




Pain in Older Adults: Issues and Assessment

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Objectives

- Discuss current trends and issues in pain management for older adults
 - Describe types of pain and physiologic changes in older adults that impact pain management.
 - Identify assessment tools and resources that can be used to plan and implement care for older adults
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Pain ...depicted





Scope of the problem

100 million in US with chronic pain

- ▶ 42% with pain lasting > 12 months
- ▶ 33% report pain as disabling
- ▶ 63% have seen primary care for help
- ▶ 50% >65 living in community and up to 80% > 65 in ECF report having pain

\$600 billion annual costs

- ▶ Healthcare expenses
- ▶ Lost income
- ▶ Lost productivity

The Problem of Pain

- Pain remains a poorly understood , complex, multidimensional symptom with biologic, psychological and social components
- #1 reason for seeking health care
- Chronic pain is the third most common healthcare problem in America

Demographics of Older Adults

- ▶ 74% increase in Americans 65-74 between 1990-2020.
- ▶ Huge increase in > 65 as baby boomers reach 65 – 2010-2030
- ▶ Every day over 8000 Americans turn 65
- ▶ 50 million older Americans by 2019 (4 years from now)



Common myths and misconceptions

- Pain is a normal part of aging
- Cognitively impaired elders do not experience pain
- Pain perception is decreased
- The elderly cannot tolerate opioids
- If pain is not reported, it does not exist
- Pain prevents sleep



The Face of Pain



What is Pain?

PAIN: an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage, or both (IASP, 1986)

Whatever the experiencing person says it is, existing whenever the person says it does. (McCaffery, 1968)

SUFFERING: state of severe distress associated with events that threaten the intactness of the person. (Cassel, 1982)

Types of Pain

- Acute
- Chronic (formerly non-malignant)
- Cancer (formerly malignant)
- Neuropathic
- Peripheral
- Myofascial
- Psychological





Effects of Unrelieved Pain

- Delayed healing
- Altered immunity
- Increased stress
- Anxiety and/or depression
- General physical and psychological decline
- Economic adversity

Effects of Good Pain Management

- ▶ Shortened LOS and decreased costs
- ▶ Less complications: pneumonia, ileus, DVT
- ▶ Increased ability to participate in ADLS and therapies
- ▶ Improvement in quality of life



Age related changes in older adults

- **Absorption** – Decreased GI motility and blood flow
- **Distribution** – body mass, muscle mass and total body water
- **Metabolism** - Decreased hepatic function and blood plasma
- **Excretion** - Decreased renal function





Common causes of pain in older adults

- ▶ Arthritis
 - ▶ Bone and joint disorders
 - ▶ Back problems
 - ▶ Cancer
 - ▶ Chronic health conditions
 - ▶ Neuralgia, headache
 - ▶ Neuropathy, angina
 - ▶ GI complaints
- 



Patient and family barriers to pain management

- Underreporting pain because of beliefs
- Health professionals will know when to intervene
- Pain is a punishment or penance
- Pain is normal and expected
- Patient desires to be a “good patient”

