



Assessing & Treating Pain in Older Adults

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Objectives

- ▶ Differentiate between acute and persistent (chronic) pain.
- ▶ Identify factors that affect the older adult's pain experience, focusing on those with cognitive impairment
- ▶ Discuss pharmacological and non-pharmacological pain management therapies.



Overview

- ▶ A common experience in older adults.
- ▶ By 2030, 1 in 5 US residents will be older than 65.
- ▶ People over 85 comprise the fastest growing segment of the population.
- ▶ NP's **MUST** be knowledgeable about assessing and treating pain.
- ▶ Pain is an “unpleasant sensory and emotional experience” and is “whatever the experiencing person says it is, existing whenever he says it does.” (McCaffery, 1968)

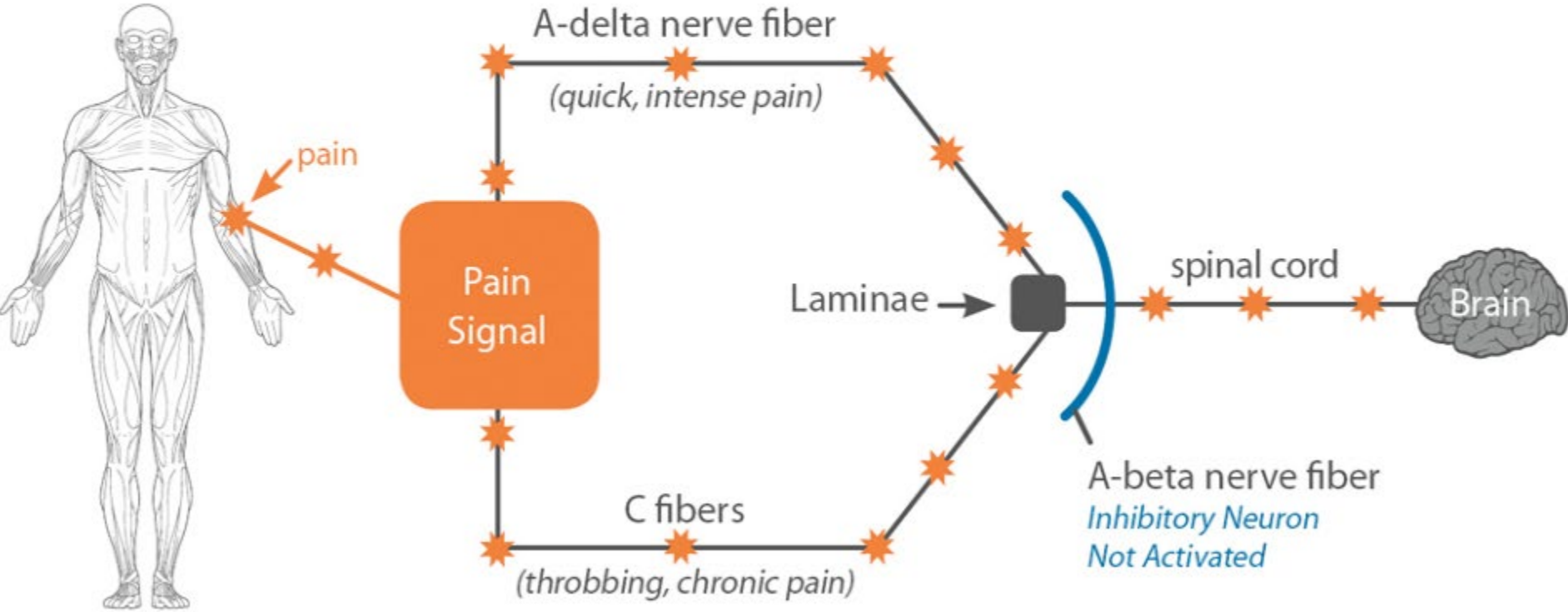


Acute and Persistent Pain: The Enormous Impact on Older Adult Health

- ▶ **Acute Pain**
 - Temporary
 - Postoperative, procedural, and traumatic pain
 - Easily controlled by analgesic
- ▶ **Persistent (Chronic) Pain**
 - No time frame
 - Persistent at varying levels of intensity



