




## PAIN RELIEF IN ONCOLOGY WITH NON-PHARMACOLOGICAL MEASURES: A LITERATURE REVIEW

### ALÍVIO DA DOR NA ONCOLOGIA COM MEDIDAS NÃO FARMACOLÓGICAS: UMA REVISÃO DE LITERATURA

### ALIVIO DEL DOLOR EN ONCOLOGÍA CON MEDIDAS NO FARMACOLÓGICAS: UNA REVISIÓN DE LA LITERATURA

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**Carolyn Virginia Lira Feitosa<sup>1</sup>, Oberto César dos Santos<sup>2</sup>**

#### ABSTRACT

Oncologic pain is one of the most prevalent symptoms in patients with cancer and represents a significant challenge for the healthcare team, especially for nurses, who play a fundamental role in managing and relieving this suffering. Historically, the treatment of oncologic pain has been based on pharmacological approaches, such as the use of opioids, which, although effective, present limitations and important side effects. However, non-pharmacological practices have emerged as effective alternatives for pain control, providing relief from physical and emotional distress. The present study aims to analyze the applicability of non-pharmacological measures in relieving pain in oncology patients, highlighting the effectiveness of these practices and the role of nursing professionals in this process. This is an integrative literature review that included articles published in the last five years in databases such as PubMed, SciELO, and LILACS. The study emphasized that non-pharmacological interventions, such as music therapy, phytotherapy, and kinesiotherapy, are effective strategies for improving patients' quality of life, reducing symptoms such as fatigue and insomnia. However, adherence to these practices is still limited, mainly due to the lack of knowledge and training among healthcare professionals. Moreover, the underuse of opioids remains a challenge in pain management, often due to patients' and families' fear regarding dependence and adverse effects. This resistance reinforces the need for health education to demystify the use of these medications and promote more effective pain control. The study also highlights the importance of multidisciplinary and individualized care, considering the particularities of each patient. Integration among nursing staff, physicians, and mental health professionals can optimize treatment, ensuring more humane care focused on patient well-being. It is concluded that the implementation of non-pharmacological interventions, along with public policies that encourage professional training, can significantly contribute to the control of oncologic pain. Investment in education, research, and integrated care is essential to provide more effective treatment, reducing patients' suffering and promoting better quality of life.

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<sup>1</sup> Undergraduate student in nursing. Faculdade CETA FIC Garanhuns.  
E-mail: carollinevirginia12lira.feitosa@gmail.com

<sup>2</sup> Professor in Acupuncture, Psychiatry and Mental Health. Asces Unita.  
E-mail: obertocesar.enf@gmail.com



**Keywords:** Pain Management. Non-Pharmacological Therapies. Oncology.

## RESUMO

A dor oncológica é um dos sintomas mais prevalentes em pacientes com câncer e representa um desafio significativo para a equipe de saúde, especialmente para os enfermeiros, que têm um papel fundamental no manejo e alívio desse sofrimento. Historicamente, o tratamento da dor oncológica tem sido baseado em abordagens farmacológicas, como o uso de opioides, que, apesar de eficazes, apresentam limitações e efeitos colaterais importantes. No entanto, práticas não farmacológicas têm emergido como alternativas eficazes no controle da dor, proporcionando alívio do sofrimento físico e emocional. O presente estudo tem como objetivo analisar a aplicabilidade de medidas não farmacológicas no alívio da dor em pacientes oncológicos, evidenciando a eficácia dessas práticas e o papel dos profissionais de enfermagem nesse processo. Trata-se de uma revisão integrativa da literatura que incluiu artigos publicados nos últimos cinco anos em bases de dados como PubMed, SciELO e Lilacs. O estudo destacou que intervenções não farmacológicas, como musicoterapia, fitoterapia e cinesioterapia, são estratégias eficazes para melhorar a qualidade de vida dos pacientes, reduzindo sintomas como fadiga e insônia. No entanto, a adesão a essas práticas ainda é limitada, principalmente pela falta de conhecimento e capacitação dos profissionais de saúde. Além disso, a subutilização de opioides permanece um desafio no manejo da dor, muitas vezes devido ao medo dos pacientes e familiares em relação à dependência e efeitos adversos. Essa resistência reforça a necessidade de educação em saúde para desmistificar o uso desses medicamentos e promover um controle mais eficaz da dor. O estudo também evidencia a importância de uma assistência multiprofissional e individualizada, considerando as particularidades de cada paciente. A integração entre equipe de enfermagem, médicos e profissionais de saúde mental pode otimizar o tratamento, garantindo um cuidado mais humanizado e centrado no bem-estar do paciente. Conclui-se que a implementação de intervenções não farmacológicas, associada a políticas públicas que incentivem a capacitação profissional, pode contribuir significativamente para o controle da dor oncológica. O investimento em educação, pesquisa e assistência integrada é essencial para oferecer um tratamento mais eficaz, reduzindo o sofrimento dos pacientes e promovendo maior qualidade de vida.

