Managing pain in advanced prostate cancer

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This information is for men with advanced prostate cancer who are having problems with pain or who want to know more about it. Your partner or family might also find it helpful.

We describe ways to treat and control pain and we also list further sources of support. We focus mainly on pain caused by prostate cancer spreading to the bones. For information on other causes of pain, speak to your doctor or nurse or call our Specialist Nurses on our confidential helpline.

Each hospital will do things slightly differently so use the information in this fact sheet as a general guide. Ask your doctor or nurse for more details about your care.

What is advanced prostate cancer?
Advanced prostate cancer is cancer that has spread from the prostate to other parts of the body. It’s also called metastatic prostate cancer. The cancer is not curable but treatment can keep it under control for many months or years. Prostate cancer can spread to any part of the body but it most commonly spreads to the bones and lymph nodes.

Read more about how advanced prostate cancer is diagnosed and treated in our Tool Kit fact sheet, Advanced prostate cancer.

Do all men with advanced prostate cancer have pain?
No, not all men have pain. Men with prostate cancer experience different levels of pain, and some men have no pain at all. The most common cause of pain from prostate cancer is cancer that has spread to the bones. But even then more than a quarter (more than 25 per cent) of men don’t have any pain. And if cancer has spread to several places, men often only have pain in a few of these.
Don’t suffer in silence
If you’re in pain or your pain relief isn’t working well, tell your doctor or nurse. With the right treatment, pain can usually be relieved or controlled well.

What causes the pain?
We feel pain when either our tissues or our nerves are damaged or irritated. Cancer which has spread to the bones, lymph nodes or other areas of the body might cause pain. So can certain treatments, and problems not linked to the cancer such as an infection.

The type of pain depends on what is causing it. We describe some of the ways men with prostate cancer might experience pain, but there can be other types and other causes. Your doctor should investigate the cause of your pain and then offer the most appropriate treatments for you.

There are effective ways of treating different types of pain. Read more about these on page 5.

Bone pain
If prostate cancer spreads to the bone, it weakens the bone and can cause pain. The first areas of bone to be affected are likely to be those closest to your prostate, including your pelvic bone, hips, lower spine and upper thighs. Pain in these areas can make it painful to walk and move around. The pain might remain in only one area, but over time it can spread to several parts of your body.

Bone pain is a very specific feeling. Some men describe it as feeling similar to a toothache but in the bones, or like a dull aching or stabbing. It can get worse with movement and can make the bone tender to touch. Every man’s experience of bone pain will be different. The pain may be continuous or it might come and go. How bad it is can also vary and it could depend on where the affected bone is.

Neuropathic pain
This is caused by damage to a nerve, for example if the cancer presses on a nerve. Bones contain nerves, and neuropathic pain can be a part of bone pain.

The pain can come and go and people have described it as a shooting, stabbing, burning or tingling pain. For some people, the damaged area feels numb.

Neuropathic pain can cause referred pain, also called reflective pain. This is when damage to one part of the body is felt as pain in a different area. For example, cancer pressing on a nerve in the spine could be felt in the chest, arms or legs.

The most common type of referred pain in advanced prostate cancer is what’s often known as sciatica. It’s caused by damage to one of the nerves which start in the spine and run down through the legs. It can be felt in the lower back, buttocks, legs and feet. It usually affects only one side of the body. People feel sciatica as pain, numbness, weakness, pins and needles or tingling. It can make it difficult to move the affected leg.

Lymphotoedema
If the cancer spreads to the lymph nodes it could lead to a condition called lymphotoedema – caused by a blockage in the lymphatic system. This is part of the body’s immune system, carrying fluid, called lymph, around the body. If the lymphatic system is blocked, the fluid can build up and cause swelling (lymphotoedema), usually in the legs. Cancer itself can cause the blockage, but so can some treatments, such as surgery or radiotherapy.

Lymphotoedema can cause discomfort or pain but there are treatments to manage it. Read more in our booklet, Advanced prostate cancer: Managing symptoms and getting support.
Metastatic spinal cord compression

Prostate cancer cells can spread to the bones of the spine (vertebrae). This can lead to a complication called metastatic spinal cord compression (MSCC) where the cancer cells press on the spinal cord.

MSCC is not common, but you need to be aware of it if you have prostate cancer which has spread to the bones. The risk is highest if it has already spread to the spine. Speak to your doctor or nurse for more information about your risk.