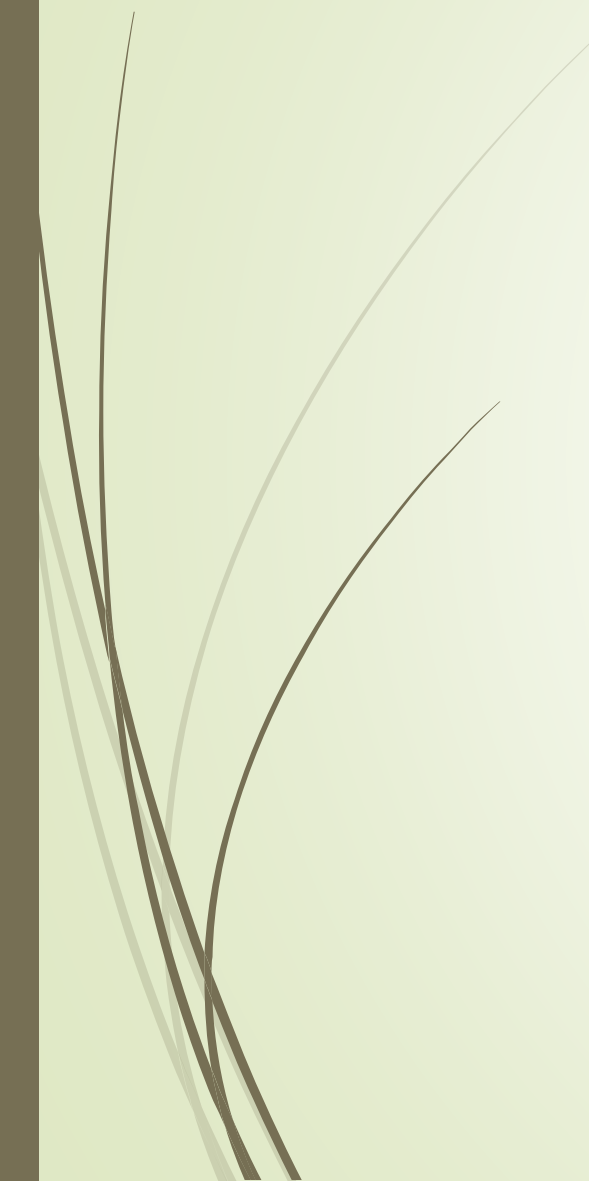
Patient and family barriers to pain management

- Costs
- Inability to pay
- Lack of awareness of assistance programs
- Reluctance to apply for assistance programs





Health care team barriers

- Unique factors influencing assessment
 - Cognitive impairment
 - Communication limitations (aphasia, limited English)
 - Inability to discern between pain, suffering and depression
 - Misinterpretation of behavior
 - Polypharmacy
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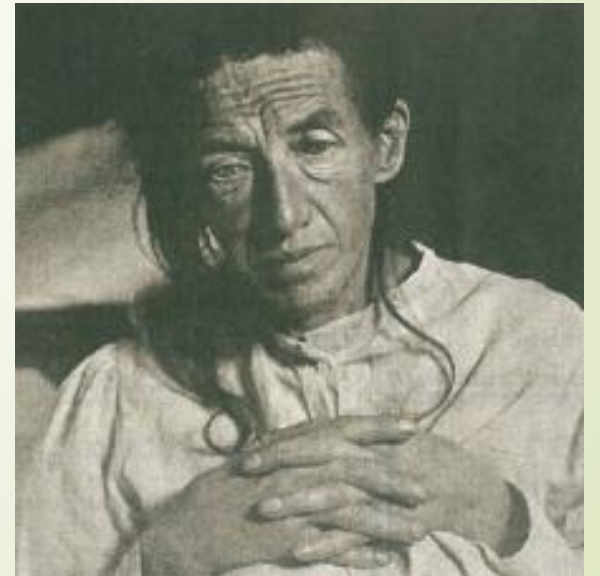
Health care team barriers

- Costs
- Prescribing without consideration of individual's ability to pay
- Lack of awareness of assistance programs
- Time constraints



What about nonverbal patients?

- Advanced dementia
- Progressive neurological disease
- Post stroke (CVA)
- Imminently dying
- Developmentally disabled





Another Concern

- Risk for **polypharmacy**
- Many older adults are taking multiple prescription drugs increasing risk of:
 - Adverse effects
 - Drug – Drug interactions
- Many older adults also take OTC medications and natural products



Pain Assessment

- Licensed staff are responsible for pain assessment
- Assistive staff can contribute valuable information and observations
- When individuals are cognitively intact and state they have pain, believe them
- Identifying pain in patients with advanced dementia is a special challenge.