**Palavras-chave:** Manejo da Dor. Terapias não Farmacológicas. Oncologia.

## RESUMEN

El dolor oncológico es uno de los síntomas más prevalentes en pacientes con cáncer y representa un desafío significativo para el equipo de salud, especialmente para los enfermeros, quienes desempeñan un papel fundamental en el manejo y alivio de este sufrimiento. Históricamente, el tratamiento del dolor oncológico se ha basado en enfoques farmacológicos, como el uso de opioides, que, aunque eficaces, presentan limitaciones y efectos secundarios importantes. Sin embargo, las prácticas no farmacológicas han surgido como alternativas eficaces en el control del dolor, proporcionando alivio del sufrimiento físico y emocional. El presente estudio tiene como objetivo analizar la aplicabilidad de medidas no farmacológicas en el alivio del dolor en pacientes oncológicos, destacando la eficacia de estas prácticas y el papel de los profesionales de enfermería en este proceso. Se trata de una revisión integrativa de la literatura que incluyó artículos publicados en los últimos cinco años en bases de datos como PubMed, SciELO y LILACS. El estudio destacó que intervenciones no farmacológicas, como la musicoterapia, la fitoterapia y la kinesiología, son estrategias



eficaces para mejorar la calidad de vida de los pacientes, reduciendo síntomas como la fatiga y el insomnio. No obstante, la adhesión a estas prácticas sigue siendo limitada, principalmente por la falta de conocimiento y capacitación de los profesionales de la salud. Además, la subutilización de opioides continúa siendo un desafío en el manejo del dolor, muchas veces debido al miedo de pacientes y familiares en relación con la dependencia y los efectos adversos. Esta resistencia refuerza la necesidad de educación en salud para desmitificar el uso de estos medicamentos y promover un control más eficaz del dolor. El estudio también evidencia la importancia de una atención multiprofesional e individualizada, considerando las particularidades de cada paciente. La integración entre el equipo de enfermería, los médicos y los profesionales de la salud mental puede optimizar el tratamiento, garantizando una atención más humanizada y centrada en el bienestar del paciente. Se concluye que la implementación de intervenciones no farmacológicas, asociada a políticas públicas que fomenten la capacitación profesional, puede contribuir significativamente al control del dolor oncológico. La inversión en educación, investigación y asistencia integrada es esencial para ofrecer un tratamiento más eficaz, reduciendo el sufrimiento de los pacientes y promoviendo una mejor calidad de vida.

**Palabras clave:** Manejo del Dolor. Terapias No Farmacológicas. Oncología.



## 1 INTRODUCTION

Cancer is a highly prevalent disease with a significant impact on global public health. Cancer treatment involves not only facing a pathology that can be devastating, but also a series of physical and emotional consequences, with pain being one of the most prevalent and debilitating symptoms. According to the World Health Organization, in 2020, cancer was responsible for about 10 million deaths worldwide. In addition, according to IARC's Global Cancer Observatory, 19.3 million new cases of cancer were diagnosed. These data further highlight the importance of effective control of cancer pain, a prevalent symptom in 75-90% of patients undergoing treatment (Careskey; Narang, 2018).

Pain, according to the definition revised by the International Association for the Study of Pain (IASP), is "an unpleasant sensory and emotional experience associated, or similar to that associated, with an actual or potential tissue injury" (Desantana et al., 2020). This definition recognizes pain as a complex and subjective phenomenon, influenced by biological, psychological, and social factors, which reinforces the importance of multidimensional approaches in its assessment and management (Neves; Neves, 2023).

Historically, the pharmacological approach has been the main strategy for pain management in cancer patients, with the use of analgesics, anti-inflammatories, and, in many cases, opioids. However, this approach, although effective, has significant limitations (Barcelos, 2018). The prolonged use of medications such as opioids can generate adverse effects, such as nausea, constipation, drowsiness, in addition to the risk of drug dependence and tolerance, making pain management a complex and multidimensional process (Battaglin, 2023).

