Pain Management in the Elderly

Dr Cathy Price

Outline

- Typical cases
- Background knowledge
- Pain assessment
- Treatment options - evidence base
- Systems needed
- Applying the evidence base to cases

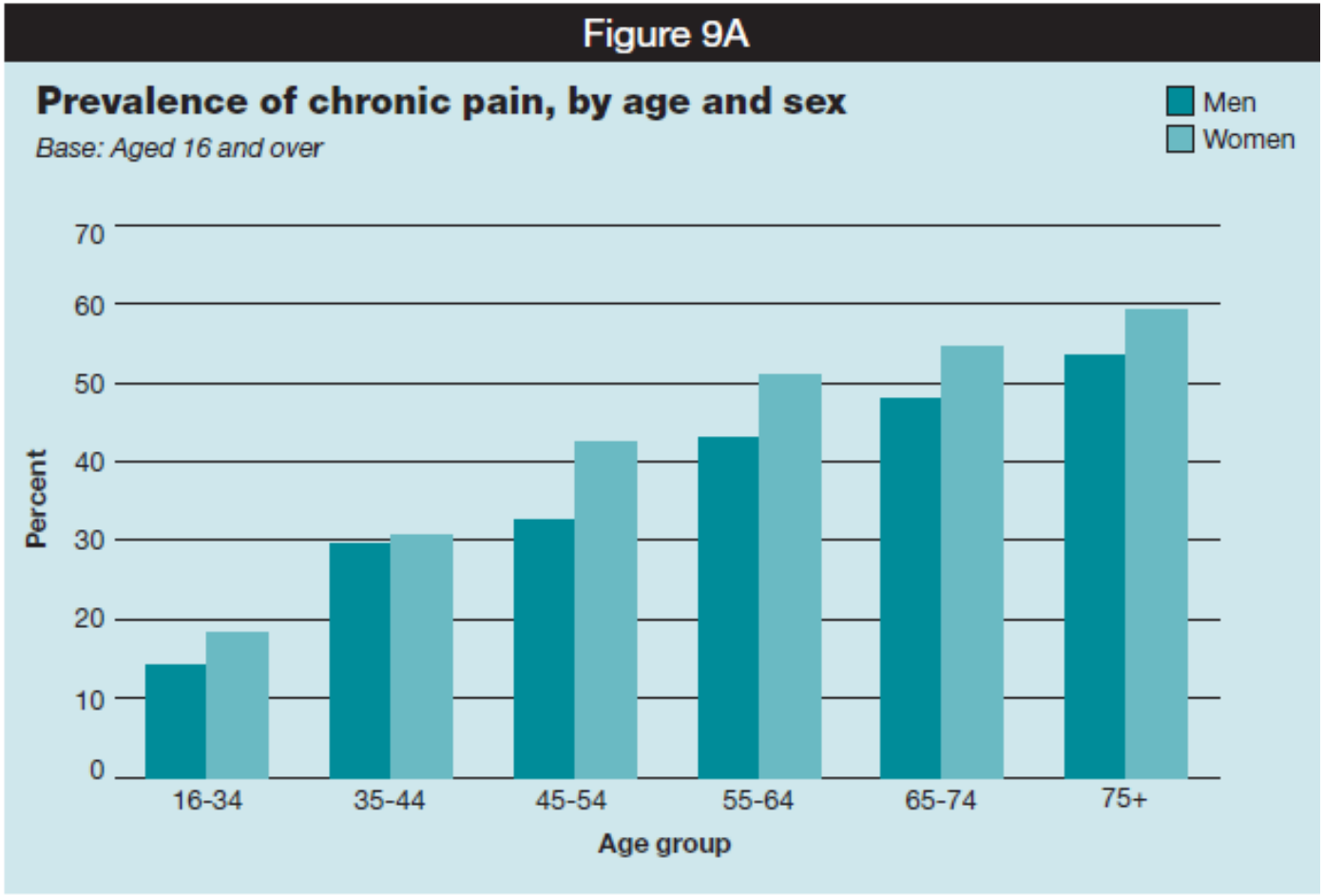
Case 1- Pain in an elder