Pain Measurement Gold Standard
Patient Self Report



Strategies

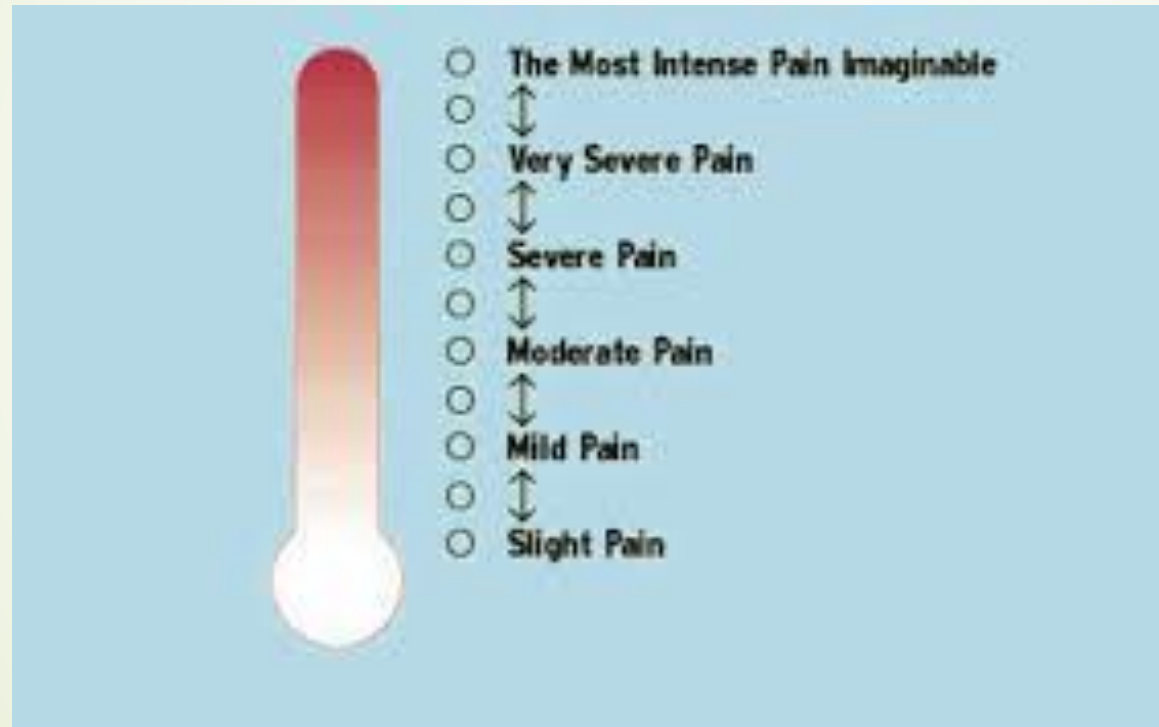
- Use pain scales that are valid and reliable
- Once a pain scale is used effectively, keep using the same one
- Address sensory impairments
 - Glasses
 - Hearing aids
 - Enlarge fonts and drawings
 - Provide written and verbal instruction
 - Adequate lighting
 - Allow sufficient time for responses



