fine needles inserted at certain sites in the body. Acupuncture is used by many people

to relieve pain but the evidence for its use in cancer pain is unclear. You are at an increased risk of infection because of your myeloma and its treatment, so you should always inform your healthcare team if you are considering acupuncture. There is more about acupuncture on [nhs.uk](https://www.nhs.uk)

Gentle massage

Gentle massage can be used to relieve muscle pain and tension and can be both therapeutic and relaxing. Remember to tell the massage therapist that you have myeloma and that forceful massage could damage your bones.

Hot and cold compression packs

Hot water bottles and ice packs can be very effective in providing short-term pain relief. It is best not to apply them directly on your skin, and you may need to alternate between hot and cold packs.

Correct positioning

Often the way that you sit, or lie down, can affect your pain. Move to get comfortable, use supportive cushions or pillows, and ask to be seen by a **physiotherapist** for expert advice.

Pain management and palliative care teams

Many myeloma patients will have their pain managed by their myeloma team and GP. However, if your pain is severe and difficult to control, you may be referred to a pain management or palliative care team. Palliative care teams are often based in your local hospice, but pain management and palliative care teams provide care in hospitals as well.

What does the pain management team do?

Pain management teams are experts in managing pain, including pain in cancer patients. They work closely with other teams such as haematology. One of the roles of palliative care teams is also pain management, and palliative care teams include pain management experts.

What does the palliative care team do?

Palliative care is care or treatment that concentrates on preventing and relieving symptoms and improving quality of life, for patients with an incurable illness.

The palliative care team can be made up of doctors, specialist nurses, psychologists,

physiotherapists and occupational therapists. They provide specialist care in symptom control (including pain management). They can give advice and care for patients either at the hospital or at home, or as part of **hospice** care (see page 25).

The palliative care team can help you to manage your pain and advise on which treatments you should be given. Palliative care teams provide holistic care. This means that as well as symptom control, they also provide psychological, social and emotional care, and support for those close to you.

There is a misconception that the palliative care team are there purely to provide end of life care. This is one aspect of their role, but they also provide specialist care in pain management and symptom

control for patients at all stages of their cancer or illness. You can be referred to a palliative care team by your healthcare team at any time.

What is hospice care?

The aim of hospice care is to improve the lives of people who have an incurable illness. Like palliative care, hospices are not just concerned with care at the end of life, but can have a role at any time during a patient's illness. Hospice care is holistic: it aims to look after the whole range of needs a patient and those close to them have.

Hospice care may take place at home, as well as in a hospice itself. You may use hospice services when help is needed to control your pain symptoms. Hospice care might also allow your family or carers to have a break for a time from care responsibilities. Patients may be referred for hospice care by their GP or healthcare team, and patients can also contact hospices directly themselves.

Living with pain

It can be very challenging to live with pain, but there is help and support available. It is important to remember that the extent of your pain may not always be obvious to those close to you or to your healthcare team. For them to know that you are in pain, you have to tell them.

Your healthcare team will try to reduce your pain by medical, non-medical or surgical means, but there are also some things that you can do yourself to try to control your pain and to cope with it. The following sections contain some self-help tips and strategies.

Be honest with your healthcare team

Be honest about any pain that you have, especially if it is getting worse, or if it is in a new place in your body. Remember your healthcare team are there to help you.

Sometimes patients can be reluctant to raise issues about pain, because they feel they are complaining, or there is not enough time to discuss it. They may also worry that pain is a sign that their myeloma is getting worse, and be reluctant to raise the subject.

However, poorly controlled, severe chronic pain can have a significant impact on myeloma patients. The earlier your pain is treated the more effective the treatment usually is. Pain that is controlled as well as possible will enable you to live better with your myeloma.

Ask for help when needed

Do not be afraid to ask for help from those around you. Mostly, those close to you will be glad to be able to help in whatever ways they can.

If you think you need help around the home, speak to your healthcare team – they will be able to arrange for an occupational therapist to assess you. It may be possible for you to have aids fitted around your home (for example bath or shower seat) to make day-to-day living easier.

Stay ahead with pain control

Stick to the dose and schedule of painkillers that you have been prescribed. Don't wait until you are in pain before taking your painkillers, as they will not be as effective.

Try to stay ahead with pain control – don't wait until pain is severe before tackling it, as this can make it harder to bring it under control again.

