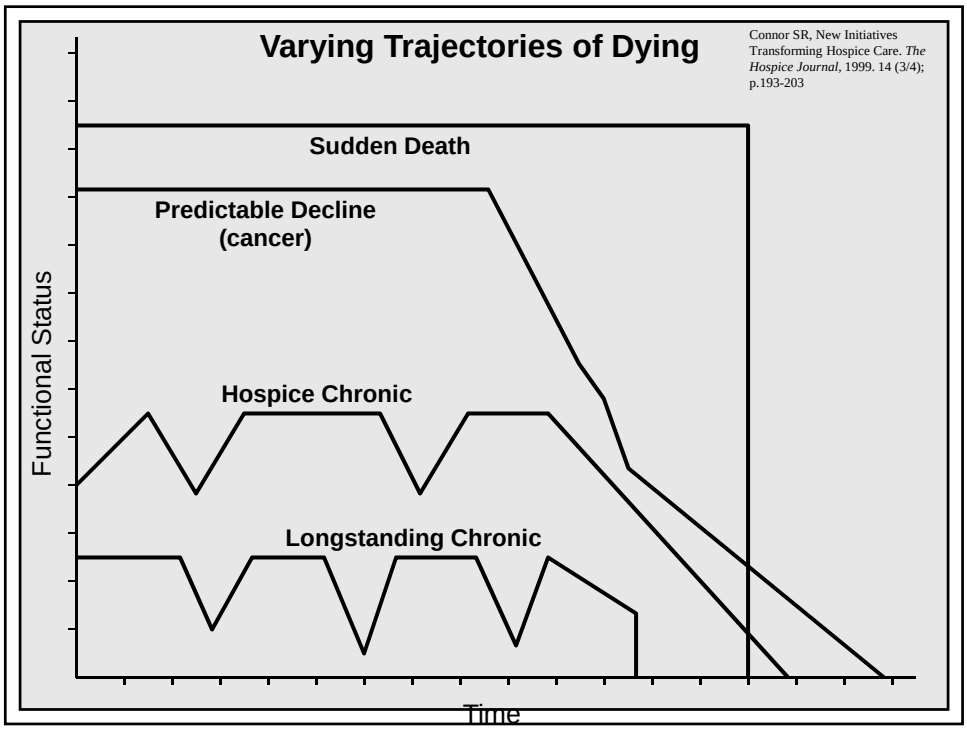
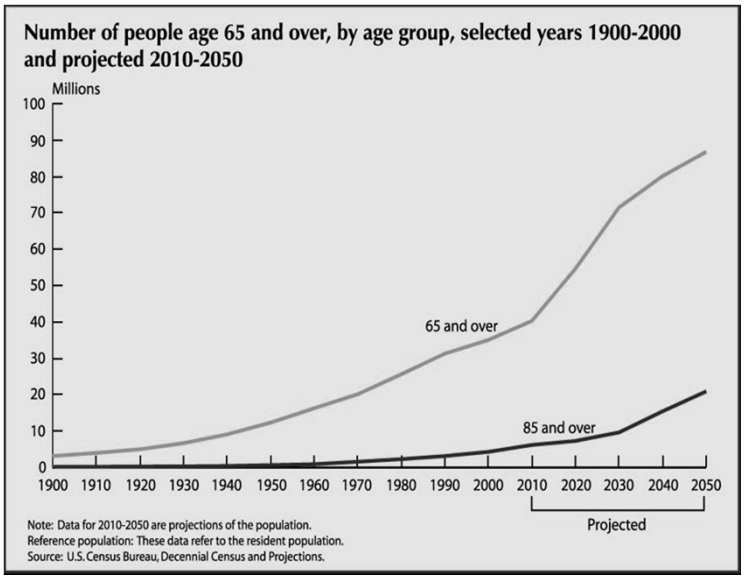
Pain Management in Older Adults