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

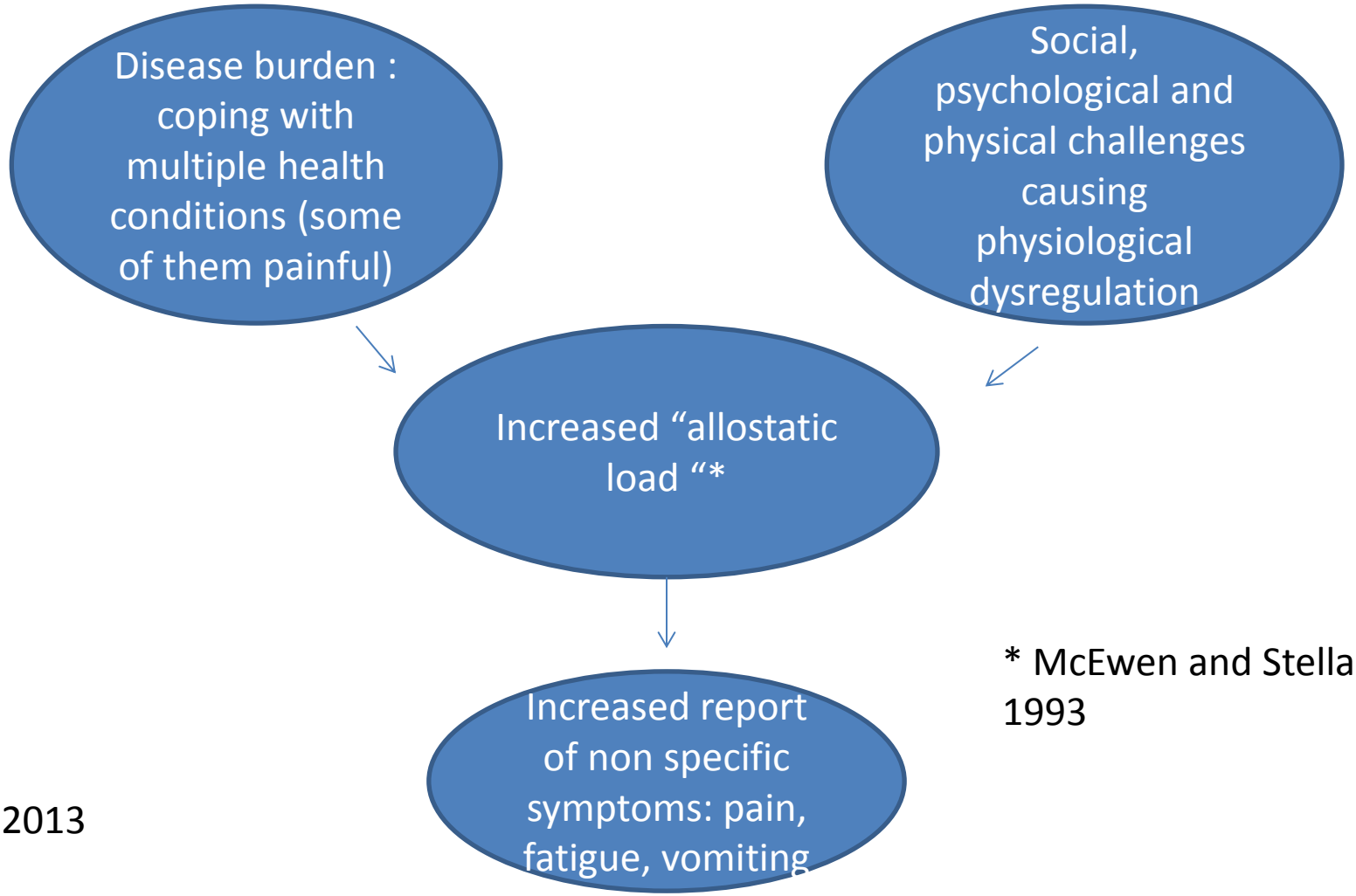
Pain in a Frail elder

Prevalence of long term pain in England



Craig : Health survey for England 2011

What pushes people into a struggle with pain?



