In-Service Training Program

Pain Management:
Taking Care of the Elderly
OBJECTIVES

➢ State three reasons why the elderly are less likely to report pain.
➢ Name three barriers to pain management.
➢ Explain the causes of chronic pain in the elderly.
➢ Identify how to determine if someone is in pain.
➢ Describe two treatment options and two preventive measures.
INTRODUCTION

Pain is a common, treatable condition in the elderly. Unfortunately, many healthcare professionals and residents assume pain is a normal part of aging. One barrier to treatment is that the elderly are less likely to report pain.
INTRODUCTION

The reasons for this include:

- Fear of "bothering" or "annoying" the caregiver
- Inability to report clearly due to speech, hearing, cognitive deficits or language barriers
INTRODUCTION

- Fear of acknowledging pain because it could point to more serious illness or perhaps even death
- Concerns about adding medications and/or the costs of those medications
- Belief that pain has to be endured as part of the aging process
Other barriers to pain management in the elderly include:

- The number of medical problems, making it difficult to differentiate which problem is causing the pain
- Memory and cognitive impairments
INTRODUCTION

➢ Sensory impairments and neuropathy
➢ The increased potential for side effects of medications
➢ The increased chance for drug interactions
OVERVIEW OF PAIN

The frequency of pain in the elderly population is not known. However, studies have found that about 60 percent of elderly residents have significant pain.

Most pain is caused by arthritis or old fracture sites. A very small proportion of the incidence of pain is due to cancer.
OVERVIEW OF PAIN

Chronic pain is defined as pain that lasts longer than three months. Chronic pain associated with cancer is not included in this category. 1

OVERVIEW OF PAIN

- Pain is often devastating to overall health and quality of life.
- It decreases the ability and willingness to perform functional activities, to exercise and to engage in social activities.
OVERVIEW OF PAIN

Pain can also:

- Increase stress
- Delay healing
- Interfere with sleep
- Decrease appetite
- Cause depression
- Decrease motivation
OVERVIEW OF PAIN

- Chronic pain may be due to actual tissue damage.
- Chronic pain that occurs in the absence of an injury or disease may be due to psychological stress or the need for secondary gain, such as getting attention.
- As the causes of pain vary, a comprehensive evaluation is needed to determine the right treatment.
OVERVIEW OF PAIN

Chronic pain may be caused by multiple medical conditions and, therefore, may need to be managed by a team of healthcare professionals.
OVERVIEW OF PAIN

Because many factors are involved in chronic pain, treatment may be more difficult. Often chronic pain cannot be cured, but the pain can be managed so that quality of life is improved.
OVERVIEW OF PAIN

Causes

The causes of chronic pain include:

- Previous injury, such as a sprained muscle or fracture
- Arthritis
- Nerve damage, such as multiple sclerosis or diabetic neuropathy
OVERVIEW OF PAIN

The causes of chronic pain also include:

- Cancer
- Degenerative joint or disc disease
- Surgery resulting in scar tissue
- Unknown causes
OVERVIEW OF PAIN

Chronic pain is caused when pain signals in the nervous system continue to transmit for months or years. The pain may be:

- **Neurogenic pain**
  This pain is caused by damage to the peripheral nerves or central nervous system by a disease or injury

- **Psychogenic pain**
  The cause of psychogenic pain is not known, but it appears to initiate in the brain or spinal cord
OVERVIEW OF PAIN

Symptoms
The symptoms of chronic pain include:

- Mild to severe pain that does not go away
- Shooting, burning or aching, discomfort, soreness, tightness or stiffness.
OVERVIEW OF PAIN

Pain is not a symptom that exists alone, but is associated with other problems. These other problems might include:

- Fatigue
- Sleeplessness
- Withdrawal from activities and an increased need to rest
OVERVIEW OF PAIN

- Compromised immune function
- Changes in mood, including hopelessness, fear, depression, irritability, anxiety and stress
- Disability
OVERVIEW OF PAIN

Factors that Increase Risk for Chronic Pain

Various factors may increase the risk of chronic pain, including:

➢ Age
  Older adults are more likely to suffer from chronic conditions such as arthritis and nerve problems (neuropathy)
OVERVIEW OF PAIN

➢ Health problems
  • Existing health problems, such as fibromyalgia, arthritis, cancer, depression or alcoholism
  • Past health problems, such as joint injuries or previous surgeries
  • General health and conditions, such as having a weakened immune system
OVERVIEW OF PAIN

➤ Other factors
  • Injury
  • Trauma
  • Stress
  • Inactivity
  • Anxiety
  • Depression
  • Physical abuse
ASSESSING PAIN

Assessment of pain is an essential component to proper treatment and can only be obtained through interviewing and observing the resident.
ASSESSING PAIN

The goal is to:

- Decrease pain
- Increase function
- Stabilize mood
- Improve sleep patterns
ASSESSING PAIN

The most common barriers to successful pain control are failure to assess for pain and failure to assess the effectiveness of pain relief measures.
ASSESSING PAIN

All residents should be screened for pain. Then, if pain is present, a full assessment should be performed and a pain management plan developed.
ASSESSING PAIN

The pain assessment focuses on the resident's self-report of pain. This is considered the most reliable source of pain information since studies demonstrate that healthcare providers typically fail to accurately estimate the resident’s pain.
ASSESSING PAIN

Keep in mind that when self-reporting pain, the elderly do not always use the word "pain." They may use terms such as “aching,” “cramping” or “sore.”
ASSESSING PAIN

➢ The use of a screening device to assess the level of pain can be helpful in obtaining consistent information.

