

Practical Facts for Health Care Providers

Persistent pain is a common problem in older adults, yet many are reluctant to discuss it with their health care provider. They may see pain as an inevitable part of aging, or believe it's not possible to relieve their symptoms.

Many times it is left up to the health care provider to ask questions of their elderly patients and figure out if pain is a problem. Following is a summary of the 2009 American Geriatrics Society (AGS) guidelines on the management of persistent pain in older persons. It highlights the AGS panel's main recommendations on assessing and treating persistent pain.



Assessment of Persistent Pain

- On all first visits with older patients, ask about and look for evidence of persistent pain.
- Any pain that affects the physical and/or psychological aspects of the patient's life should be considered significant.
- If symptomatic, perform a pain history assessment (sample questions are provided), a physical, and a psychological exam. Consultations with specialists, such as physical therapists, should be considered.
- For older patients with moderate-to-severe cognitive impairment, assess pain through observation of pain-related behaviors (facial expressions or patterns of movement, for example) or from a history from caregivers.
- Discuss the risks and benefits of treatments options with the patient as well as family or caregivers.
- To monitor improvement, deterioration, and complications, reassess the patient regularly using the same assessment scales.

Pain Assessment Questions

- Are you having pain right now? If so, could you point a finger to exactly where it hurts?
- Do you know if this pain is the result of an injury? Have you had similar pain in the past?
- Can you describe the pain? For example, is it sharp, dull, aching, or burning?
- Is the pain constant or does it come and go? What makes the pain better and what makes it worse?
- How strong is your pain right now, using a scale of zero to ten, with zero being no pain and ten being the worst possible pain? What were the strongest and the average rating of your pain over the last week? (For patients who have trouble answering these questions, reliable pain intensity scales exist, such as the revised FACES pain scale (FPS-R) and "pain thermometer" illustrated on the back.)

Quality of Life

- How many times over the last week have you been unable to accomplish daily activities like bathing, eating, dressing, and using the toilet, because of your pain?
- How often do you exercise? How often in the last week did your pain keep you from exercising?
- How often has pain affected your sleep? Your ability to think clearly?
- How often does pain affect your appetite? Has your weight changed recently?
- Has pain interfered with your energy, mood, or relationships with other people? Has it kept you from hobbies or other activities you enjoy?

Medication and Treatment History

- Do you take any medication for pain? If so, what medicine, dose, and how often?
- Have you ever taken over-the-counter medications for pain? If so, which ones and at what dosage?
- Have you experienced any side effects or complications from your pain medications?
- How effective are the medications you are taking in relieving your pain?
- Have you seen other doctors or specialists about your pain? If so, was there a diagnosis and treatment? If so, for what and for how long were you treated?
- Have you used non-medication treatments like heat or cold pads, massage, liniments, or acupuncture? If so, which ones and have they been successful?

Non-pharmacological Treatment Strategies: Education and Exercise

- All older patients, including those with pain, should be prescribed an exercise program that is tailored to their individual needs. They should maintain moderate levels of physical activity, since a sedentary lifestyle contributes to the development of many conditions that cause pain.
- Exercise programs should include activities that improve flexibility, strength, balance, coordination, and endurance.
- The better a patient understands his or her pain, the better the ability to successfully manage it. Learning distraction methods and coping strategies that focus on alleviating stress, depression, and anxiety are helpful for patients with persistent pain.
- Temporary relief can also be found in other therapies including heat, cold, massage, liniments, chiropractic, and acupuncture.

Pharmacological Treatment Recommendations

Patients experiencing a decrease in their ability to function or quality of life should be prescribed a pain management strategy that may include medication. Be sure to discuss polypharmacy and accidental over-dosage of over-the-counter medications, particularly acetaminophen, with your patients.

Always begin pain medications at the lowest possible dose and increase slowly due to the potential toxicity of the therapies. Drugs should also not be prescribed above their maximum daily recommended dosage, including over-the-counter drugs. The following is a summary of the AGS guidelines for pain management.

Nonopioids

Acetaminophen should be considered first in the treatment of persistent pain, unless the patient has liver failure. Caution should be taken with patients with hepatic insufficiency, or alcohol dependence. The recommended maximum daily dose is 4,000 mg.

Opioids

Opioids should be considered for all patients with moderate to severe pain. When combining opioids with NSAIDs or acetaminophen, the maximum doses of the NSAID or acetaminophen should not be exceeded. Patients using opioids should be monitored for adverse effects and safe medication use however it is rare for older patients to become addicted to opioids.

Adjuvant Drugs

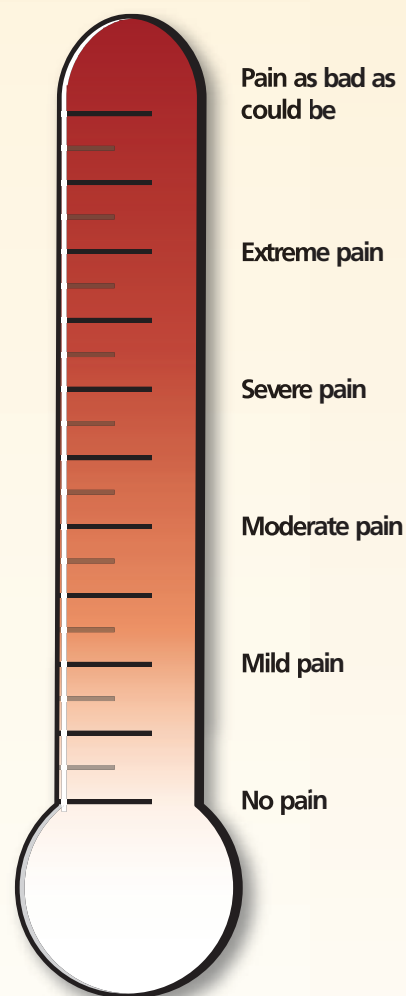
Adjuvant drugs should be considered for patients with pain such as fibromyalgia, back pain, headaches, bone pain or neuropathic pain. May be used alone or combined with other pain medications. Tertiary tricyclic antidepressants should be avoided.

Reference

American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. 2009. Pharmacological Management of Persistent Pain in Older Persons. *J Am Geriatr Soc.* 57(8):1331-46.

Herr, Keela and Paula Mobily. 1993. Comparison of Selected Pain Assessment Tools for Use with the Elderly. *Appl Nurs Res* 6(1):39-46.

Pain Thermometer Scale



Thermometer Instructions

Patients should be asked to point to the words on the thermometer that best describe their pain at that specific moment. Compare this response with previously documented responses to determine if pain has increased or decreased.

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