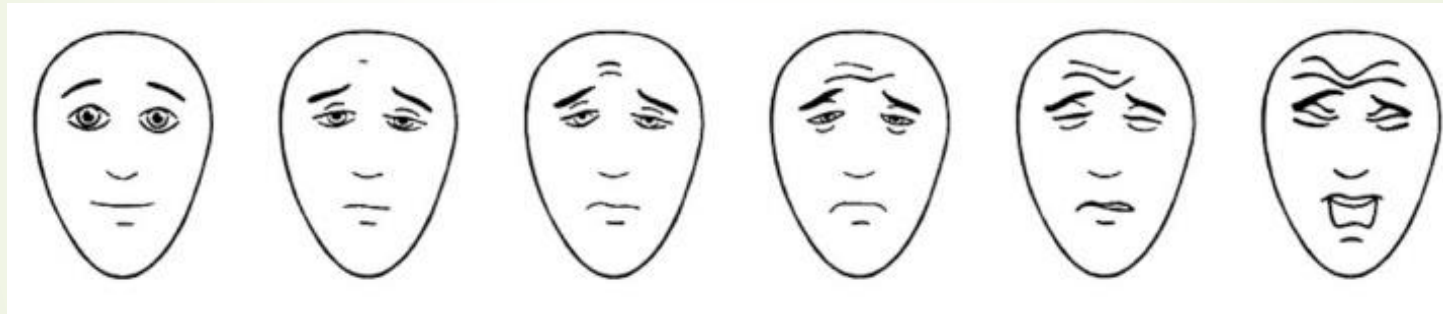
Pain Assessment Scales

- Verbal Descriptor Scale (Pain Thermometer)
- Numeric Rating Scales (0-10)
- Faces Pain Scale
- Pain Assessment in Advanced Dementia – PAINAD
- Pain Assessment Checklist for Seniors with Limited Ability to Communicate – PACSLAC
- Neuropathic or Nociceptive

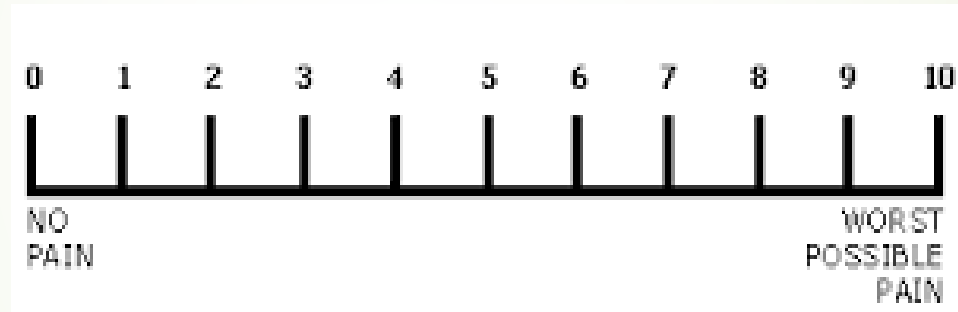
Verbal Descriptor Scale



Faces Scale



Numeric Pain Scale



PAINAD Scale

Table 3

The PAINAD Scale

	0	1	2	Score
Breathing (independent of vocalization)	Normal	Occasional labored breathing, short period of hyperventilation	Noisy labored breathing, long period of hyperventilation, Cheyne-stokes respirations,	
Negative vocalization	None	Occasional moan or groan, low level of speech with a negative or disapproving quality	Repeated trouble calling out, loud moaning or groaning, crying	
Facial expression	Smiling or inexpressive	Sad, frightened, frowning	Facial grimacing	
Body language	Relaxed	Tense, distressed pacing, fidgeting	Rigid, fists clenched, knees pulled up, pulling or pushing away, striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract, or reassure	
				Total

Source: Reference 21.

PACSLAC

Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC)

Indicate with a checkmark, which of the items on the PACSLAC occurred during the period of interest. Scoring the sub-scales is derived by counting the checkmarks in each column. To generate a total pain sum all sub-scale totals.

Facial Expression	Present
Grimacing	
Sad look	
Tighter Face	
Dirty Look	
Change in Eyes (Squinting, dull, bright, increased eye movements)	
Frowning	
Pain Expression	
Grim Face	
Clenching Teeth	
Winning	
Open Mouth	
Clenching Forehead	
Sneering Up Nose	

Activity/Body Movement	Present
Fidgeting	
Pulling Away	
Flinching	
Restless	
Pacing	
Wandering	
Trying to Leave	
Refusing to Move	
Thrashing	
Decreased Activity	
Refusing Medications	
Moving Slow	
Impulsive Behaviours (Repeat Movements)	
Uncooperative/Resistance to care	
Guarding Sore Area	
Touching/Holding Sore Area	
Limping	
Clenching Fist	
Going into Fetal Position	
Stiff/Rigid	