MSCC can cause any of the following symptoms:

- Pain or soreness in your lower, middle or upper back or neck which is severe or different from usual pain. The pain might get worse when you cough, sneeze, lift or strain, or go to the toilet. It might get worse when you are lying down. It might wake you at night or stop you from sleeping.
- A narrow band of pain around your tummy or chest which can move towards your lower back, buttocks or legs.
- Pain that moves down your arms or legs.
- Weakness in your arms or legs, or difficulty standing or walking. You might feel unsteady on your feet or feel as if your legs are giving way. Some people say they feel clumsy.
- Numbness or pins and needles in your legs, arms, fingers, toes, buttocks, stomach area or chest, that doesn’t go away.
- Problems controlling your bladder or bowel. You might not be able to empty your bladder or bowel, or you might have no control over emptying them.

These symptoms can also be caused by other conditions, but it’s still important to get medical advice in case you do have MSCC.

MSCC is a serious condition. If you develop one or more of the symptoms listed above, you should get medical advice straight away. Don’t wait to see if it gets better and don’t worry if it’s an inconvenient time, such as the evening or weekend. You should have been given information about who to contact if you have any symptoms. If you don’t have details of who to contact, or you can’t reach them, go to your nearest accident and emergency (A&E) department and tell them that you have prostate cancer and symptoms of spinal cord compression.

Don’t wait

It is very important to seek medical advice immediately if you think you might have MSCC because the sooner you have treatment, the lower the risk of long-term problems.

Read more about MSCC and how it is treated in our Tool Kit fact sheet, Metastatic spinal cord compression.

How much pain might I have?

We all react differently to pain. Only you can describe how your pain feels. Another person with the same illness may not feel pain in the same way. So predicting how much pain you might have is difficult – it’s an individual experience.

How much pain you have can depend on several factors, including:
- where the pain is and what’s causing it
- how soon you tell your doctor or nurse about the pain
- finding the right pain relief for you
- taking the right amount of pain-relieving drugs at the right times
- how tired and how well you feel
- if you feel anxious
- how well supported you feel with your pain.
You shouldn’t have to accept pain as a normal part of having cancer. Let your doctor or nurse know about any pain you have as soon as possible. Don’t worry that you are complaining too much or think that you should put up with it.

Pain will affect your quality of life if it is not properly controlled. The earlier you ask for help, the easier it will be to get your pain under control. With the right treatment and management, your doctor and nurse should be able to help you control your pain.

Until your pain is under control it may be very difficult to think clearly or believe that the pain will go away. Coping with any type of pain, whether it is constant or short-lived, can be tiring. Some people say they feel very angry or depressed about having pain. Anxiety can make it worse, and feeling low can make you more aware of your pain.

It might be useful to get some extra help if you are feeling down, for example by talking to a counsellor. Read more about support that might help on page 11.

Tiredness and fatigue can also be a big problem if you’re living with pain. If you are feeling very tired, speak to your GP or your doctor or nurse at the hospital. They can give you advice and support. They might prescribe sleeping tablets or a mild relaxant. These have a relaxing effect on the whole body which can help you sleep better.

How is pain assessed?
Your doctor or nurse will ask you questions about your pain to try and get as much information about it as possible. This is important in finding the best treatment for you.

You might find that keeping a diary to regularly record your pain helps you describe it to your doctor or nurse. Think about including the following information.

- Where is your pain?
- How bad is it?
- What does it feel like? For example, is it a stabbing pain, or a dull ache?
- When did the pain start? How often do you get it? How long does it last?
- Does it wake you at night?
- Does anything help? For example, changing position or having a relaxing bath.
- Does anything make it worse? For example, moving or walking around.
- How does your pain make you feel? For example, do you feel anxious or depressed? Does this affect the pain?

A good way of describing how much pain you are in is to rate it on a scale of zero to ten. Zero is no pain and ten is the worst pain you can imagine.

Your doctor or nurse will need to examine you to see if there are any obvious physical reasons for your pain. This will help them to decide whether you need any tests or investigations, such as blood tests or an X-ray, MRI scan or CT scan.

I kept a pain diary. This helped me keep track of when I had pain, how long it lasted and what made it better or worse. I took the diary to my appointment with me. This made it easier to talk about and describe my pain to the doctor.

A personal experience
How is pain treated?

