Pain Management in the Elderly

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Outline

• Typical cases
• Background knowledge
• Pain assessment
• Treatment options - evidence base
• Systems needed
• Applying the evidence base to cases
Case 1- Pain in an elder
Case 2 – Pain in An Elder with Dementia

46% > 50 years have at cognitive complaints, 70% higher in those reporting pain - greater with anxiety, depression, painful complaints
Pain in a Frail elder
Prevalence of long term pain in England

Figure 9A

Prevalence of chronic pain, by age and sex
Base: Aged 16 and over

Craig : Health survey for England 2011
What pushes people into a struggle with pain?

- Disease burden: coping with multiple health conditions (some of them painful)
- Social, psychological and physical challenges causing physiological dysregulation

Increased “allostatic load”* 

Increased report of non specific symptoms: pain, fatigue, vomiting

* McEwen and Stellar 1993

Loeser 2013
Pain is complicated!

“The complaint of Pain is an interesting social communication, the meaning of which remains to be determined”

Wilbert E. Fordyce, 1923-2009

....pain might be considered a 'need state', like thirst, rather than simply a sensation. If so then the 'need' might involve movement to avoid or reduce pain...

Pat Wall 1925-2001
Epidemiology Pain in Hong Kong

• Total of 5,001 adults aged ≥18 years (response rate 58%) drawn from the general population of Hong Kong completed the Chronic Pain Grade (CPG) questionnaire

• Overall, 34.9% reported pain lasting more than 3 months (chronic pain)

• Factors most significantly associated with chronic pain:
  – Female, older age, divorced/separated, having part-time employment, existing long-term health problems, higher HADS Anxiety scores, poor QoL (mental health component), and low self-perceived health

• Hong Kong is struggling with management of its elders; systems are modelled on the UK; however hospitals are state funded primary care is not, meaning the poorer and the vulnerable are more likely to be accessing secondary care rather than primary care

Consequences on the health care system

• Higher the pain grade
  – Higher medication: often poorly effective esp opioids
    • Falls, constipation, cognitive impairment

• Higher risk of hospital admissions
  – UK hospital system poorly equipped as focussed on dealing with ACUTE problems not the underlying causes
How are systems in the UK set up to manage?

- Frail elderly, multi-morbidity, dementia

- Very few come to specialist pain services in the UK (Price: National Pain Audit 2012)
Pain in University Hospital of Southampton

Notes/Chart review “significant pain”

83% emergency admissions
Factors impacting effect of pain relief in the elderly

- Poor reserve
- stoicism
- Altered PK/PD
- Adherence
- Pain Assessment
- Atypical presentations
- Attitudes & Beliefs of Care givers and HCP’s
Pain Assessment “Pearls”

• Pain Information is multidimensional
  – Open ended approach
  – Don’t interrupt (middle aged, women, doctors most likely to)
  – Provide information on prognosis (only 1/3 of GP consultations do)
Pain Assessment Tools in the Elderly

Recommendations for ward assessment tool:

- Combined Abbey Scale with Pain Assessment in Advanced Dementia questionnaire
- Care givers to provide narrative
- Physiotherapists to provide narrative

Gregory J: Royal College of Nursing 2011
Treatments for Pain

WOW! WHAT A DRUG.. AND NO SIDE EFFECTS SO FAR..
Evidence for Pain Treatments – Medical

- **Drugs:**
  - Paracetamol: Efficacy, lower risk
  - NSAIDs: clear inflammatory disorders, always with PPI
  - Opioids: only use in the short term? Long term efficacy??

- **Neuropathic Pain**
  - Amitriptyline sedating, nortriptyline less so
  - Gabapentin and pregabalin limited in renal impairment
  - Topical

- **Whilst short lived, there may be greater role for injections to specific joints and nerves than in younger adults (Benefits v Harms)**
  - Less effective in mood disturbance) BPS pain pathways
  - Needs to be mainly localised pain)
  - Hyaluronic Acid seems to be a better choice than steroids for joints

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Evidence for Pain Treatments – Psychological

- Psychological approaches to relieve pain:
  - guided imagery,
  - biofeedback training and relaxation.

- Psychological approaches to facilitate acceptance and adaptation (reduces depression/anxiety)
  - supports the use of cognitive behavioural therapy among nursing home populations
  - these approaches require training and time.
Evidence for Pain Treatments – Physical

- Aids and equipment
  - Help independence
  - May increase pain
  - Better to focus on exercise therapy

- Exercise therapy:
  strengthening flexibility and endurance

- Acupuncture, massage and TNS all have an evidence base - again durability and need to combine with other approaches important

Systems needed to manage pain successfully in the context of the elderly population – 1

Multimorbidity

• Multi-morbidity: tendency to become overwhelmed, polypharmacy; treatment needs to be orientated towards functional improvement and prevention of complications of treatment

• *Case Managers UK current model in the context of a multispecialty team with GP providing risk assessment and ownership of care plan*
Bill: osteoarthritis of the neck
Hypertension, depression, CKD4
Systems needed to manage pain successfully in the context of the elderly population – 2 Frailty syndrome

- Support delivered over a long period of time
- Decrease vulnerability to adverse outcomes, in particular falls, injury, hospitalization and institutionalisation.
- Involve family and/or carers

- UK: social care, re-ablement services provide care coordination
- Supported by care of elderly teams working out of hospital

Fairhall 2011
Mr Ho: walking distance 10 m, heart failure, mild depression, lives with family non-specific widespread pain
Systems needed to manage pain - 3 in the context of dementia

• Management of condition
  – Suitability for Acetyl Cholinesterase inhibitors
  – Cognitive stimulation (eg pet therapy, light, massage)
  – Simplify routines
  – Carer support
  – Structured activities

• UK – dementia advisors to advise and support person and carer, Older People’s MH teams – memory clinics, social services, befriending services
Sheila – post herpetic neuralgia and dementia
Key Messages

• Pain in the elderly is common – either under or over treatment is an issue
• Needs to be considered in the context of other common problems in the elderly
• Pain Management needs to be delivered in context and respect & involve wishes for patients and carers
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