Mary Shelkey, PhD, ARNP

Cause of Death/ Demographic and Social Trends

	Early 1900s	Current
Medicine's Focus	Comfort	Cure
Cause of Death	Infectious Diseases/ Communicable Diseases	Chronic Illnesses And Cancer
Death rate	1720 per 100,000 (1900)	799 per 100, 000 (2010)
Average Life Expectancy	50	78.7 (2010)
Site of Death	Home	Institutions
Caregiver	Family	Family/Strangers/ Health Care Providers
Disease/Dying Trajectory	Relatively Short	Prolonged





Chronic Conditions

The most common chronic conditions among Medicare beneficiaries are:

High blood pressure (58%),
High cholesterol (45%),
Heart disease (31%),
Arthritis (29%) and
Diabetes (28%).

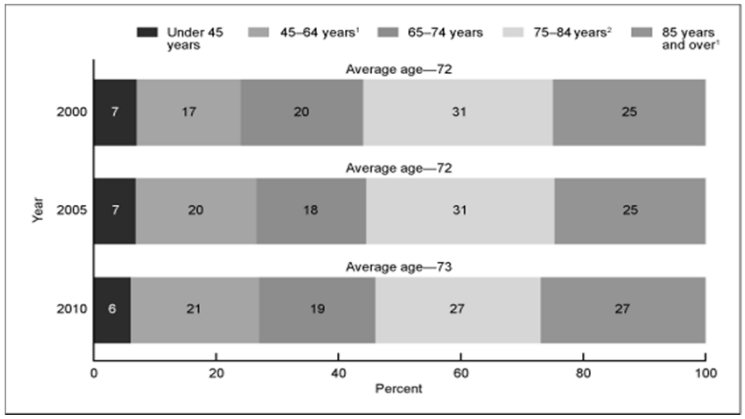
Number of Chronic Conditions

- For Medicare recipients , among the 15 chronic conditions examined, the prevalence of multiple chronic conditions was high, with over two-thirds of beneficiaries having two or more chronic conditions and 14% having 6 or more chronic conditions.

Number of deaths for leading causes of death (2010)

- Heart disease: 597,689
- Cancer: 574,743
- Chronic lower respiratory diseases: 138,080
- Stroke (cerebrovascular diseases): 129,476
- Accidents (unintentional injuries): 120,859
- Alzheimer's disease: 83,494
- Diabetes: 69,071
- Nephritis, nephrotic syndrome, and nephrosis: 50,476
- Influenza and Pneumonia: 50,097
- Intentional self-harm (suicide): 38,364

Inpatient hospital deaths, by age: United States, 2000, 2005, and 2010



World Health Organization (WHO) Definition of Palliative Care

Palliative care (from Latin palliare, to cloak)
is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

The Cure - Care Model: The Old System

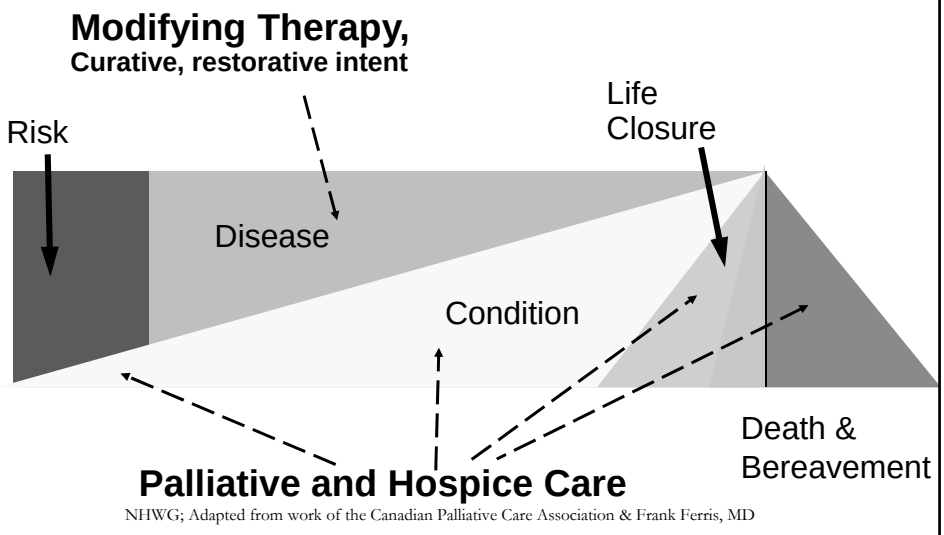
Life Prolonging Care

Palliative/ Hospice Care

D E A T H

Disease Progression

A New Vision of Palliative Care



NHWG; Adapted from work of the Canadian Palliative Care Association & Frank Ferris, MD