Social/Personality/Mood	Present
Physical Aggression (e.g. pushing people and/or objects, scratching others, hitting others, striking, kicking)	
Verbal Aggression	
Not Wanting to be Touched	
Not Allowing People Near	
Angry/Wed	
Throwing Things	
Increased Confusion	
Anxious	
Upset	
Agitated	
Cranky/Irritable	
Frustrated	

Other (Physiological changes/Eating Sleeping Changes/Vocal Behaviors)	Present
Pale Face	
Flushed, Red Face	
Tearful Eyes	
Sweating	
Shaking/Trembling	
Cold Clammy	
Changes in Sleep Routines (Please circle 1 or 2) 1) Decreased Sleep _____	
2) Increased Sleep During the Day _____	
Changes in Appetite (Please circle 1 or 2) 1) Decreased Appetite _____	
2) Increased Appetite _____	
Screaming/Yelling	
Calling Out (i.e. for help)	
Crying	
A Specific Sound of Vocalization For pain "ow," "ouch"	
Moaning and groaning	
Mumbling	
Grunting	
Total Checklist Score	

Neuropathic or Nociceptive: LANSS Pain Scale

Symptom/Sign	Score for "yes"
Does the pain feel like strange, unpleasant sensation? (tingling, pins/needles)	5
Do painful areas look different? (mottled, more red/pink than usual?)	5
Is the area abnormally sensitive to touch? (lightly stroked, tight clothes?)	3
Do you have sudden, unexplained bursts of pain? (electric shocks, jumping?)	2
Does the skin temperature in the painful area feel abnormal? (hot, burning?)	1
Exam: Does stroking the affected area of the skin with cotton produce pain?	5
Does a pinprick (23GA) at the affected area feel sharper or duller when compared to an area of normal skin?	3
0-12 = likely nociceptive >12 = likely neuropathic	Total:

Neuropathic or Nociceptive: DN4

Symptom/Sign		No = 0	Yes = 1
Does the pain have the following characteristics?	Burning?		
Does the pain have the following characteristics?	Painful cold?		
Does the pain have the following characteristics?	Electric shocks?		
Does the area of pain also have the following?	Tingling?		
Does the area of pain also have the following?	Pins and needles?		
Does the area of pain also have the following?	Numbness?		
Does the area of pain also have the following?	Itching?		
Exam: Decrease in touch sensation (soft brush)			
Exam: Decrease in prick sensation (von Frey hair #13)?			
Exam: Does movement of a soft brush in the area cause or increase pain?			
0 - 3 = likely nociceptive >4 = likely neuropathic		Total:	



PQRST

- P - Provoke
 - Q – Quality
 - R – Radiate
 - S – Severity
 - T - Timing
- 



Hierarchy of Pain Assessment Techniques

- Patient report
- Potential causes of pain (acute and chronic)
- Pain behaviors
- Surrogate report and behavior change
- Response to analgesic trial

Herr et al., Assessment of Pain in Nonverbal Patients, *Pain Mgmt Nurs*, 2006

Hadjistavropoulos et al, Interdiscip Expert Consensus State., *Clin J Pain*, 2007