Experiencing cancer causes significant changes in daily life, requiring a personal and family reorganization in social, physical, emotional and spiritual aspects. In this scenario, nursing plays a fundamental role in the care of these patients, seeking to identify the needs of this population and rethink care, in order to respond to the present demands (Junior et al., 2017).

Pain control and relief are the responsibilities of the entire multidisciplinary team. However, as nursing professionals spend most of the time at the patient's side and are directly responsible for their care, their role in the assessment and management of cancer



pain becomes crucial, especially with regard to non-pharmacological approaches (Junior et al., 2017).

Non-pharmacological measures, which include palliative care practices, have been increasingly recognized as effective in the management of cancer pain. Non-invasive interventions focus not only on relieving physical symptoms, but also on the emotional and psychological aspect of the patient, addressing pain holistically. A recent study indicates that integrating these practices into cancer care can reduce pain intensity, improve sleep quality, reduce stress and anxiety, and promote overall well-being (Torres, 2021).

Cancer pain is marked by a complex interaction between biological, psychological, and social aspects, which makes it a deeply subjective and multifaceted experience. Physically, the pain may be associated with the progression of the disease or the side effects of treatment; psychologically, it can be aggravated by anxiety, depression, and fear; and socially, due to the loss of functionality, absence from work and changes in family dynamics. This set of factors contributes to the intensification of suffering and the limitation of the therapeutic response with the use of medication alone. Thus, there is a growing interest in non-pharmacological interventions, such as integrative therapies, relaxation, music therapy, and palliative care, which approach the patient holistically, relieving not only physical pain but also promoting emotional comfort and improved quality of life (Luz et al., 2024).

In the context of pain relief in cancer patients in the palliative phase, nurses associate pain and suffering control with improved quality of life. Palliative care offers comprehensive, humanized and multidisciplinary care, seeking to minimize the fears and concerns of both the patient and the family, in addition to providing therapeutic support. Within this scenario, communication stands out as an essential tool, as it facilitates adequate care, allowing the patient to experience their last moments with dignity. It is important to highlight that pain is perceived as a stress factor not only for the patient, but also for the health team and family members (Junior et al., 2017).

Pain management in cancer patients is one of the biggest challenges in the clinical context, especially due to the complexity of pain associated with cancer, which significantly impacts the quality of life of these patients (Trovo, 2024). Although pharmacologic treatments are widely used, chronic pain management through medications does not always provide complete relief and may be associated with side



effects such as opioid dependence and drug tolerance. In this scenario, non-pharmacological measures emerge as effective and less invasive alternatives, playing a key role in promoting comfort and well-being. Techniques such as integrative and complementary practices can reduce the perception of pain and improve the emotional state of patients, offering essential support that transcends the drug approach.

Based on these considerations, the present study aims to analyze the applicability of non-pharmacological measures in pain relief and quality of life in cancer patients during treatment.

## 2 MATERIAL AND METHODS

This study follows an integrative literature review approach, a method that allows to compile, synthesize, and critically analyze empirical and theoretical research on the benefits and challenges of non-pharmacological practices in pain management. The integrative review allows for a comprehensive analysis, aggregating data from different types of research (quantitative and qualitative) to generate an expanded and multidimensional synthesis of the theme (Sousa et al., 2018).

To guide the integrative review, the PICO strategy was used, which contributes to the formulation of a structured research question (Dantas et al., 2022). In this strategy, the following were considered: P (Population) – nursing team; I (Intervention) – application of non-pharmacological interventions; Co (Context) – pain relief and improvement of quality of life in cancer patients. Thus, the research question formulated was: How do non-pharmacological interventions applied by the nursing team influence pain relief and quality of life of cancer patients undergoing treatment? This question guided the selection of articles, the analysis and discussion of the findings, aiming at a systematic and reasoned response.

Data sources for the survey included relevant and recognized scientific databases, such as Public/Publisher MEDLINE (PubMed), Scientific Electronic Library Online (SciELO), and Latin American and Caribbean Health Sciences Literature (Lilacs), to ensure the quality and breadth of the literature found. The search strategy is composed of keywords and indexed terms, such as "pain management" AND "non-pharmacological therapies" OR "oncology", obtained through the Health Sciences Descriptors (DeCS).

The articles selected for this study meet strict inclusion criteria, and these studies were published between 2020-2025, considering the importance of recent data in the field



of non-pharmacological practices in pain management. The selected studies covered different types of research, such as original articles, randomized controlled trials, systematic reviews, meta-analyses, as well as qualitative and quantitative studies that specifically address the use of non-pharmacological practices in pain management in cancer patients.