There are different ways to treat pain. What’s best for you depends on a number of things, including what is causing the pain, your general health, how you are feeling emotionally and what sort of things you do in your daily life. Because pain involves all of these things, treating it often means using a few different approaches.

Pain might be a sign that your prostate cancer treatment is not working as well as it was. A different treatment for your cancer may help the pain. Possible treatments include:

- hormone therapy
- steroids
- chemotherapy.

You might need treatment to help the pain itself, such as:

- pain-relieving drugs
- pain-relieving radiotherapy
- medicines called bisphosphonates
- surgery
- transcutaneous electrical nerve stimulation (TENS)
- nerve block.

There are other things which may also help, including:

- complementary therapies
- emotional support
- treatments for other causes of pain, such as antibiotics to treat infection.

By using a combination of treatments to suit your needs, cancer pain can usually be managed well.

Once you have started treatment for pain, you will have regular check-ups so that any changes in your pain can be controlled as soon as possible. If one type of treatment doesn’t work for you, tell your doctor or nurse. There might be something else to try. Tell them about any new pain, whether or not you think it could be related to your cancer.

Various health professionals can help you manage your pain. These include your GP, your doctor or nurse at the hospital and health professionals who work in the community. They might be part of a pain team or a palliative care team. You may see some of the following health professionals.

- A palliative care doctor or nurse who you might see at home or in hospital. They work with other health professionals to co-ordinate your care and offer you support and advice. They can also refer you to local services.

- Specialist cancer nurses who can see you at home or in hospital. They provide expert advice about how to manage symptoms, different types of pain relief and how to manage any side effects.

- A clinical psychologist who may be able to help you deal with your pain.

- A physiotherapist who can show you how to move about without making the pain worse. They might also suggest exercises you can do which will help.

- An occupational therapist (OT) who can make sure you’ve got the right equipment in your house – so you can be comfortable and move about easily.

You might also be referred to a pain clinic where there will be a team of health professionals who specialise in treating pain.

Pain-relieving drugs

Most men who have pain caused by advanced prostate cancer need to take pain-relieving drugs at some stage. There are different kinds of pain-relieving drugs. Your health professionals may use a guide called a ‘pain relief ladder’ to decide which drugs will help you. The ladder (on page 6), recommends different types of drugs for each level of pain.
By using this approach, your treatment can be moved up to the next stage if your pain is not controlled by one type of drug.

You might be offered a combination of drugs, because they work in different ways. And you might take pain-relieving drugs along with other treatments such as radiotherapy. If your pain improves after these treatments, your doctor or nurse may be able to step down your drugs. This shouldn’t be done suddenly and you should be able to discuss it with your doctor or nurse.

It’s important that you take your drugs regularly, as prescribed by your hospital doctor or nurse or your GP. This will give you more constant pain control. Don’t put off taking your drugs. If you wait until the pain comes back before you take the next dose, you will have a gap where your pain is not properly controlled, and it might get worse. If the pain is allowed to get worse, it can be more difficult to get it under control.

If you find your pain comes back before your next dose is due, let your doctor or nurse know. The dose might need changing.

You might find you take pain-relieving drugs and the pain doesn’t go away straight away. This is because they can take a while to be absorbed by the body and start working.

Remember, they don’t become less effective if you take them for a long time, so don’t worry that if you take them now they won’t work in the future.

All medicines can cause side effects. We describe the most common side effects of pain-relieving drugs below. But you might not get all or any of these. If you do get side effects which won’t settle down, your doctor can change the amount or the type of drugs you take.

For more information about side effects, check the patient information leaflet included with your medicines or speak to your doctor or nurse at the hospital, or your GP.

**Non-opioid drugs**

These are mild pain-relieving drugs. They include paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen. You can use them together with stronger pain-relieving drugs.

NSAIDs can help reduce inflammation that may be causing your pain. You should only take NSAIDs regularly if they’ve been prescribed for you. This is because taking them for a long time can cause side effects such as stomach irritation and stomach ulcers. Your doctor or nurse might prescribe medicines to reduce the risk of these side effects. Taking NSAIDs after food might also
help to reduce stomach irritation. You should avoid smoking and drinking large amounts of alcohol, as these can increase the risk of stomach ulcers. Your doctor or nurse can give you more information about this.

