

# Pain Management *in older adults*

**F**or 25 percent to 40 percent of community-dwelling older adults<sup>1</sup> and 71 percent to 83 percent of those in long-term care facilities,<sup>2,3</sup> pain is a feature of daily life. Although elders suffer chronic pain more frequently than do other populations,<sup>1,4,5</sup> their pain is underreported and undertreated.<sup>3,5,6</sup> The consequences and costs of chronic pain in the elderly are significant: it is associated with depression,<sup>2-4,6-10</sup> social isolation,<sup>3,6</sup> sleep disturbance,<sup>3,6</sup> decreased ambulation,<sup>3,6</sup> and increased health care costs and utilization.<sup>6</sup> Analgesics are the most common form of treatment,<sup>2,3,5,6</sup> but they may carry a burden of adverse effects.<sup>5,6</sup> Practitioners should consider the use of alternative medications and non-pharmacological interventions.<sup>6</sup>

Below are some findings for specific aspects of chronic pain management in older people:

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*In a randomized controlled trial of outpatients with cancer, use of a standard pain scale (e.g., a visual analogue or numerical scale) at the initial evaluation resulted in improved prescribing and better pain control.<sup>11</sup> Moreover, one study has shown that pain management scales can be applied successfully even to most mildly to moderately demented patients.<sup>12</sup>*

*Older cancer patients who receive pain education are more likely to take their pain medications and show significant decreases in pain intensity, anxiety, and fear of addiction.<sup>13</sup>*

*Expert consensus opinion supports a three-step approach to treating cancer pain by oral medication (the WHO Ladder): non-opioid agents, followed by low-potency opioids and, if necessary, high-potency opioids.<sup>14</sup>*

*By consensus, acetaminophen is the preferred initial oral medication to be tried for mild to moderate musculoskeletal pain. The dose can be advanced to a maximum of 4000 mg per day.<sup>6</sup>*

*If opioids are prescribed for an elderly person, the patient should be encouraged to drink extra fluid, exercise, and take a combination of a stool softener and a non-bulk-forming laxative because constipation is a common and often serious complication of opioid use in this population.<sup>6,14,15</sup>*

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Although numerous studies have found that chronic pain is prevalent in older adults, data indicate that patients may not report pain voluntarily or use the term “pain” to describe their discomfort.<sup>6</sup> While complete relief of chronic pain may at times be an unrealistic expectation, many varied modalities are available to treat pain and these should be implemented in a graduated fashion of increasing strength.

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