On the other hand, duplicate articles, editorials, letters to the editor, conference abstracts, and narrative reviews were excluded, since these types of publications do not present the methodological rigor necessary for the present research. Studies that dealt exclusively with pain management with pharmacological interventions, without mentioning non-pharmacological practices, were also excluded. The adoption of these criteria aimed to ensure that the analysis carried out was focused exclusively on the non-pharmacological aspects of pain management, ensuring the reliability and relevance of the sources used to meet the objectives proposed by the research.

The selection of studies was carried out in three stages:

- First step: reading the titles and abstracts to identify potentially relevant articles.
- Second stage: reading the full text of the articles selected in the first stage, to verify that they meet the inclusion criteria.
- Third stage: confirmation of the final articles for analysis.

Data were extracted using a standardized form that will include: title, authors, year of publication, study objectives, type of study, level of evidence, and main results. This form will be essential for organizing and synthesizing the data in a systematic way.

The articles were also analyzed according to the level of evidence (N/E) (Chart 1) by type of study, following the classification of the "Oxford Centre for Evidence-based Medicine" (2011).

### Table 1

*Levels of evidence by type of study. Garanhuns, PE, Brazil, 2025*

| N/E | DESIGN OF STUDY  |
|-----|--|
| 1A  | Systematic reviews and meta-analyses of comparable clinical trials. Well-designed randomized controlled trials with relevant clinical outcome. |
| 1B  | Randomized controlled trials with a narrow confidence interval   |
| 1C  | "All or nothing" results. This is a case-controlled series study.  |
| 2A  | Homogeneous systematic review of cohort studies (with comparison groups and control of variables).   |

|           |  |
|-----------|--|
| <b>2B</b> | Cohort study with poor quality of randomization, control or no long follow-up, cross-sectional cohort study. |
| <b>2C</b> | Research results (observation of therapeutic results or clinical evolution).                                 |
| <b>3A</b> | Homogeneous systematic review of case studies with a control group.  |
| <b>3B</b> | Case studies with control group.   |
| <b>4</b>  | Case reports and series without definition of case-control.  |
| <b>5</b>  | Opinion of respected authorities or experts. Non-systematic literature review.                               |

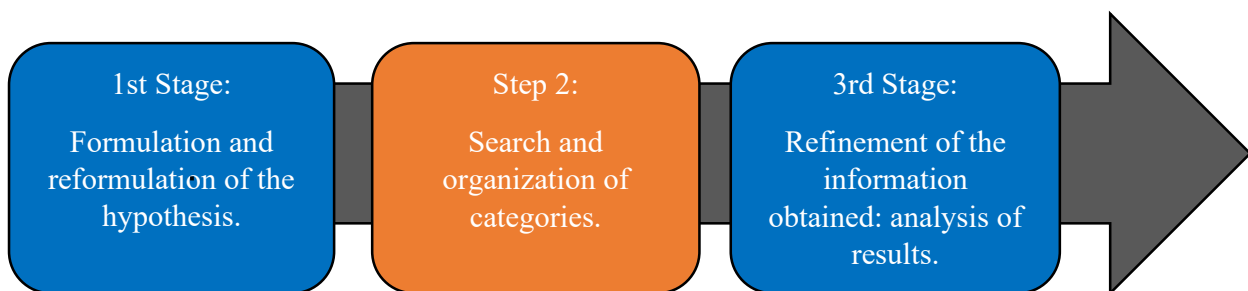
Source: Oxford Centre Evidence-Based Medicine (2011).

Data analysis was carried out according to the content analysis technique, according to Bardin (2011). The selected articles were reviewed, and the information extracted will be organized in a table with title, authors, year of publication, study objectives, type of study, level of evidence and main results. This categorization will allow an overview of the main points found in the literature, facilitating the comparison between studies and the discussion of the results.

The creation and reformulation of hypotheses or assumptions is a part of the pre-analysis stage. Throughout the process of exploring the material, the researcher tries to identify categories of meaningful expressions or words that will be used to organize the content of a conversation. The categorization process consists of dividing the text into words and expressions that are considered meaningful. After that, the analyst makes assumptions and makes interpretations, interrelating them with the theoretical framework initially drawn or providing more information about new theoretical and interpretative dimensions suggested by the material read (Minayo, 2014).

**Figure 1**

*Thematic analysis*



Source: Minayo (2014).



