PAIN IN THE ELDERLY
PROFESSORS
KUCMEROSKI & PRICE

Psychosocial Aspects of Pain

- Pain can have an emotional component.
- Older adults have often sustained many losses for which they may be grieving.
- The pain experience is uniquely personal.
- They fear that the pain may never go away or if it does it will come back.
- They may feel powerless to control the pain and its impact on their lives.

Psychosocial Aspects of Pain

- Additional problems that compound pain management chronic disease,
- The older adult may be confused because of decreased cerebral blood flow.
- Drug effects and pain, memory deficits that interfere with self medication.
- Memories of past pain events and how they were handled.
- Older adults with chronic pain may become hostile or abusive.
- This may effect interpersonal relations and friends and relatives may withdraw from the patient.
- Help the family to understand this reaction.

Pain Reports

- Elderly patients traditionally under-report their pain.
- They assume that pain is a normal part of aging.
- Others are trying to be good patients.
- Elderly patients with cancer may be unwilling to report pain because of fear that reporting worsening pain means progression of disease.

Why Is Pain Under-Treated In Elderly Cancer Patients?

- Because older patients are less likely to complain about pain.
- Because pain is not assessed properly.
- Because do not use appropriate assessment instruments.
- Because pain is under-reported.
- Because clinicians erroneously believe that the elderly are less sensitive to pain.
- Because Practitioners may have biases about pain.
- Because Practitioners give weak doses of pain medications for fear that older patients will not tolerate opioids.
- Because many nursing homes are unwilling to stock opioids.
- Because long-term care facilities do not have adequate staff to monitor the frequent use of analgesics.

Pain

- 1 in 4 patients with cancer in a nursing home did not receive any analgesia for daily pain.
- In this study 13,625 cancer patients aged 65 and older were total, 4,003 patients reported daily pain.
- 16% received a simple analgesic such as aspirin or acetaminophen.
- 32% were given codeine or other weak opioids.
- 26% received morphine.
- 26% of patients with daily pain received no analgesics, not even an aspirin or acetaminophen tablet.
- Patients older than 85 years in daily pain were about 50% less likely to receive any analgesics than those aged 65 to 74 years.
- Only 13% of patients aged 85 years and older received codeine or other weak opioids or morphine, compared to 38 percent of those aged 65 to 74 years.

PRN Shouldn’t Mean
“Patient Receives Nothing”

Things we hear
- “She’s not in pain; she just moans all the time!”
- “He yells all the time; he’s just confused.”
- “She can’t feel anything.”

The problem with pain assessment in the elderly

PRN Shouldn’t Mean

“Patient Receives Nothing”

Educate patient and family:
- Myth: “Save it for when it gets worse”
  - FACT: Treating early prevents pain
  - FACT: No ceiling effect of strong opioids
  - FACT: Tolerance is rare in Palliative Patients/PO route
- Myth: “I’ll become addicted”
  - FACT: Addiction is rare. Boston study- 0.03%
- Myth: Treatment worse than pain
  - FACT: Side effects can be managed/treated

The American Pain Society states that the most common reason for unrelieved pain is failure of staff to routinely assess for it.
An estimated 45 to 80 percent of nursing home patients have some chronic pain.
The treatments that are given may be inconsistent or hazardous.
Having pain is not normal.
It is not true that pain is a normal part of aging.
Patients have pain from many sources.

Patients in long-term care settings experiencing pain may also have symptoms of sleep disturbances, depression and anxiety.
Believe it or not, the cognitively impaired (senile or demented) patient can feel, and often can report pain.
One nationwide study on persistent severe pain found that 14.7 percent of the 2.2 million nursing home patients in the United States were in persistent pain.
Also, 41.2 percent who reported some pain at a first assessment were in severe pain 60 to 180 days later.

Nonspecific Signs and Symptoms That Suggest the Presence of Pain
- Frowning, grimacing, fearful facial expressions, grinding of teeth
- Bracing, guarding, rubbing
- Fidgeting, increasing or recurring restlessness
- Striking out, increasing or recurring agitation
- Eating or sleeping poorly
- Sighing, groaning, crying, breathing heavily
- Decreasing activity levels
- Resisting certain movements during care
- Change in gait or behavior
- Loss of function
Nonspecific Signs and Symptoms That Suggest the Presence of Pain

Pain is often associated with mood disturbance in the older patient.
- patients may be diagnosed with a mood or thought disorder
- treated with a psychotropic medication
- real problem is unrecognized
- evidence suggests that the use of a mild analgesic can reduce the usage of psychotropic drugs.

Pain Assessment

- Level of consciousness and orientation
  - Alert and oriented
  - x1, x2, x3
- Their ability to verbalize pain
  - Yes or No
- Assessment of the non specific symptoms
- Review of history and physical
- If the patient is verbal and oriented use OPQRSTUV

OPQRSTUV

- O NSET: When did it start?
- P ATTERN: How often; When; How long?
- Q UALITY: Describe it: sharp, dull...
- R ELIEVING/AGGRAVATING FACTORS
- S EVERITY: Scale of 1-10
- T REATMENTS: What helps; For how long
- U NDERSTANDING: What do you think is causing it? How does it affect you?
- V ALUES: Goals Of Care; expectations

Develop A Pain Management Plan.