Pain is Perceived



Pain Syndromes in Older Adults

- ▶ Temporal arteritis
- ▶ Degenerative joint disease
- ▶ Rheumatoid arthritis
- ▶ Polymyalgia rheumatica
- ▶ Reflex sympathetic dystrophy
- ▶ Lumbar disk disease
- ▶ Gout



Pain Syndromes in Older Adults

- ▶ Lumbar stenosis
- ▶ Osteoporosis and fractures
- ▶ Peripheral vascular disease
- ▶ Post-stroke syndrome
- ▶ Contractures
- ▶ Trigeminal neuralgia



Pain Syndromes in Older Adults

- ▶ Herpes zoster (Shingles)
- ▶ Postsurgical intercostal neuralgia
- ▶ Postherpetic neuropathies
- ▶ Peripheral neuropathy
- ▶ Diabetic neuropathy
- ▶ Phantom limb pain



Pain Syndromes in Older Adults

- ▶ Angina
- ▶ Postmastectomy pain
- ▶ Hiatal hernia
- ▶ Irritable bowel syndrome
- ▶ Chronic constipation
- ▶ Oral/dental



Pain in Older Adults: The statistics...

- ▶ 73% to 80% of the entire elderly population have reported pain symptoms.
- ▶ 78% of independent people aged 60 to 69 report chronic pain.
- ▶ 64% of independent, healthy people aged 80 to 89 report chronic pain.
- ▶ 71–83% of patients in assisted living or nursing home facilities report chronic pain that affects their quality of life and interferes with activities of daily living.



Pain in Older Adults

- ▶ Pain is more prevalent in older adults when compared to younger age groups.
- ▶ Most reported pain results from degenerative joint disease (e.g., arthritis) and spine disease as well as leg and foot disorders.
- ▶ Pain reports peak at age 65.

Pain in Older Adults

- ▶ 47–80% of older adults in community settings (i.e., living at home) do not receive treatment for pain.
- ▶ 16–27% of older adults living in institutionalized settings do not receive treatment for pain.
- ▶ One dementia research study found that 84% of older patients with dementia and suffering from pain do not receive any treatment.

Pain in Older Adult

- ▶ **Barriers to Pain Management**
 - Individual's wishes and family concerns
 - Health care community
 - Society at large
 - Assumption that those with Alzheimer's or other types of cognitive impairment don't feel pain as intensely as those who are not cognitively impaired.

Pain in Older Adult

- ▶ Pain at End of Life
 - Most common and most feared symptom of people at end of life
 - Comprehensive and multifactorial assessment by interdisciplinary team is key to appropriate management, along with interventions

Pain in Older Adult

- ▶ Pain in Cognitively Impaired Elders
 - Consistently untreated or undertreated for pain
 - Careful observation of behavior and caregiver reports need to be used if person cannot reliably communicate pain