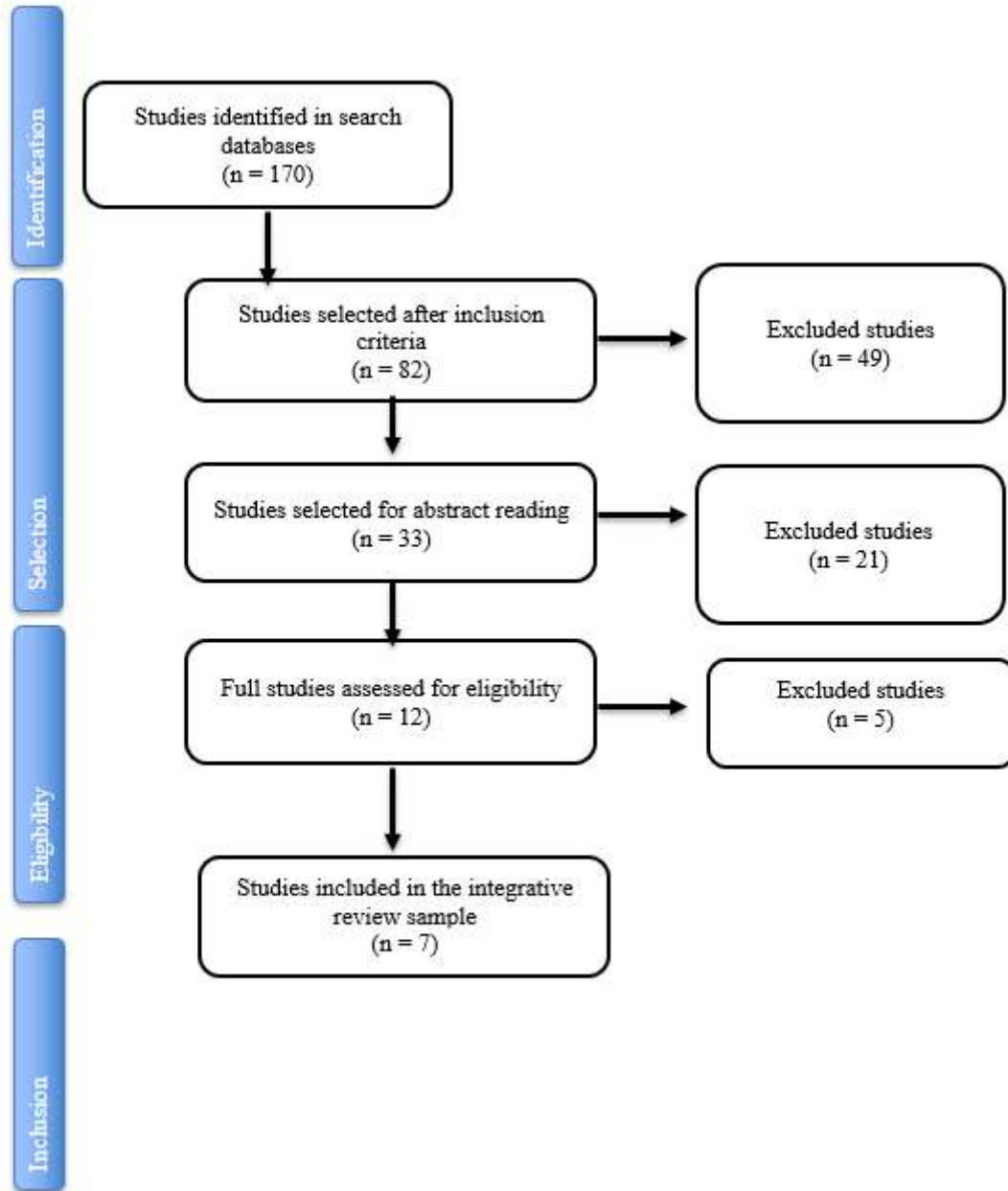
The results were presented using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) method, updated in 2020. This guideline aims to ensure transparency, standardization, and completeness in the presentation of systematic reviews by offering a flowchart detailing the steps of identification, screening, eligibility, and inclusion of the analyzed studies that will highlight key findings on the benefits and challenges of nonpharmacologic interventions in pain management.

Tables and tables have been included to summarize the main data, allowing a clear visualization of the reviewed studies and the recurring themes identified. The limitations of the studies and gaps in the literature are also addressed, indicating areas that need further investigation.

### **3 RESULTS AND DISCUSSIONS**

In this integrative literature review, seven articles were included. In the databases, 170 articles were found, of which 92 were in SciElo, 20 in PubMed and 58 in Lilacs. The selection was carried out according to how.