Definition of Pain

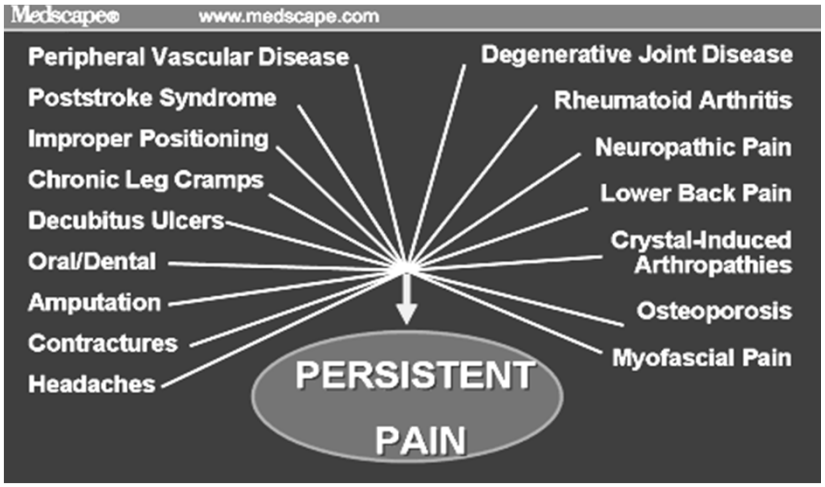
Unpleasant sensory and emotional experience *or*

Anything the person says it is

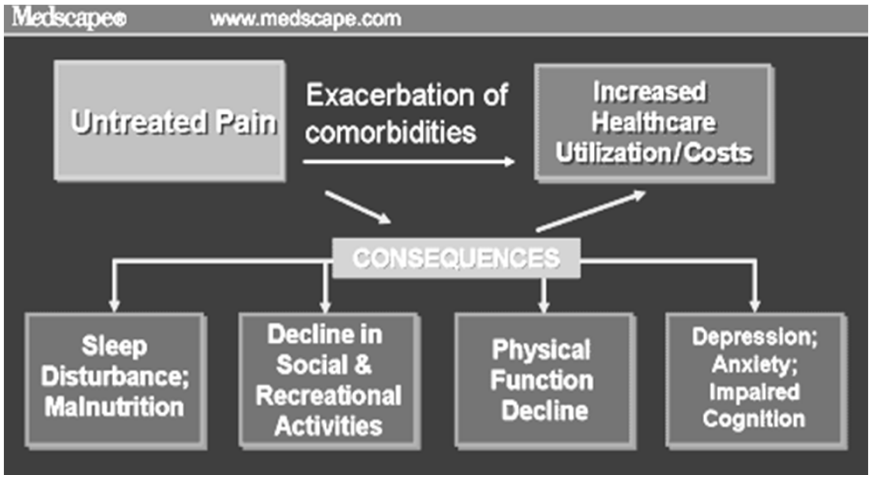
Incidence of Pain in Older Adults

Research has shown that 50 percent of older adults who live on their own and 75-85 percent of the elderly in care facilities suffer from chronic pain. Yet, pain among older adults is largely undertreated, with serious health consequences, such as depression, anxiety, decreased mobility, social isolation, poor sleep, and related health risks. (NIH Medline Plus)