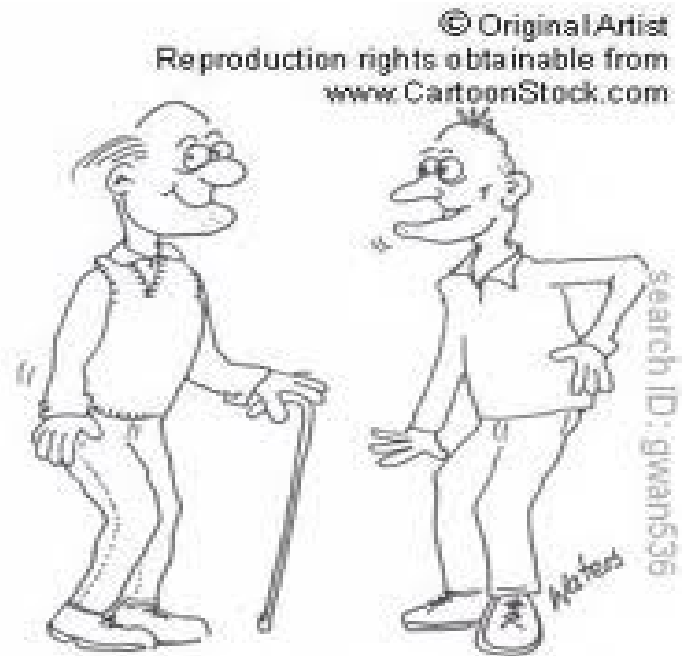
Implications for Families & Caregivers

- ▶ People caring for someone with Alzheimer's disease or other dementias can do an even better job than providers can when it comes to detecting pain in their loved one.
- ▶ Caregivers have an incredible capacity – even beyond healthcare providers – to know the behavior of the person they are caring for and to look for the times they are in discomfort or pain. They are an **INVALUABLE RESOURCE!**



Myths about pain control in older adults

- ▶ **Myth: Persistent pain is a normal part of aging.**



"When you get older everything hurts...
and what doesn't hurt doesn't work!"

Fact:

- ▶ While persistent pain certainly becomes more common as people age, it is not normal to hurt. The presence of pain means that there is something causing it. Sometimes the cause may be simple such as muscular strain, but sometimes it is more complicated, and an entire team of specialists such as pain clinics, physical therapists, and psychologists may need to treat the older adult to help them get better. **Pain should never be accepted as normal.**



Myths about pain control in older adults

- ▶ **Myth: Persistent pain in older adults is not likely to get better, so these patients need to learn to live with it and tolerate as much pain as they can.**



Fact:

- ▶ Actually, many effective treatments are available for most kinds of pain that occur in older patients. Medications are only one small part of pain treatment. The main goal of pain treatment is to maximize the patient's ability to be active and engaged in life. Studies have shown that even though persistent pain usually cannot be completely eliminated (that is, even with excellent treatment, pain that is persistent is not likely to go away), patients can still enjoy significant improvements in their function and quality of life. In other words, even if pain treatment results in only a modest reduction in pain, it is still likely that function and quality of life can improve significantly.

Myths about pain control in older adults

- ▶ **Myth: Older adults should not take opioids because of the potential for addiction.**



Fact:

- ▶ Opioids, commonly known as narcotics, are strong pain medications that may be necessary to treat severe pain. When used carefully, these medications, including morphine, hydrocodone, oxycodone, fentanyl patches, and methadone, can do a very good job of controlling pain without serious side effects. As with any medication, patients who take these medications should be carefully monitored by their clinicians. Patients frequently express concern when their health care provider suggests taking these medications because they fear addiction, but this problem is quite uncommon. The word "addiction" means that patients develop a psychological craving for medication even when they do not have a physical need for it. Most older adults with persistent pain conditions have a real need for pain medication, so the likelihood of becoming addicted is less than 1 in 200.

Myths about pain control in older adults

- ▶ **Myth: As long as pain is not caused by cancer, it is not harmful. Individuals with cognitive impairment no longer feel pain.**



Fact:

- ▶ Persistent pain, no matter what the underlying cause, can have a wide range of effects on patients. Some of the more common include difficulty performing activities of daily living like bathing, dressing, and cooking; depression and anxiety; impaired appetite; difficulty concentrating; and trouble sleeping. Patients with persistent pain also tend to make visits to emergency rooms and providers' offices more often than other people. So, persistent pain is not just an inconvenience – it deserves to be treated aggressively and effectively.