**Opioid drugs**

You might need stronger pain-relieving drugs called opioids. These include strong opioids such as morphine and weaker opioids such as codeine and tramadol. You can take opioids in tablet and liquid form. You may be able to take slow-release opioids so that you don’t have to take them so often. If these aren’t suitable, some opioids are also available as a skin patch.

If you find it hard to take tablets or liquids (perhaps because of swallowing difficulties, for example) your doctor or nurse might suggest a continuous dose of opioids through a needle under the skin. This uses a small machine called a syringe driver. It means that the drug stays at a constant level in your body so it doesn’t wear off. It’s usually possible to have this at home, rather than in hospital.

If your pain occurs only when you move, a quick-acting opioid called fentanyl is available as a tablet to put under the tongue or in the cheek, or as a lozenge on a stick (a bit like a lollipop). This works quickly and only lasts one or two hours. You can take it before a planned activity that might cause pain.

Like all medicines, opioids can cause side effects.

- **Difficulty emptying your bowels (constipation)**

  Most people get this side effect of opioids, which can be very uncomfortable. Your doctor should give you medicines to make it easier to go to the toilet (laxatives). Drinking plenty of water, eating a high fibre diet and exercising, if possible, might also help to prevent constipation. If it doesn’t get better, speak to your doctor – but don’t stop taking the pain-relieving drugs.

- **Sickness**

  You might feel sick or be sick for the first few days of taking opioid drugs but this usually improves. If you feel sick, your doctor can prescribe anti-sickness tablets to stop this.

- **Drowsiness**

  When you first start taking opioid drugs you might feel tired and drowsy. This usually improves after a few days, when your body has become used to the drug. Ask your doctor or nurse whether it is safe for you to drive when you are taking opioids.

- **A dry mouth**

  Sipping drinks throughout the day can help. You can also try chewing gum or sucking boiled sweets.

Some men are worried about becoming addicted to stronger pain-relieving drugs like morphine. If you are taking morphine to relieve pain then addiction is unlikely. Remember that you might not start with the strongest type of pain-relieving drugs, and the dose will be carefully controlled by your doctor. If you are worried about taking opioids, speak to your doctor or nurse.

**Other drugs for relieving pain**

There are other types of drugs which are sometimes used to help treat pain. Which ones you are prescribed will depend on what is causing your pain.

For example, anti-epileptic drugs (gabapentin or pregabalin) and low doses of anti-depressants (amitriptyline) can help with pain caused by damage to a nerve. If you are prescribed anti-depressants for your pain, it doesn’t mean your doctor thinks you are depressed. Antibiotics can be prescribed if your pain is caused by an infection. Muscle relaxants (such as diazepam) can also be used if you have muscle spasms. Muscle spasms can be painful or make other pain worse.
Hormone therapy
Lots of men with advanced prostate cancer are on hormone therapy. Hormone therapy shrinks or slows down the growth and spread of the cancer. This can prevent or relieve your pain.

There are different types of hormone therapy. They can be given by injection, implants, tablets or surgery. Read more about hormone therapy and its side effects in our Tool Kit fact sheet, Hormone therapy, and our booklet, Living with hormone therapy: A guide for men with prostate cancer.

If hormone therapy is no longer controlling your cancer as effectively as it was, there are other treatments available to control the cancer and so help reduce pain and other symptoms. These include different types of hormone therapy. Read more in our Tool Kit fact sheet, Second-line hormone therapy and further treatment options.

Steroids
If treatments such as hormone therapy are no longer working, you might be offered a low dose of steroids to treat your prostate cancer. Higher doses can also be used to reduce pain.

If your cancer has spread to the bones it could cause swelling and press on the nerves in the bone, causing pain. Steroids can help to reduce swelling around the cancer, and so reduce the pain. You might be able to take steroids in combination with pain-relieving drugs and other types of treatment.

Like most medicines, steroids can cause side effects.

- Steroids can increase your appetite.
- They can increase your energy levels. Some people find that they feel irritable, as steroids can make your mind more active.
- You might put on weight and notice that your hands and feet are swollen. This is because steroids cause water retention – it’s the increased fluid that causes the weight gain.
- You might have a slightly higher risk of getting infections.
- Steroids can cause indigestion and may irritate the lining of the stomach, sometimes causing bleeding. You’ll need to take them after a meal or snack. Your doctor or nurse may prescribe additional tablets to help protect your stomach.
- You might have a higher risk of bone thinning (osteoporosis).
- They can increase sugar levels in your blood and urine.
- Steroids can cause temporary mental health problems while you are taking them. Make sure you tell your doctor straight away if you notice changes in your mood or thoughts so they can adjust your treatment. If you have mental health problems, your doctor will take this into account and make sure you get the right dose.