* 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

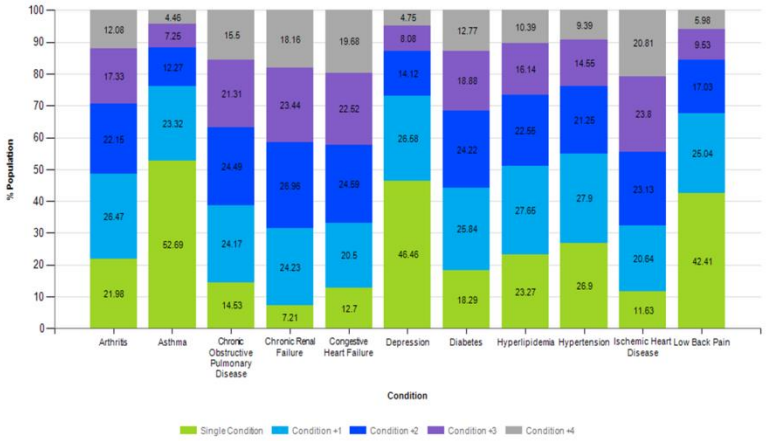
Wong WS, Fielding R. J Pain 2011;12(2):236-245.

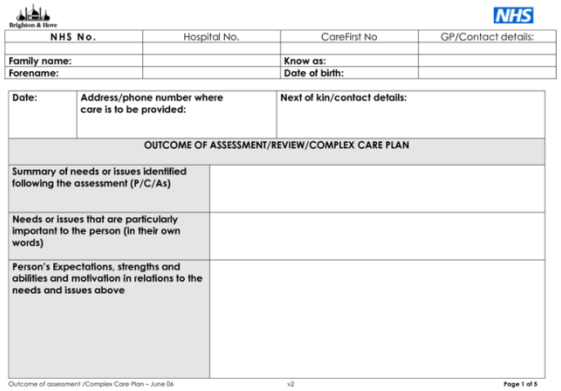
Consequences on the health care system

- 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





Brighton & Hove

NHS

NHS No.	Hospital No.	CareFirst No	GP/Contact details:
Family name:		Know as:	
Forename:		Date of birth:	

Date:	Address/phone number where care is to be provided:	Next of kin/contact details:

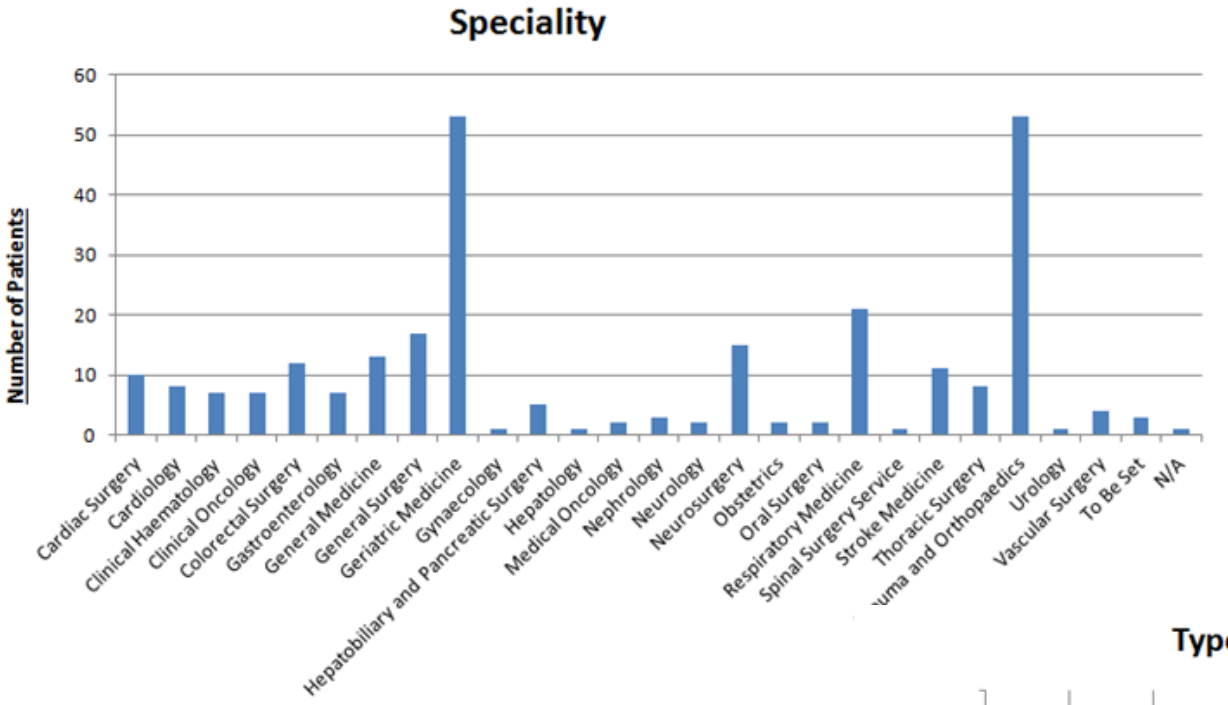
OUTCOME OF ASSESSMENT/REVIEW/COMPLEX CARE PLAN

Summary of needs or issues identified following the assessment (P/C/As)	
Needs or issues that are particularly important to the person (in their own words)	
Person's Expectations, strengths and abilities and motivation in relations to the needs and issues above	