Myths about pain control in older adults

- ▶ **Myth: If physical therapy previously caused worsening of pain, it should not be prescribed in the future.**



Fact:

- ▶ Nothing could be further from the truth. There are a wide variety of physical therapy techniques, and a wide range of physical therapists with different training and clinical experience. The best therapists from whom to seek treatment for persistent pain conditions are those who have a lot of experience in treating these conditions. If physical therapy is administered too aggressively or in not quite the proper way, for example, patients may feel worse instead of better. This is particularly true for certain types of muscular conditions and back problems.

Myths about pain control in older adults

- ▶ **Myth: Older adults with pain and depression will experience improvement in their mood when their pain has improved.**



Fact:

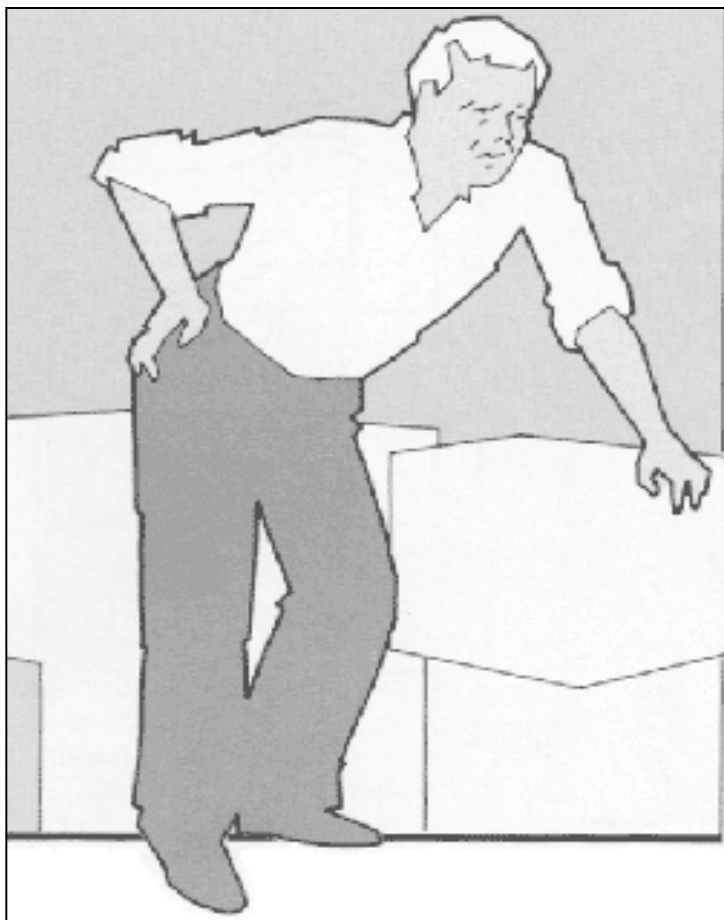
- ▶ Not necessarily. People with persistent pain often experience feelings of sadness, irritability, and poor sleep. Sometimes these feelings improve when pain improves. If these feelings are strong, however, it is important that they be treated with antidepressant medications. If they are ignored, it may be more difficult to treat the pain. In other words, pain and depression can become part of a vicious cycle, and unless all parts of the cycle are addressed, neither pain nor depression can be treated effectively.

Challenges to Assessing Pain



- ▶ Stoicism, not wanting to be a “complainer”
- ▶ Concerns about taking pain medicines
- ▶ Belief that pain is part of growing old
- ▶ Fear of the meaning of the pain