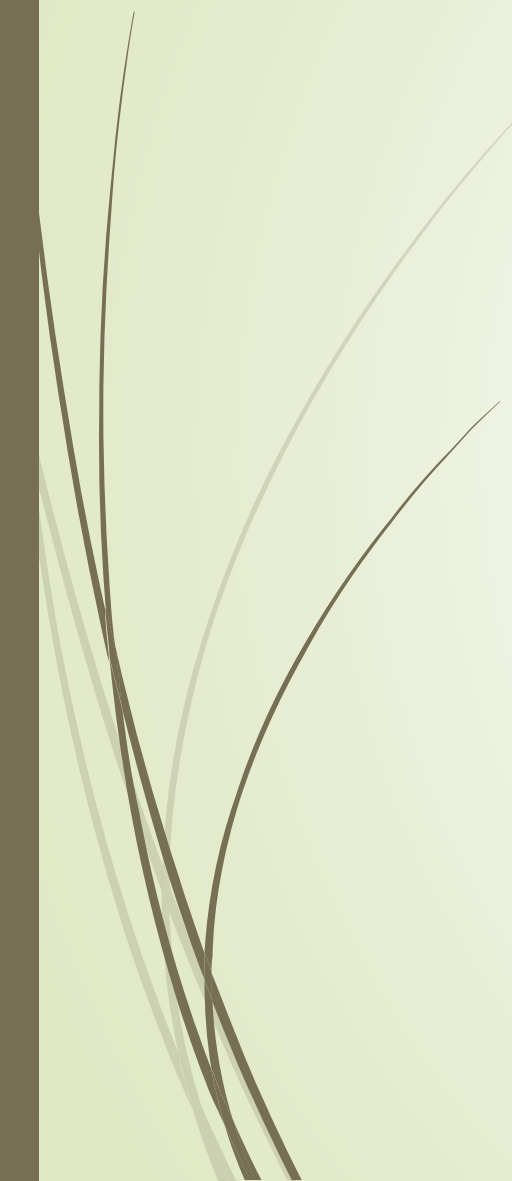


Core Principles of Pain Assessment

- Older adults have the right to appropriate assessment and management of pain
- Self report is the most accurate measure of pain
- Physiological and behavioral signs of pain are neither sensitive nor specific for pain



Core Principles of Pain Assessment

- Assessment approaches need to be appropriate for the individual
 - Pain can exist even when no specific cause can be found
 - A uniform pain threshold does not exist
 - Pain tolerance differs among and within individuals
- 




Core Principles of Pain Assessment

- ▶ People with chronic pain may be more sensitive to pain and other stimuli
- ▶ Unrelieved pain has adverse physical and psychological consequences
- ▶ Assessment should address both physical and psychological aspects of pain

Developed by M. Ersek




Basic Principles of Pain Treatment

- ▶ Every adult deserves adequate pain management
 - ▶ Base the treatment on the older adult's goals
 - ▶ Follow the principles of pain assessment
 - ▶ Use both drug and non drug therapies
- 



Core Principles of Pain Treatment

- ▶ Prevent and/or manage side effects
 - ▶ Evaluate the effectiveness of all therapies to ensure they are meeting the individual's goals
 - ▶ Incorporate older adult and family teaching throughout assessment and treatment
 - ▶ Address pain using an interdisciplinary approach
- 

Sowith medication

- ▶ Lowest effective dose possible should be prescribed
- ▶ Careful titration upward as needed
- ▶ Close monitoring for signs of adverse drug reactions



References to Know....

➤ Beers Criteria

- Compilation of drugs and drug classes found to increase the risk of adverse events in older adults.
- Adverse events have significant economic and quality of life costs
- Adverse events can be minimized by prescribing safer alternatives or dosing at lower levels.

Beers Criteria

- ▶ On the list.....many of them commonly prescribed or OTC
 - ▶ Xanax
 - ▶ Ferrous sulfate
 - ▶ Prozac
 - ▶ Naproxen Sodium – Aleve
 - ▶ Cimetidine – Tagamet
 - ▶ Diphenhydramine – Benadryl
 - ▶ Triazolam – Halcion
 - ▶ Hydroxyzine - Vistaril





American Geriatrics Society Recommendations for Drug Therapy

- Choose the least invasive route of administration
- Give medication on a regular schedule for continuous pain
- Acetaminophen drug of choice for mild to moderate musculoskeletal pain



American Geriatrics Society Recommendations for Drug Therapy

- High dose, long term NSAID use should be avoided
- Consider opioids for moderate to severe pain
- Consider antidepressants, anticonvulsants, antiarrhythmics
- Reevaluate often and monitor closely

Remember....