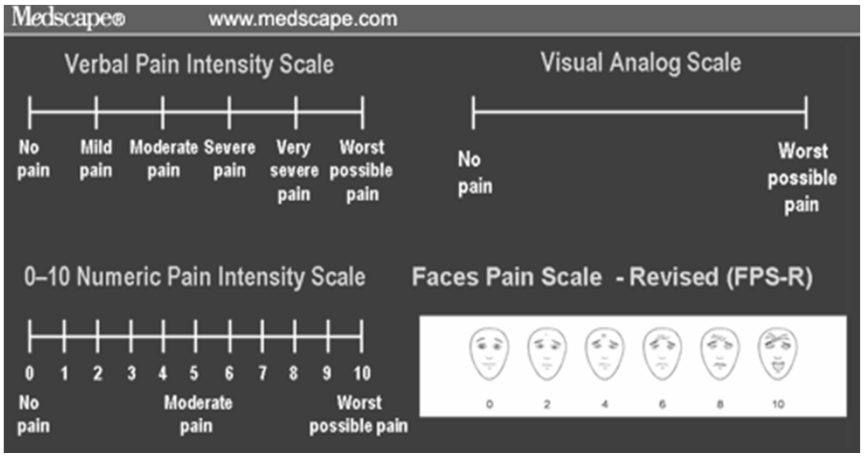
Sources of Pain



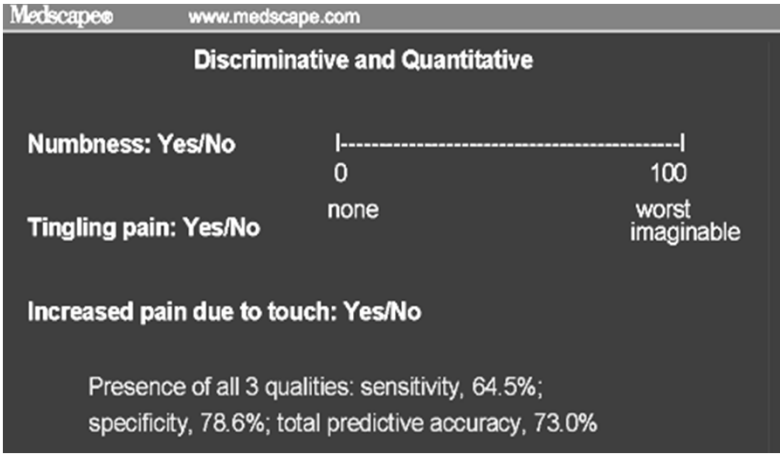
Consequences of Pain



Pain Assessment



Neuropathic Pain Assessment



Attitudes that Hinder Pain Reporting, Assessment & Treatment in Older Adults

- Stoicism, not wanting to be a “complainer”
- Concerns about addiction, side effects, tolerance
- Pain in old age is inevitable
- Nothing can be done to relieve pain
- Older adults cannot tolerate strong analgesics
- Older adults are less sensitive to pain

What Descriptors Do Older Adults Use For Pain?

- Soreness
- Ache……

- Assess for functional limitations…

Confused Older Adults Are Even More Untreated for Pain

- Pain is often not considered as a cause of agitation
- Health professionals are not proficient in assessing pain in confused older adults
- Antipsychotics are often used to control behaviors rather than treat pain, the underlying cause of the adverse behaviors
- Pain medications doses are often inadequate

Let's Use Another Species as an Example…….

MYTH: Quiet Rabbits Are Not Having Any Pain

FACT: Rabbits Don't Make Noise… Maybe a Thump or Two

Rabbit comfortable: stretched out, eating, moving freely

Rabbit in pain: Quiet, legs pulled in, make look like they're sleeping

Opioids Need to be used with Caution in Rabbits because Cats are Sensitive….

(and the science is weak….)

Assessment Tools Are Not Fool-Proof

Q: Can you tell if we are a 0 or 10 on this pain scale?
A: I don't how to read……

CLINICIANS and FRIENDS OF THE OLDER ADULTS … hone your assessment skills and act accordingly!!