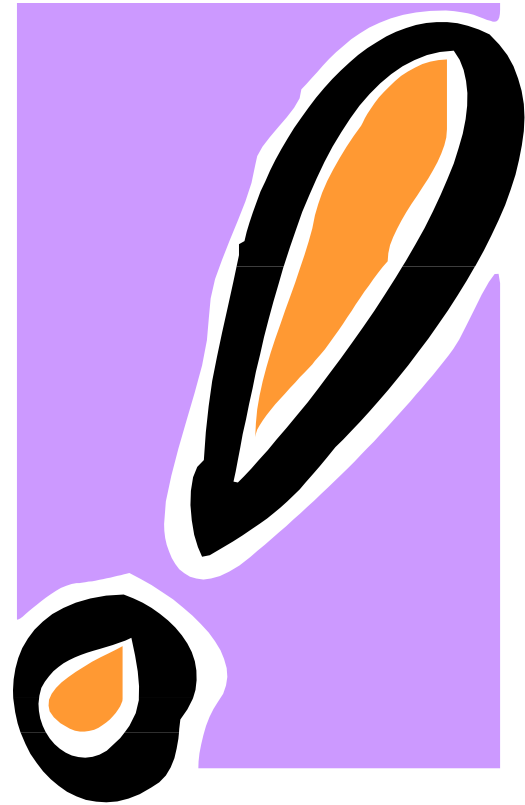


*“I don’t have any pain, but
I sure am sore!”*

Some people do not typically use the word “pain.” This tendency seems to be particularly common in older adults. They may talk about “soreness” or “achiness” but not pain.



**Pay particular
attention to
changes from
normal
behaviors**



What are the clues an individual with cognitive impairment is in Pain? (Important questions to ask)

Facial Expressions.

- ▶ Does he or she frown, look frightened, grimace, wrinkle his or her brow, keep eyes closed tightly, blink rapidly, or exhibit any distorted expression?



What are the clues ?

Verbalizations/Vocalizations.

- ▶ Does he or she moan, groan, sigh, grunt/chant/call out, breathe noisily, ask for help, or become verbally abusive?



What are the clues ?

Body Movements.

- ▶ Is the person's body posture rigid and/or tense? Does he or she fidget, pace or rock back and forth, have restricted movement, gait or mobility changes?



What are the clues ?

- ▶ **Behavioral Changes.**

Does he or she refuse food or have an appetite change? Is there any change in sleep/rest periods?

Has he or she suddenly stopped common routines or begun wandering?



What are the clues ?

Mental Status Changes.

- ▶ Does he or she cry, become more confused, irritable or distressed?



What are the clues ?

- ▶ **During movement?**

Does your loved one grimace or groan or become combative during personal care (such as bathing), walking, or transferring (from bed to chair, for example)?



What are the clues?

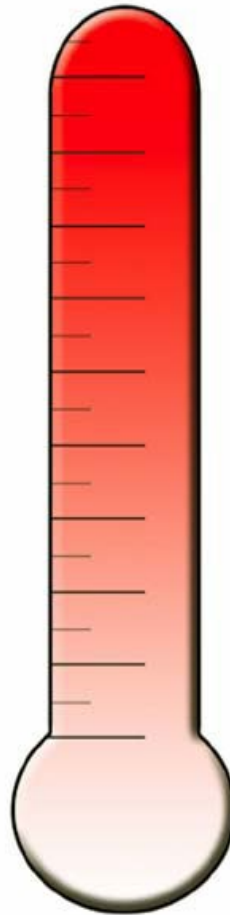
- ▶ **When there is no movement involved?**

Does she appear agitated or have other behavioral changes, such as trouble sleeping, loss of appetite, or reclusiveness?