➤ By the mouth



➤ By the clock



➤ By the ladder



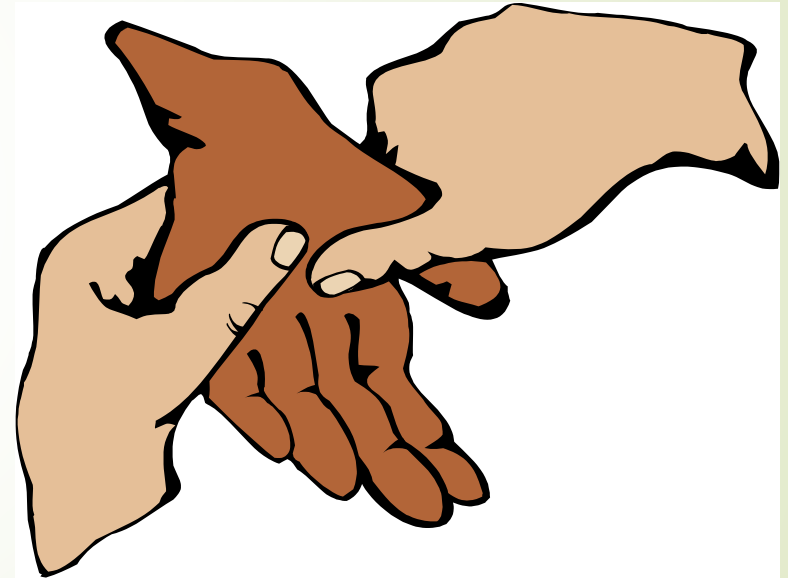
Cold Examples

- An ice pack to the neck and upper shoulders
- Ice massage to the knee with a Dixie Cup™
- Ice cloth to the hip opposite the one that hurts



Massage Examples

- Brief touch such as rubbing someone's shoulder
- A warm foot soak and rub
- Massaging a hand with warm lotion





Nonpharmacologic Interventions

► Physical

- Exercise
- Splinting/Orthotics
- Cold/heat
- Massage
- Vibration
- Positioning
- Whirlpool
- Liniments

► Cognitive/Psychosocial

- Patient education
- Talking/Listening
- Relaxation
- Music
- Imagery
- Meditation/Prayer
- Deep breathing
- Distraction
- Humor