Your doctor or nurse should discuss and monitor possible side effects with you. They should give you a steroid treatment card which explains that you are taking steroids. You should carry this with you at all times. You should show it to anyone treating you (doctor, nurse, dentist), whatever the reason, as it is important that they know you are taking steroids.

Don’t stop taking steroids suddenly without speaking to your doctor or nurse as this can make you very ill.

Chemotherapy
Chemotherapy uses anti-cancer (cytotoxic) drugs to kill cancer cells, wherever they are in the body. The aim is to shrink the cancer and slow its growth. This can help with symptoms, including pain, and improve your quality of life.

Read more in our Tool Kit fact sheet, Chemotherapy.

Pain-relieving radiotherapy
Pain-relieving radiotherapy can shrink the cancer cells in the bones and stop them pressing on nerves and causing pain. It can also slow the
growth of cancer cells, giving your bones time to repair and strengthen. It is usually very effective in controlling pain in men with advanced prostate cancer. It is only used in men whose pain can’t be controlled with mild pain-relieving drugs.

There are two types of pain-relieving radiotherapy.

- **External beam radiotherapy (EBRT)**
  This is where a type of radiation is directed at the area of pain from outside of the body.

- **Radioisotopes**
  This is a type of internal radiotherapy which involves an injection of a very small amount of a radioactive substance.

Read more in our Tool Kit fact sheet, [Radiotherapy for advanced prostate cancer](http://prostatecanceruk.org).

**Bisphosphonates**
Bisphosphonates are drugs that can help treat the pain caused by cancer that has spread to the bones. They can bind to damaged areas of bone and help to prevent and slow down further damage. This helps relieve pain and it might also lower the risk of broken bones.

Read more about treatment with bisphosphonates in our Tool Kit fact sheet, [Bisphosphonates](http://prostatecanceruk.org), or speak to your doctor or nurse.

**Surgery to support damaged bone**
If there is an area of bone that has been badly damaged by cancer, surgery might be an option, although it is not often used. A metal pin or plate can be inserted into the bone under general anaesthetic to strengthen and stabilise the area of affected bone. Alternatively, a type of cement can be used to fill the damaged area. This strengthens the bone and relieves pain. You might have radiotherapy following the operation to help prevent the cancer growing back in that area.

**Transcutaneous electrical nerve stimulation (TENS)**
Some NHS pain clinics and hospital teams offer TENS to help manage pain. TENS uses a machine to send small electrical currents to nerves in your body through pads placed on your skin. Doctors think that the currents may block the pain signals caused by the cancer. A very small study recently found that TENS could help some people with bone pain, but more research is needed into this. As the TENS machine is small enough to fit in your pocket, it can be carried around with you so you don’t need to stay in hospital.

**Nerve block**
This is an injection which changes what you feel in a particular part of the body. It can reduce pain in that area. Nerve block is sometimes an option for men who only have pain in one or two areas and who are not suitable for other treatments or aren’t responding well to other treatments.

Nerve blocks are not widely used and are not available in all treatment centres.

**Complementary therapy**
Many people find that complementary therapies help them deal with cancer pain. They can help you feel more in control and that you are actively doing something to improve your health. We need more research to know whether they can relieve the pain itself. But many men find complementary therapies help them to feel better about themselves and their treatment, and can help to relieve stress, making them feel more relaxed.

There are many different complementary therapies available. The following are some of the more common ones.

- **Acupuncture**
  This is where very fine needles are inserted into the skin at specific points on the body. Acupuncture is sometimes available through the NHS and is used by some doctors and nurses alongside other treatments they prescribe. Acupuncture might not be suitable for men with lymphoedema.
• **Reflexology**
  This is a form of massage to specific areas of the hands or feet which are believed to be linked to other areas of the body. It might help you feel more relaxed and relieve anxiety.

• **Aromatherapy**
  This is where natural oils from plants are added to baths, inhaled with steam or used in massage, such as a gentle hand massage. Different oils are said to have different effects, such a calming, relaxing, or invigorating effect.

• **Gentle massage**
  This can help you to relax, relieve stress, improve blood flow and improve your mood. It’s important to avoid deep pressure on any areas which are affected by cancer, particularly areas that are sore or tender or where you are having radiotherapy.