➢ Everyone should use the same screening tool to ensure consistency of care.
ASSESSING PAIN

When assessing pain among residents with severe dementia, look for behavioral clues, such as facial expressions and changes in Activities of Daily Living (ADLs).
ASSESSING PAIN

During a thorough pain assessment, consider using “PQRST” method:

- **P**--Palliative/provocative factors: What makes the pain better or worse?
- **Q**--Quality: How is the pain described?
- **R**--Radiation: Where is the pain and where does it spread?
- **S**--Severity: Is this pain worse or less severe than prior pain?
- **T**--Temporal factors: How is the pain related to the day's activities
ASSESSING PAIN

Types of Pain Assessment Tools

- The *Wong-Baker Pain Scale* uses pictures of faces that illustrate stages of pain: from no pain to the worst possible pain. The residents are asked to associate their level of pain with the illustrations.
ASSESSING PAIN

- The *Verbal Rating Scale (VRS)* or *Numeric Rating Scale (NRS)* asks older adults to pick a number on a scale of zero to 10, with zero being "no pain" and 10 being "the worst pain you can imagine" or "agonizing pain".

- The NRS is the easiest for older adults to complete because it does not require visual acuity.
EXAMS AND TESTS

Many exams and tests can be used to assess chronic pain, including:

➢ A detailed medical history includes a description of the pain, previous pain episodes, how they were treated and whether treatment was successful.
EXAMS AND TESTS

- A physical exam identifies any abnormal findings to further evaluate areas of pain.
- A neurological exam involves specific tests to assess any neurological deficiency that may be contributing to pain.
A psychological evaluation assesses the impact of pain on daily life.

Diagnostic tests:
- Include X-rays, CT scans or MRIs.
- Electromyography and nerve conduction studies assess tissue, organ or nerve damage resulting from pain.
TREATMENT OVERVIEW

Treatment of acute pain usually includes:

- Administering medications for short-term pain relief
- Improving physical function and movement (for example, working with physical therapy and/or occupational therapy)
TREATMENT OVERVIEW

- Improving the immune system by vitamin therapy, stress management, resolving interpersonal conflicts and exercise
- Improving sleep patterns
TREATMENT OVERVIEW

Treatment for chronic pain may include:

- Medications
  - Medications often help control chronic pain
  - Many different drugs can be used, both prescription and nonprescription
  - In some cases, it may take several weeks before a therapeutic medication works to reduce pain
TREATMENT OVERVIEW

- Referral to a chronic pain management clinic (also called a multidisciplinary pain management clinic)
- Physical and occupational therapy includes stretching and range-of-motion exercises to maintain strength, flexibility and mobility
Transcutaneous electrical nerve stimulation (TENS)
- Applies brief pulses of electricity to nerve endings in the skin
- Alters pain signals as they travel to the brain
TREATMENT OVERVIEW

- Counseling-behavioral therapy
  - Focuses on psychological factors that may contribute to chronic pain
  - Addresses depression, anxiety or other problems often associated with chronic pain
TREATMENT OVERVIEW

- Steroid Injection therapy reduces pain and inflammation
- Heat treatment
  - Decreases joint stiffness; increases blood flow to the skin and increases oxygen and nutrient delivery
  - Useful for muscle spasms, joint stiffness, thrombophlebitis and lower back pain
TREATMENT OVERVIEW

➢ Cold treatment
  • Causes vasoconstriction and local hyperesthesia
  • Useful for muscle spasms, trauma, burns, lower back pain and headache

➢ Exercise decreases musculoskeletal, peripheral vascular and psychogenic pain
Cognitive-behavioral strategies include relaxation, visual imagery, hypnosis and biofeedback.

Alternative therapies include massage, acupuncture, percutaneous electrical nerve stimulation and magnet therapy.

Surgery is considered if other treatments fail.
PREVENTATIVE MEASURES

- Early, aggressive treatment of acute (sudden and severe) pain may prevent the development of chronic pain.

- Certain factors may predispose a person to chronic pain. These factors include medical conditions, such as joint pain, or mental health conditions, such as stress, depression or anxiety.
PREVENTATIVE MEASURES

- Lifestyle may also predispose a person to chronic pain, such as having a poor diet, inactivity, or drug or alcohol abuse.
- The best way to prevent chronic pain is to maintain good physical and mental health.
- Yearly physicals should be completed to identify potential health problems, manage healthy lifestyles and promote good health.
PREVENTATIVE MEASURES

A healthy lifestyle includes:

- Eating a well-balanced diet
- Exercising on a regular basis
- Maintaining a healthy weight
- Avoiding tobacco products and drugs
- Maintaining a moderate level of alcohol consumption, as appropriate
SUMMARY

Pain is one of the most common reasons that people seek healthcare, yet it is often under-treated. Regardless of cause, unrelieved pain can delay healing, alter immune function, increase stress and anxiety, and lead to general physical and psychological decline.
SUMMARY

The first step in successful pain management is to identify residents in pain. The next steps are to complete an assessment and, then, to begin treatment. A continuous reassessment is needed to determine if the treatment plan is still viable or needs to be altered.