If you find that your painkillers are not effective, go back to your healthcare team and ask to try something else.

Distraction therapy

You may find that distractions such as watching TV, listening to the radio, or a hobby can help to take your mind off pain for a short while.

Relaxation and doing things you enjoy

Relaxing can be hard when you are in pain, but finding something that relaxes you can help reduce the stress of pain. Doing things that you enjoy boosts your own natural painkillers and will also help you to relax.

Balancing rest and activity

It's important to be active if you can – taking some moderate gentle exercise that you enjoy (such as walking or swimming) can help improve your mood and your mobility. Try to have some structure to your day whilst avoiding overtiring yourself.

Remember to take advice from your healthcare team before starting any new exercise routine.

Talking about your feelings

Anxiety and stress can make pain worse, so try to talk about your worries or concerns to those close to you or to your healthcare team. If you would like to speak to a trained counsellor, your GP or hospital healthcare team should be able to organise this for you.

“ Explore all options if you are still experiencing pain – weekly one hour pilates sessions have really helped me. ”

Top 10 tips for coping with pain

1

Ask for help when needed

2

Take each day as it comes and have patience

3

Try to keep mobile and active

4

Try to stay ahead with pain control – don't wait until it gets severe before tackling it

5

Try different pain relief until you find one that suits you

6

Find a hobby to help take your mind off the pain

7

Ask to be referred to a specialist service such as pain management clinic, palliative care service or hospice service

8

Listen to your body and go at your own pace

9

Don't suffer in silence, let people know how they can help

10

Try to keep a positive mental attitude

Information for carers

It can be hard to see the person you care for in pain, and it's common to wish you could do more help. You're not responsible for trying to fix the situation, but there are things you can do to support the person you care for.

Tips for supporting someone living with pain

Here are some tips to help you support the person you care for:

- We all have different thresholds of pain and what may be bearable for one person is too much for another. Believe what the person is saying and help them express this to their healthcare team to get the right amount of pain relief
- Encourage the person you care for to say how much pain they are in, particularly if you know they are likely to downplay it
- Prompt the person you care for to keep track of their pain. You may notice things in them that they don't realise themselves, such as changes in mood, activity level or body language
- Encourage the person not to overstretch themselves, but to look after themselves with relaxing or distracting activities
- Help with pain relief and keeping on top of the pain, making sure the person you care for takes their pain relief as prescribed
- If you are in charge of the pain relief, make sure to have a back up plan in case you're unavailable or need a break
- Some treatments for pain will specify that you can't do certain things when taking them (such as driving), so you may need to give support with this
- If peripheral neuropathy is affecting the person a lot, you may need to help with everyday activities like washing and dressing
- If you need to provide more physical help, make sure you lift and carry things properly to avoid injuring yourself

- Living with pain can make people tired and more irritable than usual. Try to remember that this is not personal and not a reflection of how the person feels about you
- Encouraging the person to be open with you can help you understand what they may need when, and what you can do to help

Looking after yourself

It can be hard when you feel as though you're responsible for looking after your loved one. This is particularly true if you see them in pain and they need more support due to their pain.

Remember that it's not your job to fix everything and you should make sure you have the support you need too. To be able to look after others you need to look after yourself.



For more information about caring for someone with myeloma, see the **Infopack for carers of myeloma patients** from Myeloma UK

Medical terms explained

Acute pain: Pain that comes on quickly and lasts for a relatively short time.

Amitriptyline: An antidepressant drug that can be used to treat neuropathic pain.

Anaesthetic: A type of drug used to temporarily reduce or take away sensation so that otherwise painful procedures or surgery can be performed. A general anaesthetic makes the patient unconscious and therefore unaware of what is happening. A local anaesthetic numbs the part of the body that would otherwise feel pain.

Analgesic drug (painkiller): A type of drug used to relieve pain.

Antibodies (immunoglobulins): Proteins found in the blood produced by cells of the immune system, called plasma cells. Their function is to bind to substances in the body that are recognised as foreign, such as bacteria and viruses, enabling other cells of the immune system to destroy and remove them.

Anti-emetic: A type of drug used to prevent or minimise nausea and vomiting.

Balloon kyphoplasty: A procedure used to repair or stabilise a compression fracture in one or more vertebrae and to relieve pain. It involves reshaping the vertebrae using an inflatable balloon before filling with bone cement.

