Pain Management in Older Adults: Providing Competent and Compassionate Care

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Cause of Death/ Demographic and Social Trends

<table>
<thead>
<tr>
<th></th>
<th>Early 1900s</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicine’s Focus</strong></td>
<td>Comfort</td>
<td>Care</td>
</tr>
<tr>
<td><strong>Cause of Death</strong></td>
<td>Infectious Diseases/ Communicable Diseases</td>
<td>Chronic Illnesses And Cancer</td>
</tr>
<tr>
<td><strong>Death rate</strong></td>
<td>1720 per 100,000 (1900)</td>
<td>799 per 100,000 (2010)</td>
</tr>
<tr>
<td><strong>Average Life Expectancy</strong></td>
<td>50</td>
<td>78.7 (2010)</td>
</tr>
<tr>
<td><strong>Site of Death</strong></td>
<td>Home</td>
<td>Institutions</td>
</tr>
<tr>
<td><strong>Caregiver</strong></td>
<td>Family</td>
<td>Family/Strangers/ Health Care Providers</td>
</tr>
<tr>
<td><strong>Disease/Dying Trajectory</strong></td>
<td>Relatively Short</td>
<td>Prolonged</td>
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</tbody>
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Varying Trajectories of Dying

Connor SR, New Initiatives Transforming Hospice Care. The Hospice Journal, 1999: 14 (3-4); p.193-203
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 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

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

Disease Progression

A New Vision of Palliative Care

Modifying Therapy, Curative, restorative intent

Risk

Life Closure

Disease

Condition

Palliative and Hospice Care

Death & Bereavement

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
Cognitive Function

Where does cognitive function originate?

What do we mean when we say cognitive disorders?

Cognitive Functions:
- Orientation
- Memory
- Language
- Calculation
- Insight
- Judgment
- Executive Functioning
Causes of Cognitive Impairments

- Delirium
- Dementia (all types)
- Psychiatric Disorders
  - Mood and Psychotic Disorders
- Previous Impairments (Developmental Disability)

Alzheimer’s Disease

- It is impossible to confirm the diagnosis without a brain autopsy
- However, in a live patient it is possible to make the diagnosis of AD with 90 – 95 % accuracy
- Early diagnosis is vital for optimum treatment results
- No Known Etiology / No Cure
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Types of Dementia

- AD (66%)
- Vascular dementia / Mixed (15%)
- Dementia with Lewy Bodies (20%)
- Dementia with Lewy Bodies Parkinson Disease (7%)
- Other (10%)
Medications Used to Treat Behavioral Symptoms

- Cholinesterase inhibitors and NMDA antagonist
- Anti-depressants
  - Atypical: Trazodone
- Anti-psychotics
  - Haldol
  - Risperdal
  - Olanzapine
- Benzodiazepines
- Mood Stabilizer
  - Valproic Acid
  - Tegretol

Pain Assessment
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)

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…

**Good Communication is Critical!**

Confused Older Adults Are Routinely Undertreated 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 examine some myths about pain…….

MYTH: If a person is not thrashing around they are not experiencing pain
**FACT:** Moving without discomfort is the goal

- Rabbit in pain: Quiet, legs pulled in, may look like they’re sleeping
- Rabbit comfortable: stretched out, eating, moving freely

Opioids, such as morphine are not safe for older adults.

Hey rabbit did you know us cats are sensitive to opioids?
Pain Assessment Tools Are Fool-Proof

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

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

What about the Interagency Guideline on Opioid Dosing for Chronic Non-Cancer Pain (2010)?

states: This guideline “does not apply to the treatment of acute pain, cancer pain, or end of life (hospice) care”
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 with an opioid (unless contraindicated)
- Consider previous experience with other analgesics in choosing agents
- Check liver and renal function
WHO-3 Step Ladder

**Adjuvant Therapies for Neuropathic Pain**

- Corticosteroids (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
- Acupuncture
- 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.

Questions?