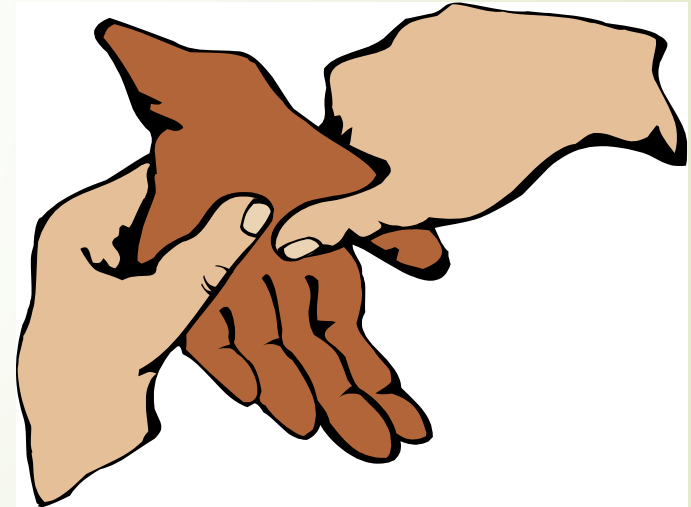
Massage

Decreases pain by soothing the skin and relaxing tense muscles



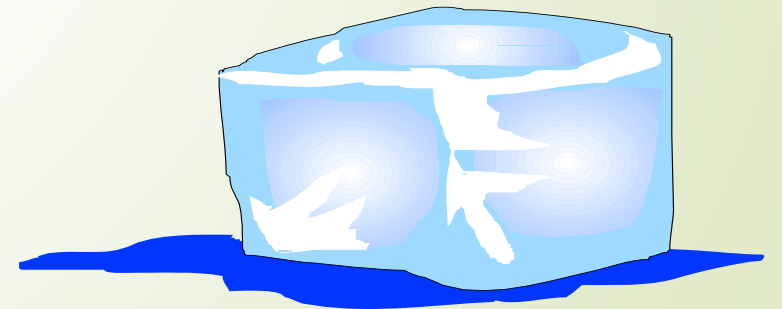
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Applications of Cold

- Reduces pain by:
 - numbing nerve endings
 - reducing muscle spasms
 - decreasing inflammation
- Also decreases the desire to scratch areas that itch!



Cold Examples

- An ice pack to the neck and upper shoulders
- Ice massage to the knee with a Dixie Cup™
- Ice cloth to the hip opposite the one that hurts



Heat Applications

- Relieves pain by reducing inflammation and soreness
- Also decreases sensitivity to pain and increases blood flow to the skin



Heat Examples

- Warm washcloth to head
- Hot water bottle to abdomen
- Jacuzzi™ bath



Positioning/Movement

- Positioning eases pain by placing the body into postures that maintain or promote normal function of the muscles
- Movement helps maintain or restore ease of function in joints, bones, nerves, and ligaments



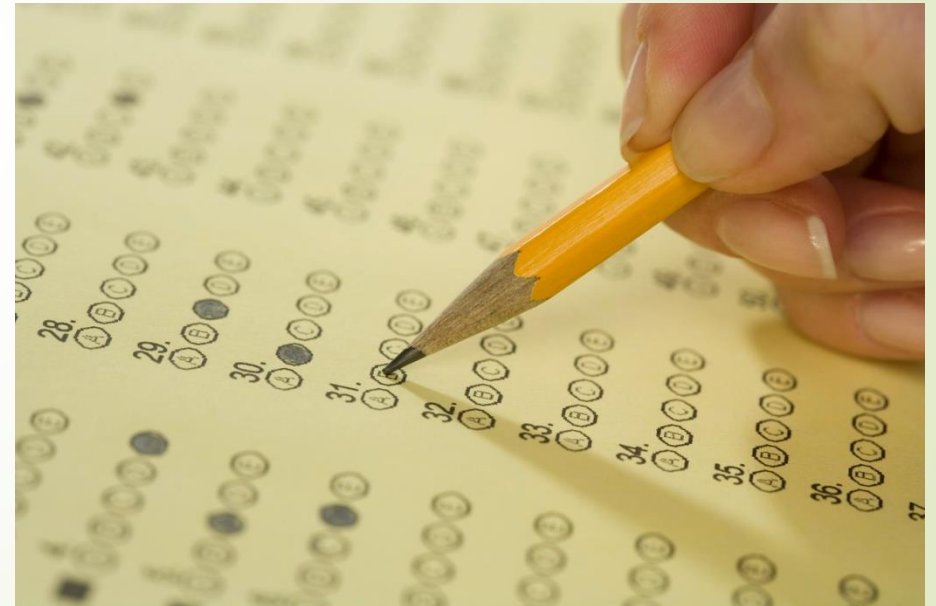
Positioning/Movement Examples



- Use of full-length body pillow
- Pillow between knees when lying on either side
- Pretend write the alphabet by using the feet – switch feet every 6 or 8 letters

To assess your knowledge about pain in older adults.....

- ▶ Geriatric Pain Knowledge Test – developed by Sigma Theta Tau International.
- ▶ www.geriatricpain.org





Resources

- ▶ www.consultgeriRN.org
- ▶ www.geriatricpain.org
- ▶ www.americangeriatrics.org
- ▶ <http://www.guideline.gov/content.aspx?id=43932>