• **Hypnotherapy**
  This is where a therapist talks to you and helps you to feel very relaxed and calm. It could help you to cope with some of the effects of cancer and treatment.

> I have acupuncture and reflexology every week and they are the most effective pain relievers for me. Not only do they maintain suppleness but if I have a specific pain site they remove the pain in a short time.

A personal experience

Complementary therapies are used alongside conventional treatments, rather than instead of them. **Tell your doctor or nurse about any complementary therapy you are having or are thinking of having to help with your cancer.** Some complementary therapies have side effects and some may interfere with your cancer treatment. You should also tell your complementary therapist about any cancer treatments you are having as this can affect what therapies are safe and suitable for you.

When you choose a therapist, make sure they are properly qualified and belong to a professional body. The Complementary and Natural Healthcare Council have advice about finding a therapist. Macmillan Cancer Support and CancerHelp UK provide more information about different types of therapies available and important safety issues to consider. You can find contact details of all these organisations on page 14.

Some hospitals, cancer clinics and hospices offer complementary therapies.

### Reporting unusual side effects: The Yellow Card Scheme

If you think you are experiencing a side effect from any treatment – including a herbal remedy – that is not mentioned in the information leaflet that comes with it, then you can report it using the Yellow Card Scheme. This is run by the Medicines Healthcare products Regulatory Agency (MHRA). They will investigate and if they find a problem with a medication then the MHRA will take action to protect the public.

There are three ways you can report a side effect:

- use the online Yellow Card form at yellowcard.mhra.gov.uk
- ask for a Yellow Card form at your pharmacy or GP surgery
- call the Yellow Card freephone on 0808 100 3352.

### What else can I do to help control my pain?

In addition to the treatments already mentioned, you might find some of the following ideas helpful. They may help you to feel more comfortable and more in control of your pain.
• Generally looking after yourself might help you to feel better – for example by maintaining a good diet or taking regular gentle exercise. Read more in our Tool Kit fact sheet, **Diet, physical activity and prostate cancer.**

• Change your position frequently to stay as comfortable as possible and prevent stiffness.

• Hot or cold packs may help to relieve some types of pain. Wrap them in a towel so that they don’t hurt your skin. Hot water bottles can also be helpful.

• Try something to take your mind off the pain, such as listening to music, reading, watching television or chatting with a friend or family member. As simple as it sounds, it really can help.

• Try relaxation techniques such as deep breathing, relaxation tapes or a relaxing bath. These can help you to feel more comfortable and take your mind off the pain.

**Where can I get support?**

If you are experiencing pain due to cancer, there is support available. As well as medical help to treat your pain, most men find it helps to get some support with the emotional side of things too.

Close friends and relatives often say that it can be difficult to watch a loved one in pain. They can feel helpless and may also need emotional and practical support.

**Talking to professionals**

You might find that it helps to talk to your doctor or nurse at the hospital or to your district or community nurse. You can also speak to our Specialist Nurses by calling our confidential helpline. They can offer emotional support for you and your family and talk through any concerns you’ve got.

Some men find it helps to talk to a counsellor. Counselling may help you cope if you are experiencing pain. Your hospital doctor or nurse or GP might be able to refer you to a counsellor. You can also find a counsellor yourself. The British Association for Counselling and Psychotherapy has information about counsellors in your area (see page 14).

**Talking to others in your position**

You and your family might find that talking to someone with similar experiences helps. Our support volunteers include men and women with experience of advanced prostate cancer. They are trained to listen and offer support over the telephone. Call our Specialist Nurses on our confidential helpline to arrange to speak to a volunteer.

If you have access to the internet, sign up to the Prostate Cancer UK online community, where members share their experiences of prostate cancer. Registration is free and only takes a few minutes.

There are also prostate cancer support groups across the country, where you and your family can meet other people affected by prostate cancer. You can find details on our website or ask your nurse.

**Support from hospices**

You may be able to get support from your local hospice or community palliative care team. These teams don’t just provide care for those at the end of life. They provide a range of services including treatment to manage symptoms such as pain. They can also offer emotional and spiritual support, practical and financial advice and support for families. Some hospices provide day centres with services such as complementary therapy. Or you might be able to stay at the hospice for a short time while they get your pain under control.
The community palliative care team can usually come and visit you at home if you prefer. Both teams will have doctors and nurses who can adjust the dose of your painkillers and help get your pain under control.