Bisphosphonate: A type of drug that slows down or prevents bone damage.

Bone marrow: The soft, spongy tissue in the centre of bones that produces blood cells.

Bone marrow aspirate: A procedure to remove a sample of fluid and cells from the bone marrow for examination and testing.

Bone marrow biopsy (trephine biopsy): A procedure to remove a small sample of bone marrow tissue (for examination under a microscope).

Bortezomib (Velcade®): A proteasome inhibitor drug which is given as a subcutaneous injection.

Breakthrough pain:

A short-lived sharp spike of pain that overrides persistent controlled pain (background pain).

Capsaicin cream: A cream that is sometimes used to help neuropathic (nerve) pain in localised areas of the skin.

Catheter: A tube inserted into the body to administer drugs and fluids or to take blood samples.

Central line: A catheter (tube) that is inserted under the skin in the chest into a large vein just above the heart. It can be kept in for several months and is used to administer treatments and to take blood samples. Also known as a Hickman[®] line or a central venous access device.

Chemotherapy: A type of drug intended to kill cancer cells. Chemotherapy drugs can be injected into a vein (intravenous or IV) or swallowed as tablets (oral).

Chronic pain: Pain that lasts for longer than 12 weeks.

Constipation: Condition that means passing stools (poo) becomes difficult or painful, or you pass stools

less often than is usual for you. It can also make your stools hard and lumpy.

Diarrhoea: Condition that means passing stools (poo) that are softer, more liquid or more frequent than is normal for you.

Disodium pamidronate (Aredia[®]): A bisphosphonate drug which is given by intravenous infusion.

Endorphins: Chemicals produced by the body that help suppress pain.

Fatigue: A feeling of being exceptionally tired, lethargic or exhausted all or most of the time. It does not result from activity or exertion and is not fully relieved by rest or sleep.

Gabapentin: An anti-epileptic drug that can be used to treat neuropathic pain.

Gas and air (Entonox): A pain-relieving gas that patients may be given during bone marrow biopsies.

Gastrointestinal: The term used to refer collectively to the stomach and the small and large intestine.

High-dose therapy: Treatment with high doses of chemotherapy given intravenously, usually via a central line or a PICC, prior to patients receiving healthy stem cells as part of the stem cell transplantation procedure. Also known as conditioning treatment.

Hospice care: Care aiming to improve the lives of people who have an incurable illness. It can have a role at any time during a patient's illness.

Immediate release: Drug formulated to go into your system quickly and act quickly.

Immune system: The complex group of cells, tissues and proteins (including antibodies), that protect the body against infection and disease.

Intermittent pain: Pain that comes and goes.

Intravenous (IV): Into a vein.

Kyphosis: An abnormal curvature of the spine.

Laxative: A type of drug used to treat constipation.

Lenalidomide (Revlimid®): An immunomodulatory drug which is given orally.

Lidocaine: A local anaesthetic, which makes your skin numb. It is applied to the skin as a cream or patches.

Light chains: Part of an antibody (or immunoglobulin). An antibody is made up of two heavy chains and two light chains. There are two types of light chain, kappa and lambda.

Lytic lesions: Damage to the bone caused by myeloma. They look like holes in the bone on an imaging scan.

Malignant: A term for cancerous cells that have the ability to spread.

Modified release: Drug formulated to be released into your system gradually, and provide a more steady level of the drug.

Mucositis: Pain and inflammation of the lining of the mouth and/or gastrointestinal tract.

Musculoskeletal pain: Pain from the joints, muscle or bone.

Nausea: The sensation of feeling sick.

Neuropathic (nerve) pain: Pain caused by damage to, or pressure on, the nerves.

Non-opioid painkillers: Painkillers used to treat mild to moderate pain, such as paracetamol.

Non-steroidal anti-inflammatory drug (NSAID): A type of drug used to prevent or treat pain or inflammation, which do not contain steroids. Examples are ibuprofen and diclofenac. NSAIDs should not be used in myeloma, because they can worsen kidney damage.

Opioid painkillers: A group of drugs in the chemical family of morphine, which are used to treat pain that is not controlled by non-opioid painkillers. They include strong opioids (such as morphine, oxycodone and fentanyl), and weaker opioids (such as codeine and dihydrocodeine).

