

Oh, What a Relief it is! Pain Management for our Older Adults

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Disclosures

No Disclosures

What is your role?

- Nurse
- Nurse Practitioner
- Social Worker
- Therapy
- Physician
- Physician's Assistant
- Other



Objectives

1. Understand the etiology and impact of pain in the older adult
2. Implement a thorough Pain Assessment in the older adult
3. Examine both Non pharmacologic and pharmacologic management strategies for pain in the Older Adult

Mrs. Ramos

- 78-year-old female
- PMH
 - CHF (EF 25%)
 - Hypertension
 - T2DM
 - Osteoarthritis
- Admitted CHF exacerbation





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Have you experienced pain?

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Focus in Geriatrics

- Optimizing function and quality of life
- Reducing morbidity and frailty

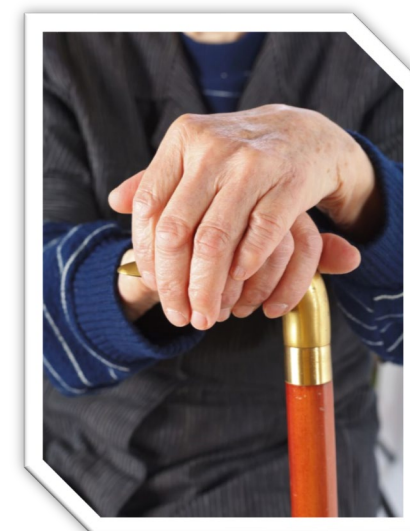
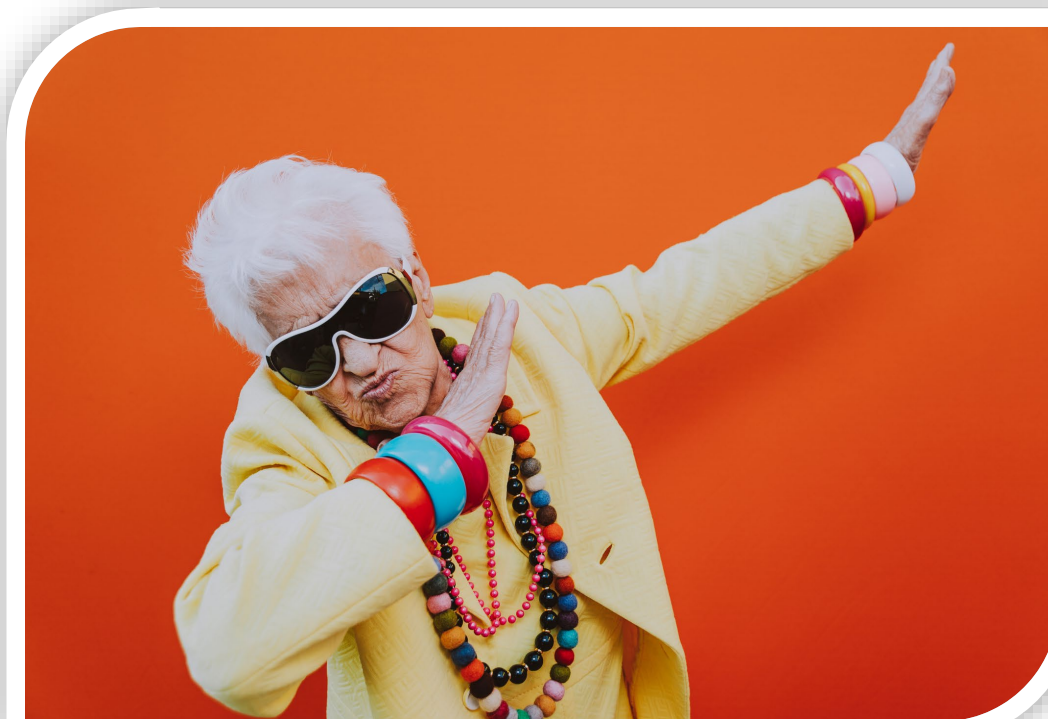