**Figure 2**  
*PRISMA (2020)*



Source: Authors (2025).



Seven articles were selected that served as a basis for the debate proposed on this topic, in which ideas and approaches that were similar to the theme chosen in the research in question were listed, as described in Chart 2.

**Table 2**

*Synoptic distribution of studies in terms of title, authors, year of publication, study objectives, type of study, level of evidence, and main results. Garanhuns, PE, Brazil, 2025. (N=7)*

| No | Authorship / Year of publication | Title   | Objective of the Study  | Level of Evidence | Type of study                               | Key results  |
|----|----------------------------------|---|---|-------------------|---|--|
| 1  | Franco <i>et al.</i> 2021        | Music therapy in oncology: perceptions of children and adolescents in palliative care | To analyze the perceptions of children and adolescents with cancer in palliative care about music therapy.                          | 2C                | Field research, with a qualitative approach | It was observed that before music therapy, children and adolescents expressed feelings of sadness, fear and longing related to the rupture of family ties during the hospitalization process. After receiving music therapy, they expressed the sensations of pleasure and well-being that this experience can provide, allowing them to express their deepest feelings. |
| 2  | Busse <i>et al.</i> 2021         | Medical cannabis or cannabinoids for chronic pain: a clinical practice guideline      | Investigate the role of medical cannabis or cannabinoids for people living with chronic pain due to cancer or non-cancerous causes. | 2B                | Cohort study with a qualitative approach    | In the study, it was seen that medical cannabis is increasingly used to manage chronic pain, particularly in jurisdictions that have enacted policies to reduce opioid use; However, existing guideline recommendation   |



|   |                |  |  |    |                       |  |
|---|----------------|--|--|----|-----------------------|--|
|   |                |  |  |    |                       | s are inconsistent, and cannabis remains illegal for therapeutic use in many countries.  |
| 3 | Fernandes 2021 | Nurses' experiences in caring for patients with cancer pain. | To unveil the meanings of nurses' experiences in the care of hospitalized cancer patients who go through painful events. | 2C | Qualitative research. | In this research, they reported that, in their daily practice, they evaluate and manage pain based on the knowledge acquired throughout their professional career, and point out gaps in their oncological training. Oncology care for them is permeated by challenges and contradictory feelings, such as joys and sorrows, which are perceived from the subjectivity of the symptom and the complexity of the disease. It requires professionals to have skills that go beyond the technical-scientific sphere, which are often not addressed during nursing education. It should be noted that in addition to drug therapy, the management of cancer pain can be carried out through integrative medicine therapies, which include practices such as acupuncture, |



|   |                          |   |  |    |   |  |
|---|--------------------------|---|--|----|---|--|
|   |                          |   |  |    |   | auriculotherapy, phytotherapy, homeopathy, music therapy, meditation, reiki, massage therapy, spirituality and religiosity, for example, as an alternative to drug therapy.  |
| 4 | Silva <i>et al.</i> 2020 | Chronic pain in patients in palliative care: the view of the family caregiver.  | To know how the family member deals with chronic pain and what pharmacological and non-pharmacological measures are used in patients in palliative care with oncological or non-oncological diagnosis. | 2C | This is an exploratory and descriptive study with a qualitative approach. | The study shows that cancer patients and their families use herbal medicines, such as fennel and chamomile teas, as a complement to pain control. Although they do not have a direct analgesic effect, these teas act as tranquilizers and enhance conventional medicines.   |
| 5 | Sousa <i>et al.</i> 2024 | Pharmacological and non-pharmacological measures to control dyspnea in palliative oncological care: analysis of medical records | To identify the most prevalent pharmacological and non-pharmacological measures in the control of dyspnea in cancer patients in palliative care.   | 2B | Observational, cross-sectional, descriptive and retrospective study       | As a non-pharmacological measure for the treatment of dyspnea, most patients used oxygen therapy (79.4%), and the nasal catheter was most commonly used (63%). Kinesiotherapy (77.8%), breathing techniques or exercises (50.8%), and acupuncture (23.8%) were also performed. The least used measurement was the source of facial air (3.2%), despite its recommendation in the literature. |