Pain Assessment in Non Verbal Patients

- Five-item observational tool
  - Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0="no pain" to 10="severe pain").

Breathing
- Negative vocalization
- Facial expression
- Body language
- Consolability
Assessment of Discomfort in Dementia (ADD) Protocol

- Step 1: Look for the physical source of discomfort
- Step 2: Review the patient’s history
- Step 3: If the history and physical assessment don’t reveal potential causes for pain, nurses should move on to the third step--attempting to comfort the patient without medication.

- Step 4: If the first three steps don’t help, move ahead to administer a prescribed pain reliever
- Step 5: If the pain reliever doesn’t improve behavior

Pain Management in the Elderly
- Start Low Go Slow- start with one-half or one-third of the normal adult dose
  1. Start with an non-opioid and adjuvant therapy
  2. Opioid for mild to moderate pain ±Non-Opioid, ±Adjuvant
  3. Opioid for moderate to severe pain, ± Non-Opioid, ± Adjuvant

Adjuvant Analgesics for Older Adults
- Antidepressants- neuropathic pain
- Anticonvulsants

Opioids
- Opioids are effective for moderate to severe cancer pain in the elderly
- They have no analgesic ceiling.
- Because of aging changes
- Opioids remain in the body longer and at higher concentrations, with one-half or one-third of the normal adult dose

Opioids
- diamorphine (heroin)
- oxycodone –Oxycontin (with ASA=Percocet)
- hydrocodone –Hycodan (with ASA=Vicodin)
- codeine-
- Hydromorphone- Dilaudid
- fentanyl

Opioids To Avoid In The Elderly
Opioid Adverse Effects

- Neurologic:
  - gait disturbances
  - dizziness
  - falls
- Cognitive-behavioral effects:
  - sedation
  - impaired concentration
- Respiratory depression: RARE

Other Pain Management Strategies
- What other pain management strategies would you try?

Palliative Care
- The American Academy of Hospice and Palliative Medicine defines "Palliative Care" as:
  - Palliative care is comprehensive, specialized care provided by an interdisciplinary team to patients and families living with a life-threatening or severe advanced illness expected to progress toward dying and where care is particularly focused on alleviating suffering and promoting quality of life. Major concern are pain and symptom management, information sharing, and advance care planning, psychosocial and spiritual support and coordination of care.

Palliative Care
- The National Hospice and Palliative Care Organization defines "Hospice" as:
  - Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice and palliative care involve a team oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. At the center of hospice and palliative care is the belief that each of us has a right to die pain free and with dignity, and that our families will receive the necessary support to allow us to do so.

End of Life Care
- About a week or two before death this is what to look for.
  - Weakness and lethargy, increased sleeping or restlessness
  - Increased dependence on caregivers
  - The patient may talk about visits from dead relatives
  - Progressive disorientation
  - Increasingly short attention span or withdrawal from the family
  - Decreased interest in food and fluids
  - Difficulty swallowing
  - Incontinence

End of Life Care
- Two to three days before death you may notice the following
  - Decreased level of awareness
- Eyes glassy, pupils unfocused
- No interest in food or fluids
- Abnormal breathing patterns - periods of apnea
- Blood pressure and pulse more difficult to obtain
- Progressive cooling and mottling of extremities

34 □ End of Life Care
- Involve the family in reconnection
- Ask both the patient and the family “Is there anyone who needs to hear,
  “Please forgive me."
- "I forgive you."
- "Thank you"
- "I love you"
- "Good-bye"

35 □ End of Life Care
- When the patient dies allow some time alone with the patient.
- Offer Chaplin or other religious persons.
- Respect any religious or cultural customs-
- Empathize with the grieving family-
- Don’t be embarrassed to grieve with the family - it validates their loss.

36 □ Pain
- Question 1
  - The most accurate and reliable assessment of pain is the client’s self report.

37 □ Pain
- Question 2
  - Cognitively impaired older adults may have more difficulty communicating pain
    than cognitively intact patients.

38 □ Pain
- Question 4
  - NSAID medications are the treatment of choice in older adults.

39 □ Pain
- Question 5
  - A plan of care for the older adult with pain should utilize the same pain
    assessment method for the initial assessment and subsequent evaluations of
    pain.

40 □ Pain
- Question 6
  - Palliative measures can begin at time of diagnosis, enhancing care and
improving quality of life for the patient facing a terminal illness.

41 □ Pain  
Question 7  
□ Assessment of the patient’s pain should be focused primarily on the physical aspects of the experience.

42 □ Pain  
Question 8  
□ Palliative care is only appropriate for patients who are not seeking curative treatment.

43 □ Pain  
Question 9  
□ Palliative care plans are based on a medical diagnosis.

44 □ Pain  
Question 10  
□ They physician and the nurse should be the only care providers for the elderly patient.

45 □ End of Life Care