Oral thrush: An infection of yeast fungus in the lining of the mouth.

Osteopenia: A condition where there is thinning or weakening of the bone.

Palliative care: A type of care or treatment that concentrates on preventing and relieving symptoms and improving quality of life, for patients with an incurable illness.

Paraprotein: An abnormal antibody (immunoglobulin) produced in myeloma. Measurements of paraprotein in the blood can be used to diagnose and monitor the disease. Also known as M protein.

Percutaneous vertebroplasty: A procedure used to repair or stabilise a compression fracture in one or more vertebrae and to relieve pain. It involves injecting bone cement into the vertebra to stabilise and strengthen it.

Peripheral neuropathy: Damage to the nerves that transmit signals such as pain and touch, or that sense our position and control movement. Damage can cause pain, tingling and altered sensation.

Peripherally Inserted Central Catheter (PICC): A catheter (tube) inserted into one of the large veins of the arm (or leg) and threaded into the vein until the end sits in a large

vein just above the heart. It is used to administer treatments, commonly chemotherapy

Physiotherapist: A healthcare professional who treats patients with physical difficulties resulting from injury, illness, disability or ageing. They work with patients to identify and improve their movement and function.

Plasma cells: A type of white blood cell that produces antibodies (immunoglobulins) to fight infection.

Plasmacytoma: A localised buildup of myeloma cells either inside the bone (bone plasmacytoma), or outside the bone (extramedullary plasmacytoma).

Post-herpetic neuralgia: Nerve pain that persists in patients who have had shingles, after the shingles rash has disappeared.

Pregabalin: An anti-epileptic drug that can be used to treat neuropathic pain.

Quality of life: A term that refers to a person's level of comfort, enjoyment, and ability to pursue daily activities. It is a measure of an overall sense of wellbeing.

Radiotherapy: Treatment with X-rays, gamma rays, or electrons to damage or kill malignant cells.

Relapse: The point where disease returns or becomes more active after a period of remission or plateau.

Remission: The period following treatment when myeloma cells and paraprotein are no longer detectable, and there are no clinical symptoms of myeloma.

Sedative: Drugs that have a calming effect to help reduce or relieve anxiety, stress or excitement, and are often used to induce sleep.

Shingles: An infection of a nerve area caused by the same virus that causes chickenpox. Symptoms include painful skin rash. Shingles can affect adults with a weakened immune system who have previously had chickenpox.

Side effects: The undesired effects caused by a drug or treatment, for example fatigue or nausea.

Sodium clodronate (Loron[®], Clasteon[®] or Bonefos[®]):
A bisphosphonate drug which is given orally.

Spinal cord compression: The term used to describe pressure on the spinal cord. It can be caused by a collapsed vertebra or by the growth of a plasmacytoma within the spinal canal.

Stem cell transplantation: The infusion of healthy stem cells into the body. This allows the bone marrow to recover and renew its blood-forming capacity following the administration of high-dose chemotherapy.

Steroid: A group of hormonal substances produced by the body. They are also produced synthetically and used to treat many conditions.

Subcutaneous: Under the skin.

Transcutaneous electrical nerve stimulation (TENS): A method of pain relief involving the use of a mild electrical current.

Thalidomide:
An immunomodulatory drug which is given orally.

Topical: Applied to a local area of the body (often the skin), for example as a cream or ointment.

Total pain: Term is sometimes used to recognise that pain has emotional, social and spiritual elements as well as being physical.

Vertebra: A bone that forms part of the spine.

White blood cells: A type of blood cell involved in the body's immune system, which help to fight infection and disease.

Zoledronic acid (Zometa[®]):
A bisphosphonate drug which is given by intravenous infusion.

Appendix 1:

Example of a pain rating scale

How intense is your pain now?										
0	1	2	3	4	5	6	7	8	9	10
no pain						extreme pain				
How intense was your pain on average last week?										
0	1	2	3	4	5	6	7	8	9	10
no pain						extreme pain				
How distressing is your pain now?										
0	1	2	3	4	5	6	7	8	9	10
not at all distressing						extremely distressing				
How distressing was your pain on average last week?										
0	1	2	3	4	5	6	7	8	9	10
not at all distressing						extremely distressing				
How much does your pain interfere with your normal everyday activities?										
0	1	2	3	4	5	6	7	8	9	10
does not interfere						interferes completely				
If you have had treatment for your pain, how much has this relieved (taken away) the pain?										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
no relief						complete relief				

Pain rating scale based on one produced by the British Pain Society (see page 6).