Behavioral Pain Indicators

- Grimacing or wincing
- Bracing/Guarding
- Rubbing
- Changes in activity level
- Sleeplessness, restlessness
- Resists movement
- Withdrawal/apathy
- Increased agitation, anger, etc.
- Decreased appetite
- Vocalizations (e.g., moans)

Pain Assessment & Monitoring

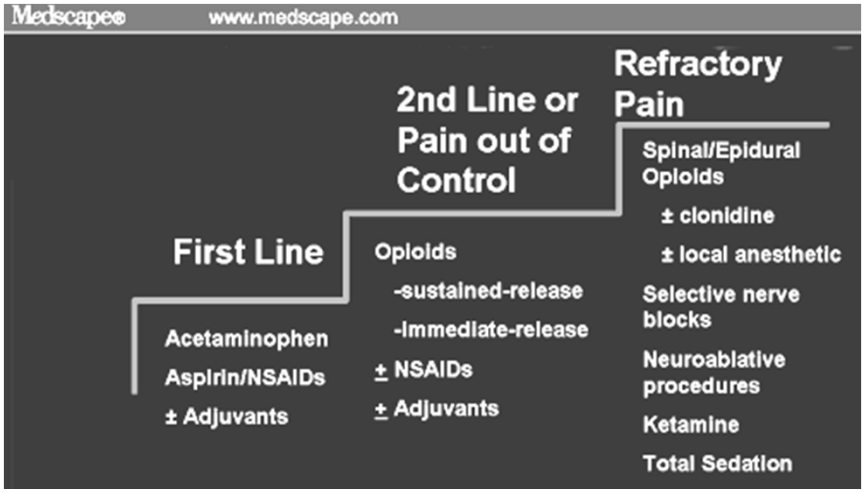
Pain assessment must be

- appropriate
- ongoing
- with frequent evaluation of effectiveness
- adjustment of treatment as needed

Choosing Analgesics

- Begin treatment for mild to moderate pain with a nonopioid
- Add an opioid for moderate to severe pain
- Administer acetaminophen or NSAID with an opioid (unless contraindicated)
- Consider previous experience with other analgesics in choosing agents
- Check liver and renal function

WHO-3 Step Ladder



Opioids

- Opioids can be used in the management of moderate to severe acute pain in older adults
- Begin with opioids with short half-lives (e.g., morphine, hydromorphone, oxycodone)
- May want to use the term “opioid” rather than “narcotic”

Opioids

- Morphine sulfate is the opioid analgesic of choice
- Hydromorphone and oxycodone are acceptable alternatives to morphine
- Hydrocodone is an acceptable opioid for short term mild and some moderate acute pain in older adults
- Avoid codeine use (less potent & more side effects)

Side Effects of Opioids

- Sedation
- Nausea and vomiting
  Orthostatic hypotension
- Urinary retention
- Dysphoria or euphoria
- **Constipation**
- Respiratory depression
- Pruitus

Opioids and Delirium

- Delirium may be caused by factors other than opioids
- Post-op delirium associated with unrelieved pain rather than opioid use
- If other causes of delirium are not found and pain is effectively managed, consider decreasing the opioid dose
- Consider short-term use of haloperidol; caution – may mask pain behaviors

Adjuvant Therapies for Neuropathic Pain

- Cortiocosteroids (e.g. Dexamethasone)
- Anti-convulsants (e.g. Gabapentin)
- Tricyclic antidepressants (e.g. Nortriptyline)
- Local anesthetics (e.g. Lidocaine)
- Anticancer (e.g. radiation therapy, surgery)

Nondrug Pain Management

- Education
- Exercise
- Cognitive-Behavioral Support
- Physical modalities (heat, cold, massage)
- Physical or occupational therapy
- Chiropractic
- Acupunture
- Transcutaneous Electrical Nerve Stimulation
- Relaxation and Distraction

Nonpharmacologic Interventions Should Be Used Only When Optimal Analgesia Has Been Achieved……

Summary….

- Palliative care, including pain management, improves quality of care for our sickest and most vulnerable patients and families.
- Pain is a universal human experience and universal health professional obligation.