|   |                        |  |  |    |   |   |
|---|------------------------|--|--|----|---|---|
| 6 | Oie <i>et al.</i> 2021 | Evaluation of non-pharmacological integrative interventions and quality of life in breast cancer patients using real-world data. | To evaluate longitudinal changes in the self-reported quality of life of breast cancer patients receiving an integrative medicine program consisting of inpatient NPIs and standard oncology treatments. | 2C | This was an observational , longitudinal and retrospective study. | The results of this research analyzed that the significant associations between the treatment with non-pharmacological interventions received, consultations elaborated and life review, nursing compresses, music therapy and eurythmy and improvements of 8 to 13 points for global health, all five functional scales EORTC and symptoms of fatigue, dyspnea, insomnia and financial difficulties were observed and saw that the use of non-pharmacological means is positive to improve the quality of life of cancer patients. |
| 7 | Tsegayeet al. 2023     | Non-pharmacological pain management practices and associated factors among nurses working in comprehensive specialty hospitals   | To assess non-pharmacological pain management practice and associated factors among nurses working in comprehensive specialty hospitals in northwestern Ethiopia.  | 2B | Cross-sectional study   | It was evident that the prevalence of non-pharmacological pain treatment practices was considered low. The practices were application of cold and heat, changes in the patient's position, restriction of movement or rest, therapeutic communication, use of comfort devices, creation of a comfortable environment,   |



|  |  |  |  |  |  |   |
|--|--|--|--|--|--|---|
|  |  |  |  |  |  | relaxation techniques, distraction, massage and therapeutic touch. Hospitals should give training on non-pharmacological methods of pain management to nurses, as they are important to treat pain holistically, increase patient satisfaction, and are cost-effective. |
|--|--|--|--|--|--|---|

Source: Authors (2025).

Cancer pain represents one of the most complex challenges in clinical management, requiring approaches that go beyond conventional pharmacotherapy. The analyzed study evidences the use of non-pharmacological interventions as a complementary strategy for pain control in patients with breast cancer, demonstrating significant associations between these interventions and improved quality of life. Among the therapies used, nursing compresses, music therapy, and eurythmy stand out, which contributed to the reduction of symptoms such as fatigue, dyspnea, insomnia, and financial difficulties, in addition to improvements in the functional scales of the EORTC (Oie et al., 2021).

The use of IPNs in the management of cancer pain is supported by the literature, especially in research that highlights the positive impact of music therapy on patients in palliative care. The study by Franco et al. (2021) identified that children and adolescents with cancer, before receiving music therapy, expressed feelings of fear and sadness, while after the intervention they reported pleasure and well-being. This corroborates the idea that complementary therapies not only help reduce pain but also provide emotional and psychological comfort to patients.

Corroborating this, Lima, Carvalho and Silva (2019), music therapy, as a complementary approach, can be incorporated into nursing care not only because it collaborates in the management of clinical signs and manifestations observed in individuals with cancer and/or in palliative care, but also because it favors interaction, the



manifestation of emotions and feelings, providing relief, welcoming and quality of life for patients and their loved ones.

In addition to music therapy, other non-pharmacological interventions demonstrate potential in pain control. The study by Silva et al. (2020) reveals that family members of patients in palliative care often resort to the use of herbal medicines, such as fennel and chamomile teas, as adjuvants in pain relief. Although these herbs do not have a direct analgesic effect, their calming action can reduce anxiety and enhance the effects of conventional medications, strengthening the need for an integrative approach in cancer treatment.

On the other hand, according to Tsegaye et al. (2023) show that the prevalence of these practices among nurses is still low, despite their relevance in comprehensive patient care. This suggests the need for training health professionals so that they can implement complementary approaches to pharmacological treatment, promoting a more holistic and patient-centered care.

In addition to training, the availability of appropriate tools for pain assessment is also a critical factor for the effectiveness of cancer pain management. Fernandes (2021) highlights that many nurses base their practices on the knowledge acquired throughout their professional experience, but point out gaps in academic training with regard to pain management in oncology. The lack of specific preparation can limit the use of integrative therapies, making analgesia protocols less effective.

Another important aspect to be considered is the impact of health policies on the control of cancer pain. Busse et al. (2021) investigated the use of medical cannabis and cannabinoids in chronic pain management and found that, although their use is increasing in some regions, clinical guidelines are still inconsistent and the legalization of cannabis for therapeutic purposes varies globally. This variability makes it difficult to adopt this alternative as part of the cancer pain treatment protocol.

Also, according to the excerpt above, for Fernandes and Pannunzio (2024) cannabidiol has favorable pharmacological effects on the human body and emerges as a promising alternative in the management of persistent pain. An analgesic action is observed, but with more evident efficacy in cases of neuropathies, while its action in relieving cancer-related pain is still limited.

