

Letters

Incorrect Use of the English Language Term “Episodic”



To the Editor:

We would like to comment on the European Association for Palliative Care Research Network group's recommendation that “the term episodic pain could serve as an overarching concept for all significant transient cancer pain exacerbations.”¹ The Oxford English Dictionary² defines episodic as “of or pertaining to, or of the nature of, an episode; incidental, occasional.” Thus, episodic is not synonymous with “transient” or, indeed, any specific time period, and so the use of this term seems incongruous in this situation.

Løhre et al.¹ state that “episodic pain was previously suggested as a clinical entity by the European Association for Palliative Care,” but do not mention that the previous incarnation was recommended as an alternative to breakthrough pain.³ We feel that the use of the same term to describe different phenomena is counterproductive. Løhre et al.¹ also state that the *International Classification of Diseases, 11th Edition (ICD-11)*, uses the term episodic to describe “intermittent” cancer pain, when in fact the *ICD-11* uses the term episodic to describe intermittent cancer pain “if associated with physical movement or clinical procedures.”⁴ Thus, the use of the term by the European Association for Palliative Care Research Network group is very different from that of the *ICD-11*.

It is well recognized that “there are significant (*short lived*) pain exacerbations other than breakthrough pain.”⁵ We would like to suggest that such pain exacerbations merely be called “transient pains” (rather than episodic pains). Thus, the Oxford English Dictionary² defines transient as “passing by or away with time; not durable or permanent; temporary, transitory; esp. passing away quickly or soon, brief, momentary, fleeting.” Moreover, the term transient is reported to be “simple” (to understand) and easily translated into other common languages.³

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Authors' Reply to Davies et al.



To the Editor:

We would like to express gratitude to Davies and colleagues for reading and taking an interest in our work.

The term breakthrough cancer pain (BTCP), since its introduction, has been applied to describe temporal variations in cancer pain intensity but often in a heterogeneous manner.¹ We think the efforts by Davies et al. to provide a more strict definition on BTCP has been an important contribution to the congruence of the understanding of the phenomenon.² However, a more strict definition of the term BTCP rules out other important transient cancer pain exacerbations, also in need of assessment, classification, and treatment, which may occur in patients with no background pain or without preexisting treatment.³ Interestingly, Davies et al. have raised the same concerns as we did in the current article: “the term (BTCP) is widely used to describe any exacerbation of pain in patients with background pain, or even intermittent episodes of pain in patients without background pain.”²

Dictionary definitions of “episode” include “an event or a short period of time that is important or unusual.”⁴ Therefore, the term “episodic pain” can be used to describe pains that occur over a short period of time and are important or unusual. This seems in our opinion to be a better description of a transitory cancer pain of often unpredictable and intermittent nature. For the physician planning the treatment, information on the recurrent nature of the pain is as important as the fact that the pain is passing with time.

The previous European Association for Palliative Care article published on the subject was based on a definition of BTCP as “a transitory increase in pain to a greater than moderate intensity which occurred on a baseline pain intensity of moderate intensity or less.”^{5,6} Over the years, more strict definitions of BTCP have emerged. Still, the original definition gives a fairly good characterization of any transient cancer pain exacerbation, or episodic pain.

The International Classification of Diseases, 11th Revision, is due by 2018 according to the official Web site.⁷ We are confident that the World Health Organization will supply useful nomenclature on both continuous and intermittent cancer pain.

Sadly, for most of our palliative care patients, their pain is not transient or passing with time. Their pain is often increasing and sometimes difficult to handle. To optimize pain control, rigorous assessment, logical classification, and treatment according to international pain guidelines are mandatory.

Since the first attempt at clarifying the clinical features of BTCP more than 25 years ago, the concept has become linked with specific therapeutic indications for analgesics. There is also a need for a more general and universally acceptable terminology, not dependent on therapy requirements.

The results from the expert opinion consensus suggest that episodic pain due to cancer can be understood as an episode of pain distinguished from the

baseline pain and that the term could be viewed as a sufficiently general expression to encompass all intermittent pain flares. This wording also includes the possibility of further classification according to pain characteristics, pathophysiology, and etiology.

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