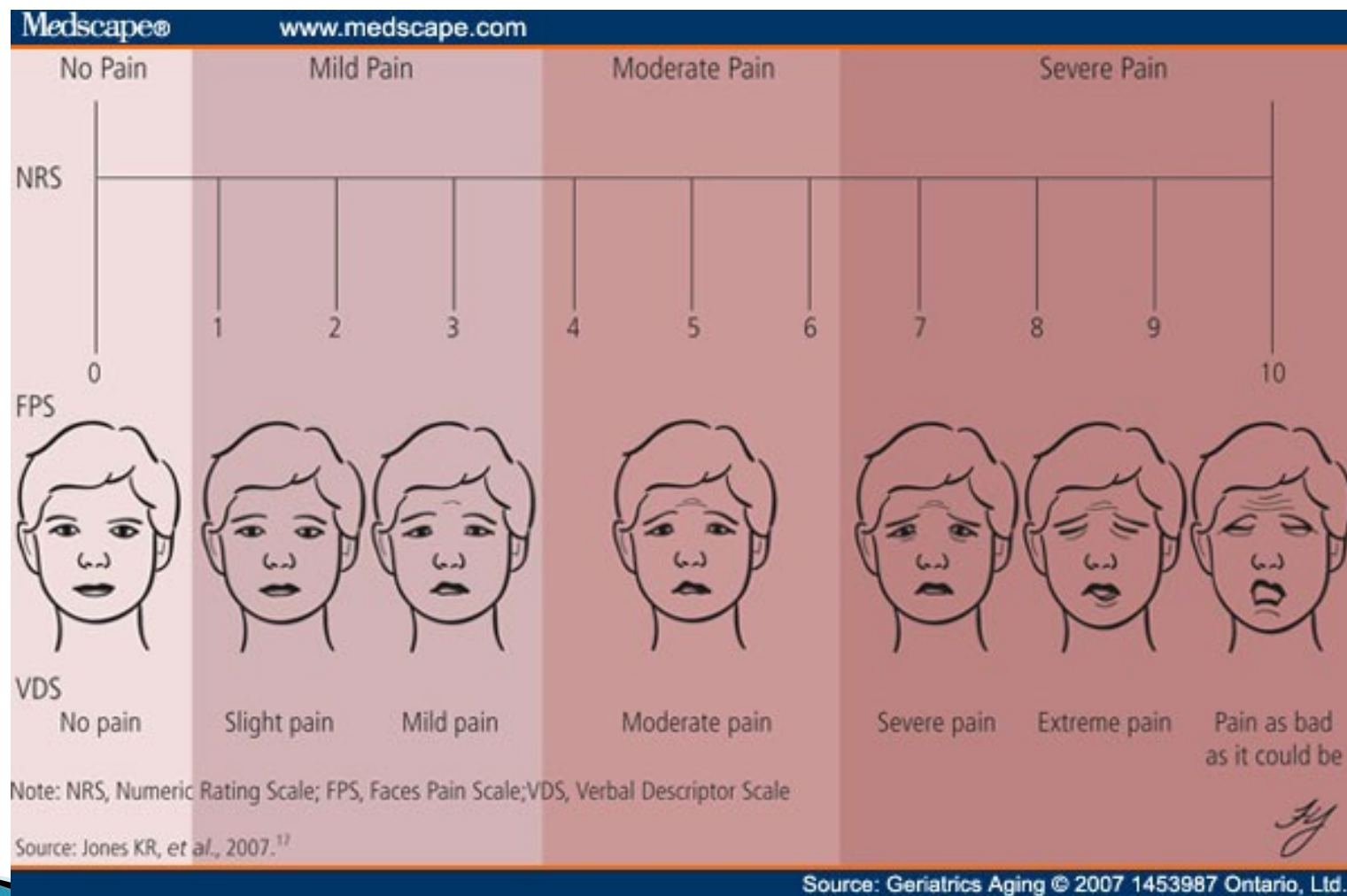


Pain Scales–The Pain Thermometer

- Pain As Bad As Could B
- Extreme Pain
- Severe Pain
- Moderate Pain
- Mild Pain
- No Pain