Useful organisations

Carers UK

carersuk.org

0808 808 7777

Provides advice, information and support for carers.

Citizens Advice

citizensadvice.org.uk

www.adviceni.net

England: **0800 144 8848**

Wales: **0800 702 2020**

Scotland: **0800 028 1456**

Northern Ireland: **0800 915 4604**

Offers advice about debt and consumer issues, benefits, housing, legal matters and employment.

Macmillan Cancer Support

macmillan.org.uk

0808 808 0000

Provides practical, medical and financial information and support to all cancer patients and their carers.

Maggie's

www.maggies.org

0300 123 1801

Provides free practical, emotional and social support to people with cancer and their family and friends.

Mind

mind.org.uk

0300 123 3393

Provides advice and support for anyone with mental health problems.

NHS 111 Service

nhs.uk/111

111

Call 111 when you need medical advice fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year.

Samaritans

samaritans.org

116 123

Listening and support free, 24 hours a day, to anyone who's struggling to cope.

We're here for everything a diagnosis of myeloma brings

Myeloma UK is here with information and support to help you and to connect you with others with shared experiences.



Visit **myeloma.org.uk**, a one-stop-shop for information on myeloma; with videos, news and articles to help you keep up to date and live well with myeloma.



Call our **Myeloma Infoline** on **0800 980 3332** for practical advice, emotional support and a listening ear.



Get answers to your questions by emailing our Myeloma Information Specialists at **AskTheNurse@myeloma.org.uk**



Order or download our **information booklets**, which cover all aspects of myeloma – call **0800 980 3332** or visit **myeloma.org.uk/publications**



Learn about myeloma from experts and meet other patients at our **Infodays** and **Digital Infoday Sessions**.



Join a **Myeloma Support Group** to meet other people living with myeloma face to face or online.



Get matched up with a trained **Peer Buddy** for one-to-one support from someone with direct experience of myeloma.



Chat and share experiences with others affected by myeloma, including our peer volunteers, on the **Discussion Forum**.



myelomauk

We need your help

Thanks to our generous supporters we are able to provide information and support to patients and their families, as well as fund vital research that will help patients live longer and with a better quality of life.

Myeloma UK receives no government funding. We rely on fundraising activities and donations.

You can support Myeloma UK by:

- **Making a single donation or setting up a Direct Debit**

Online at myeloma.org.uk/donate

Over the phone **0131 230 0429**

Or by posting a cheque payable to **Myeloma UK** to:

Myeloma UK, 22 Logie Mill, Beaverbank Business Park, Edinburgh, EH7 4HG

- **Fundraising** – fundraising is a positive way of making a difference and every pound raised helps. As myeloma is a rare, relatively unknown cancer, fundraising is also a great way to raise awareness
- **Leaving a gift in your will** – legacies are an important source of income for Myeloma UK and help us to continue providing practical support and advice to myeloma patients and their families. They also help us to undertake research into the causes of myeloma and investigate new treatments

However you decide to raise funds, our Fundraising Team is here to support you. Contact us on **0131 230 0429** or email fundraising@myeloma.org.uk

“

Nobody ever forgets the moment they are diagnosed with myeloma. Myeloma UK advances the discovery of effective treatments, with the aim of finding a cure. That is what patients want, it's what they deserve and it's what we do.

”

Judy Dewinter – President, Myeloma UK

We appreciate your feedback. Please fill in a short online survey about our patient information at myeloma.org.uk/pifeedback or email any comments to myelomauk@myeloma.org.uk

For a list of references used to develop our resources, visit myeloma.org.uk/references



Symptoms and complications Infoguide:
Pain and myeloma



We're here for everything a diagnosis of myeloma brings

Get in touch to find out more about how we can support you

Call the Myeloma Infoline on

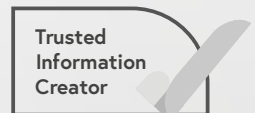
 **0800 980 3332**

Email Ask the Nurse at

 **AskTheNurse@myeloma.org.uk**


Visit our website at


 **myeloma.org.uk**



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