Outcome of assessment /Complex Care Plan – June 06 v2 Page 1 of 5

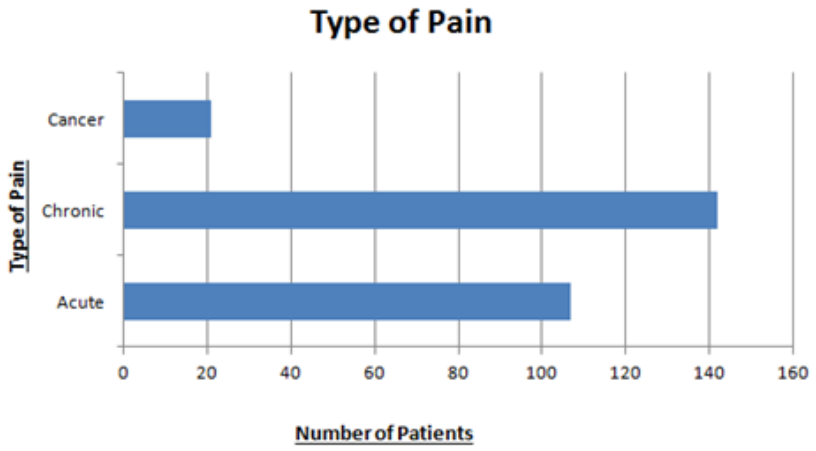
- Very few come to specialist pain services in the UK (Price: National Pain Audit 2012)