Pain Scales

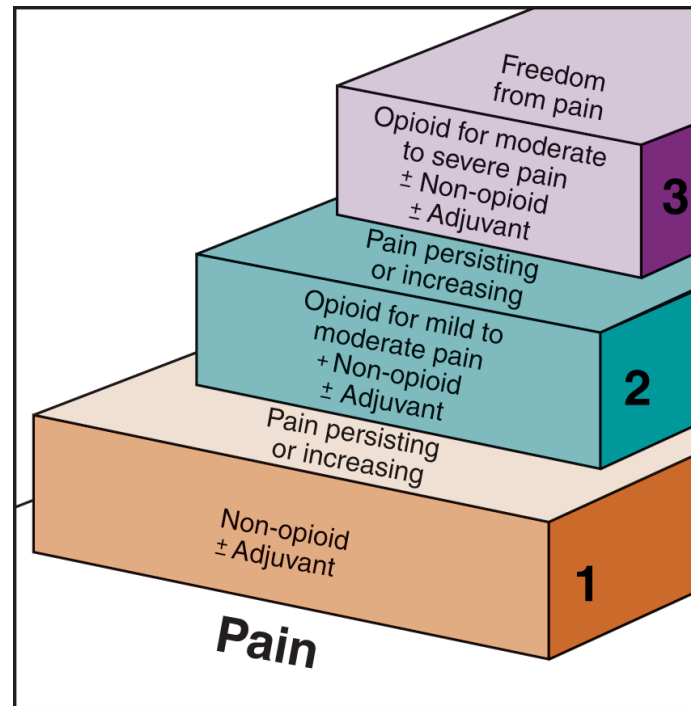


Additional Pain Scales

- ▶ PAINAD
- ▶ FLACC
- ▶ CNPI
- ▶ PACSLAC



World Health Organization (WHO) three-step analgesic ladder



Nonopioid Medications

- ▶ Acetaminophen for mild to moderate pain.
 - Max dose 4 g per day; 3g per day in frail elders.
 - 50 to 70% of dose in hepatic impairment.

NSAIDS not recommended over 75 years old

- Associated with serious CV & GI side effects
- Over 65 should get PPI with NSAIDS.



Opioid Medications

- ▶ Effective at treating moderate to severe pain
- ▶ Can be safely used
- ▶ Fear of addiction, side effects, and intolerance limit use.
- ▶ Watch constipation—be proactive.



Adjuvant Drugs

- ▶ Administered with opioids & nonopioids, especially for neuropathic pain.
- ▶ Avoid those with anticholinergic effects like TCA's
- ▶ Anticonvulsants, such as gabapentin, may be used as adjuvant drugs for neuropathic pain with fewer side effects but may require time to take effect and to titrate to correct dose.
- ▶ Local anesthetics are sometimes useful.



Equianalgesia (Equianalgesic Tables)–Improved prescribing

- ▶ Dose conversion
- ▶ Conversion ratio
- ▶ Provides lists of drugs and doses
- ▶ Assists with finding optimal dose combinations



Non-Pharmacological Pain Treatment

- ▶ Combination with meds is often helpful
- ▶ Two major categories:
 - *physical pain relief modalities
 - *psychological pain relief modalities



Physical Pain Relief Measures

- ▶ Exercise
- ▶ Electrical stimulator (TENS)
- ▶ Low level laser therapy
- ▶ Massage therapy (combine with education and exercise)
- ▶ Tai Chi (inconclusive)



Psychological Pain Relief

- ▶ Cognitive Behavioral Therapy
- ▶ Biofeedback
- ▶ Meditation
- ▶ Spiritual or religious coping strategies



Summary

- ▶ Pain is a significant problem for older adults.
- ▶ Pain can negatively affect healing.
- ▶ Pain management requires careful, systematic, ongoing assessment.
- ▶ Established tools should be used.
- ▶ Treatment should be tailored to the type and severity of pain.
- ▶ Education is a key part of the process.
- ▶ Pain management is a critical NP role that can improve health and quality of life for older adults.



Now, complete the post survey ...

Thank you for participating in this CE event and in the survey process. When you complete the post-survey, you will be asked for your e-mail address. Your CE certificate will be sent to you via this address.

Data from the surveys will be used anonymously to study provider knowledge and attitudes about pain. Your participation serves as your consent to utilize this anonymous data. Thank you for your contribution to this important topic.