The need for a structured and individualized protocol for pain management is also evident in the study by Sousa et al. (2024), which analyzed medical records of cancer



patients in palliative care. The results indicate that, although pharmacological measures are frequently employed, non-pharmacological strategies, such as kinesiotherapy and respiratory techniques, are also widely used to control dyspnea, reinforcing the importance of complementary interventions in relieving patients' suffering.

The study by Oie et al. (2021), which analyzed real-world data on the quality of life of breast cancer patients, corroborating the findings of Franco et al. (2021) and Silva et al. (2020) by demonstrating that non-pharmacological interventions contribute to the well-being of patients. The improvements observed in the EORTC quality of life scales show that the use of IPNs can be an essential component of cancer treatment, acting synergistically with conventional therapies.

By contrast, some research suggests that despite the effectiveness of non-pharmacological interventions in relieving pain, adherence to these practices is still limited. Tsegaye et al. (2023) point out that factors such as resource availability, insufficient training of professionals, and hospital culture can hinder the implementation of non-pharmacological approaches. Corroborating Alves (2023) who addresses that its implementation in practice and the general approach to pain is still insufficient and unequal, resulting in unnecessary suffering from them. These findings contrast with the results of Oie et al. (2021), which demonstrate a significant positive impact of these methods on the quality of life of cancer patients.

Given this scenario, it is essential that multidisciplinary teams become aware of the importance of integrating non-pharmacological practices into cancer care. As demonstrated in the studies analyzed, strategies such as music therapy, phytotherapy, acupuncture, kinesiotherapy, and breathing techniques can act as effective adjuvants in reducing pain and in the general well-being of patients. However, the lack of knowledge and training of health professionals still represents an obstacle to the effective implementation of these approaches (Fernandes, 2021).

As addressed by Santos-Moura; Cualhete; Fernandes (2022) that the difficulties in the practice and application of PC principles are precisely related to the lack of trained professionals to compose a multiprofessional team.

Another relevant point, as mentioned above, is the role of family members in the management of cancer pain. Silva et al. (2020) show that many caregivers resort to traditional practices, such as the use of teas, in an attempt to alleviate the patient's suffering. This behavior highlights the need for guidance from nursing, so that family



members can use safe and evidence-based strategies, enhancing the effect of conventional therapies.

Thus, the discussion on pain management in oncology should be broadened, considering both pharmacological and non-pharmacological approaches. As demonstrated in the studies analyzed, NPIs play an important role in improving the quality of life of patients, but they still face challenges in their implementation. Investment in professional training, structured protocols, and public policies that encourage evidence-based practices can contribute to a more humanized and effective care in the control of cancer pain (Tsegaye et al., 2023).

#### **4 CONCLUSION**

The present study highlighted the importance of non-pharmacological measures in the management of cancer pain, evidencing the fundamental role of these practices in promoting the physical and emotional well-being of patients. The study showed that non-pharmacological interventions play an essential role in improving the quality of life of these patients, acting in a complementary way to medications. Techniques such as music therapy, herbal medicine, kinesiotherapy, acupuncture, and breathing techniques have been shown to be effective in reducing pain, stress, and anxiety, while providing physical and emotional comfort. However, adherence to these practices is still limited, largely due to the lack of knowledge and training of health professionals.

In view of this scenario, the need for multidisciplinary care that integrates different therapeutic approaches, considering the particularities of each patient, becomes evident. The involvement of nursing staff, clinicians, and mental health professionals is critical to ensure ongoing pain assessment and the implementation of personalized strategies. Communication between professionals, patients and family members also stand out as a determining factor in the quality of care, promoting greater adherence to therapies and reducing the emotional suffering associated with the disease.

Therefore, this study reinforces the importance of adopting non-pharmacological measures to control cancer pain, as well as the continuous training of health professionals to expand access to these practices. Investment in education, research, and health policies aimed at comprehensive pain management can contribute to a more humanized treatment, improving the quality of life of patients and promoting more effective and compassionate care in the oncological context.



Despite the relevant contributions of this integrative review, it is important to recognize some limitations. The sample of included studies was relatively small, which may restrict the generalizability of the results. In addition, many of the articles analyzed presented qualitative or descriptive methodologies, with small samples and absence of control groups, which compromises the level of scientific evidence. These limitations indicate the need for further studies with robust designs, such as randomized clinical trials, that can confirm the efficacy of non-pharmacological interventions in the management of cancer pain and provide a more consistent basis for clinical nursing practice.

Thus, the study aims to expand scientific knowledge on the subject, encourage the adoption of non-pharmacological practices in health environments and highlight the importance of the role of nurses in the multidisciplinary management of cancer pain.

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