Pain in University Hospital of Southampton

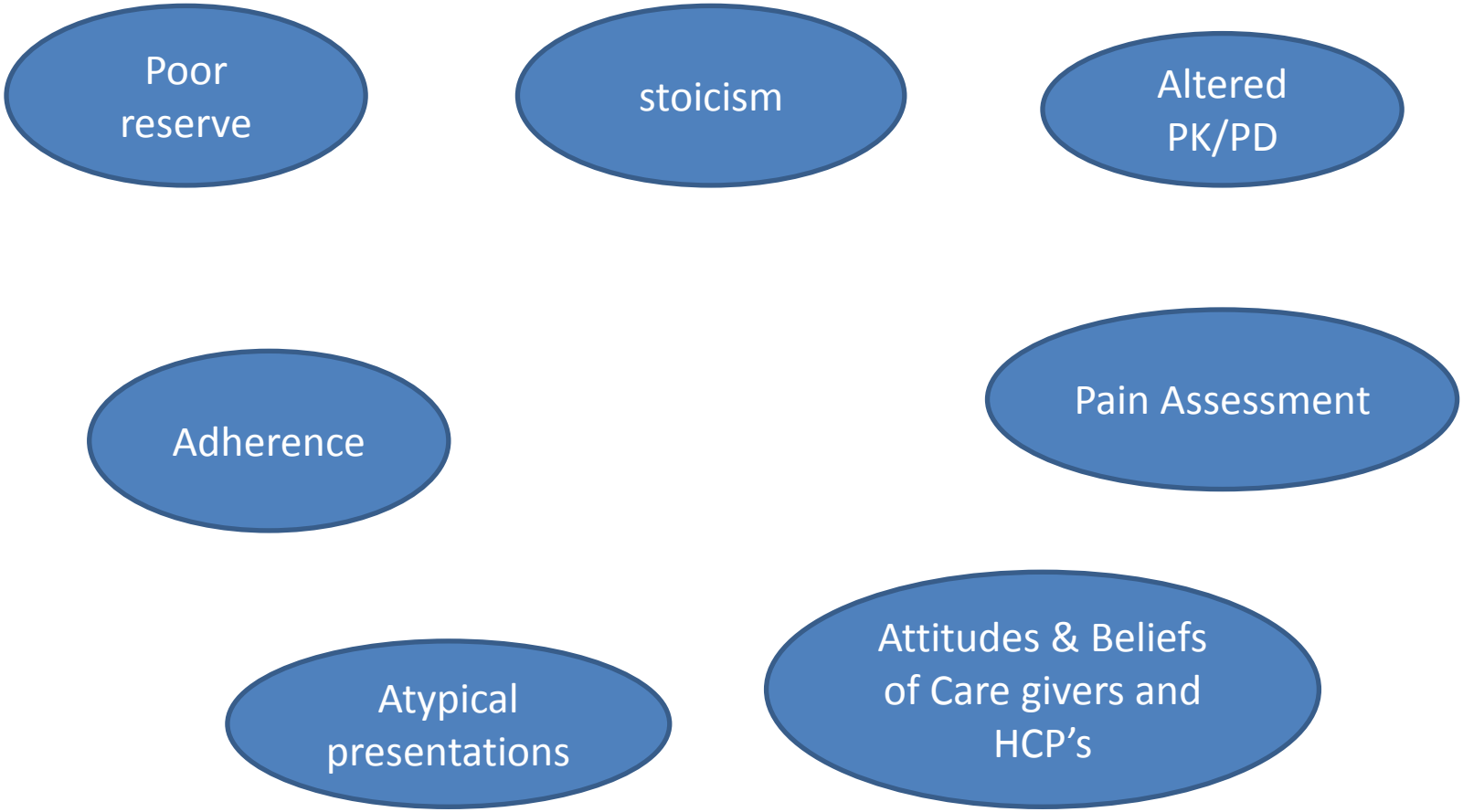


Notes/Chart review
"significant pain"

83% emergency admission s



Factors impacting effect of pain relief in the elderly



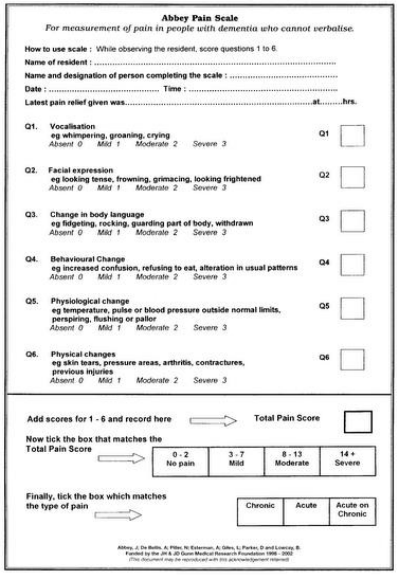
Pain Assessment “Pearls”

- 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



Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise.

How to use scale : While observing the resident, score questions 1 to 6.

Name of resident : .....

Name and designation of person completing the scale : .....

Date : ..... Time : .....

Latest pain relief given was.....at.....hrs.

Q1. Vocalisation
eg whimpering, groaning, crying
Absent 0 Mild 1 Moderate 2 Severe 3 — Q1

Q2. Facial expression
eg looking tense, frowning, grimacing, looking frightened
Absent 0 Mild 1 Moderate 2 Severe 3 — Q2

Q3. Change in body language
eg fidgeting, rocking, guarding part of body, withdrawn
Absent 0 Mild 1 Moderate 2 Severe 3 — Q3

Q4. Behavioural Change
eg increased confusion, refusing to eat, alteration in usual patterns
Absent 0 Mild 1 Moderate 2 Severe 3 — Q4

Q5. Physiological change
eg temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor
Absent 0 Mild 1 Moderate 2 Severe 3 — Q5

Q6. Physical changes
eg skin tears, pressure areas, arthritis, contractures, previous injuries
Absent 0 Mild 1 Moderate 2 Severe 3 — Q6

Add scores for 1 - 6 and record here → Total Pain Score

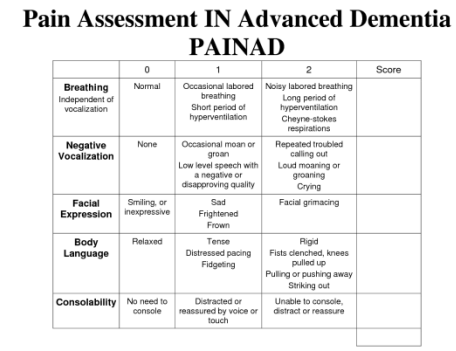
Now tick the box that matches the Total Pain Score