Your GP, doctor or nurse at the hospital, or district nurse can refer you to a hospice service or community palliative care team.

You can find out more about these services from Help the Hospices, Macmillan Cancer Support and Marie Curie Cancer Care (see page 14).

We’ve got more about finding support in our booklet, **Advanced prostate cancer: Managing symptoms and getting support**.
Questions to ask your doctor or nurse

You may find it helpful to keep a note of any questions you have, to take to your next appointment.

What is causing my pain?

Do I need to see a pain specialist?

Are there pain-relieving drugs which might help me?

What are the side effects of pain-relieving drugs?

What other treatments can I have to help manage my pain?

What else can I do to help with my pain?

Who else can I talk to about my pain?

Who should I contact if my pain gets worse?
More information

British Association for Counselling & Psychotherapy (BACP)
www.itstogoodtotalk.org.uk
Telephone: 01455 883300
Information about counselling and details of therapists in your area.

CancerHelp UK
www.cancerhelp.org.uk
Nurse helpline: 0808 800 4040
Cancer Research UK's patient information resource.

The Complementary and Natural Healthcare Council (CNHC)
www.cnhc.org.uk
Telephone: 020 3178 2199
Details of complementary therapy practitioners who meet national standards of competence and practice.

Healthtalkonline
www.healthtalkonline.org
Watch, listen to and read personal experiences of men with prostate cancer and other medical conditions.

Help the Hospices
www.helpthehospices.org.uk
Telephone: 020 7520 8200
Information about hospice care, including a database of hospice and palliative care providers.

Macmillan Cancer Support
www.macmillan.org.uk
Helpline: 0808 808 00 00
Practical, financial and emotional support for people with cancer, their family and friends.

Maggie's Centres
www.maggiescentres.org
Telephone: 0300 123 1801
A network of drop-in centres for cancer information and support. Includes an online support group.

Marie Curie Cancer Care
www.mariecurie.org.uk
Telephone: 0800 716 146
Runs hospices throughout the UK and a nursing service for people in their own home free of charge.

Pain Association Scotland
www.painassociation.com
Telephone: 0800 783 6059
Runs groups in Scotland which help people living with pain to improve their coping skills and manage their pain.

Pain Concern
www.painconcern.org.uk
Helpline: 0300 123 0789
Information and support for people with pain and those who care for them.

UK Prostate Link
www.prostate-link.org.uk
Helps you find and compare reliable information about prostate cancer.
About us
Prostate Cancer UK fights to help more men survive prostate cancer and enjoy a better life.

This fact sheet is part of the Tool Kit. You can order more Tool Kit fact sheets, including an A-Z of medical words, which explains some of the words and phrases used in this fact sheet.

Download and order our fact sheets and booklets from our website at prostatecanceruk.org/publications or call us on 0800 074 8383.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate cancer. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this fact sheet are available at prostatecanceruk.org

This publication was written and edited by:
Prostate Cancer UK’s Information Team

It was reviewed by:
• Wendy Ansell, Macmillan Urology Nurse Specialist, St Bartholomew’s Hospital, London
• Charlotte Clare, Consultant in Palliative Medicine, Northwick Park Hospital and Harrow Community Palliative Care Team
• Louisa Fleure, Clinical Nurse Specialist, Guy’s Hospital, London
• Debbie Gray, Urology Oncology Specialist Nurse, County Durham and Darlington Foundation Trust
• Jon Rees, GP with special interest in Urology and Men’s Health, Backwell and Nailsea Medical Group, North Somerset
• Deborah Victor, Uro-oncology Clinical Nurse Specialist, Royal Cornwall Hospitals NHS Trust
• Prostate Cancer UK Volunteers
• The Prostate Cancer UK Specialist Nurses

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Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, 40,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

• £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.

• £25 could give a man diagnosed with a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

To make a donation of any amount, please call us on 0800 082 1616, visit prostatecanceruk.org/donations or text PROSTATE to 70004*.

There are many other ways to support us. For more details please visit prostatecanceruk.org/get-involved

**You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms

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Call our Specialist Nurses from Mon to Fri 9am - 6pm, Wed 10am - 8pm
*Calls are recorded for training purposes only. Confidentiality is maintained between callers and Prostate Cancer UK.

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