0 - 2	3 - 7	8 - 13	14 +
No pain	Mild	Moderate	Severe

Finally, tick the box which matches the type of pain

Chronic	Acute	Acute on Chronic

Abbey, J. De Bellis, A. Piller, N. Esterman, A. Giles, L. Parker, D and Lowcay, B.
Funded by the JH & JD Gunn Medical Research Foundation 1998 - 2002
(This document may be reproduced with this acknowledgement retained)



Pain Assessment IN Advanced Dementia
PAINAD

	0	1	2	Score
Breathing Independent of vocalization	Normal	Occasional labored breathing Short period of hyperventilation	Noisy labored breathing Long period of hyperventilation Cheyne-stokes respirations	
Negative Vocalization	None	Occasional moan or groan Low level speech with a negative or disapproving quality	Repeated troubled calling out Loud moaning or groaning Crying	
Facial Expression	Smiling, or inexpressive	Sad Frightened Frown	Facial grimacing	
Body Language	Relaxed	Tense Distressed pacing Fidgeting	Rigid Fists clenched, knees pulled up Pulling or pushing away Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	

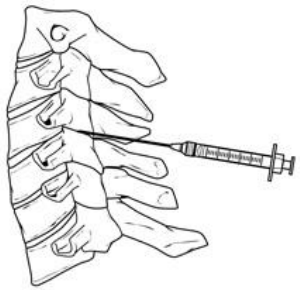
This material prepared by the Geriatric Research Education Clinical Center, is provided by the Illinois Foundation for Quality Health Care, the Medicare Quality Improvement Organization for Illinois, was prepared by MetaStar, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 06/W-IL-GNPS-0608-023

Gregory J: Royal College of Nursing 2011

Treatments for Pain

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???



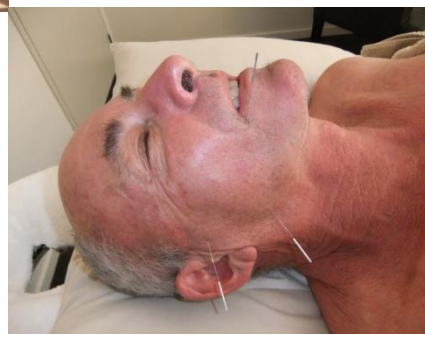
  - Neuropathic Pain
    - Amitriptyline sedating, nortriptyline less so
    - Gabapentin and pregabalin limited in renal impairment
    - Topical
- Whilst short lived, there may be greater role for injections to specific joints and nerves than in younger adults (Benefits v Harms)
  - Less effective in mood disturbance) BPS pain pathways
  - Needs to be mainly localised pain)
  - Hyaleuronic Acid seems to be a better choice than steroids for joints

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



Schofield P et al: Guidance on the management of pain in older people Age and Ageing 2013; 42: i1–i57 doi: 10.1093/ageing/afs200

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 co-ordination
- 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 fo patients and carers

Bibliography

- Schofield P et al: Guidance on the management of pain in older people Age and Ageing 2013; 42: i1–i57 doi: 10.1093/ageing/afs200
- Gregory J : Identifying a Pain assessment tool for the Elderly in acute Care . Royal College of Nursing 2011 RCN research
- Bridges S, Craig R: Health Survey for England 2011; Chapter 9 Chronic Pain : Health and Social Care Information Centre
- Prevalence and characteristics of chronic pain in the general population of Hong Kong. Wong WS, Fielding R. J Pain 2011;12(2):236-245.
- Price C: National Pain audit Final Report; Health Quality Improvement Partnership 2012
- Loeser J: in Pain: Understanding and Treating the Complex Patient by Maria Adele Giamberardino, Troels Staehelin Jensen IASP Press. (ISBN: 9780931092923)
- McEwen, BS; Stellar, E (Sep 27, 1993). "Stress and the individual. Mechanisms leading to disease.". Archives of internal medicine 153 (18): 2093–101. doi:10.1001/archinte.153.18.2093. PMID 8379800
- Finnerup NB et al . The evidence for pharmacological treatment of neuropathic pain. PAIN 150; 3; 2010. 573–581
- Fairhall N et al : treating frailty a practical guide 2011. BMC Medicine 2011; 9:83