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Geriatrics

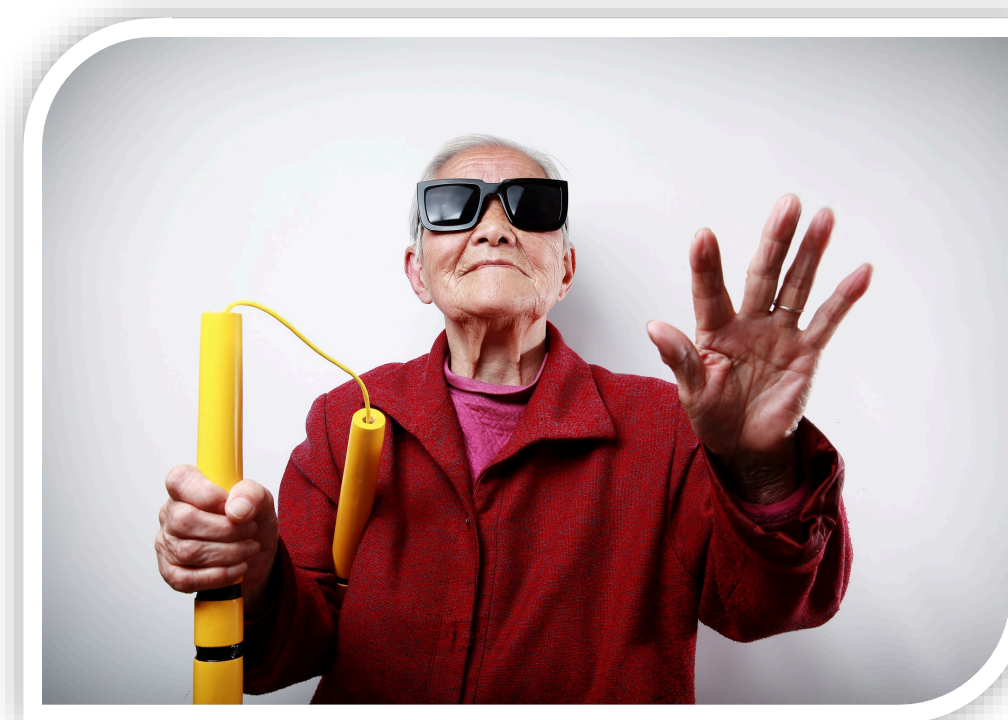
Challenges

- Heterogeneous group
- Functional assessment
- Increased risks for both nonopioid and opioid therapy
- Cognitive Impairment
- Comorbid medical conditions
- Medication review



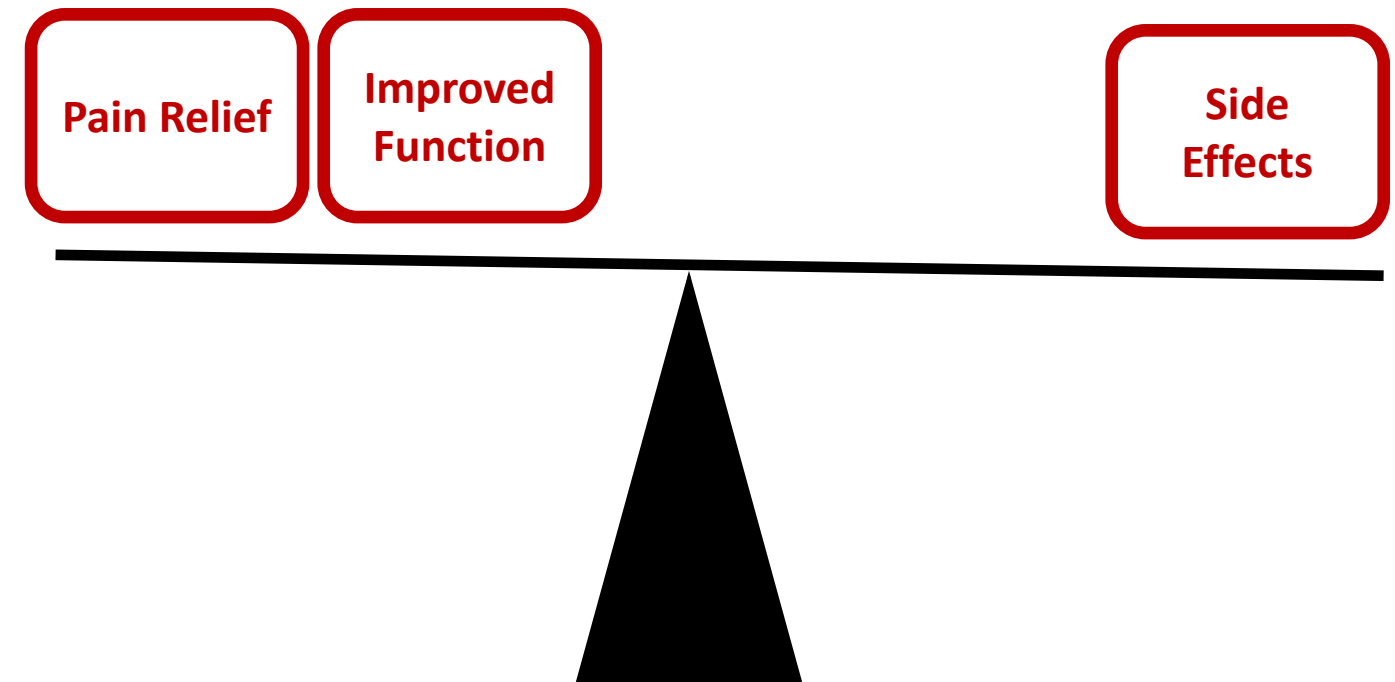
Challenges of Pain Management in Geriatrics

- May be underreported
- Chronic pain/persistent pain
- Substance Use Disorder



Effective Pain Management

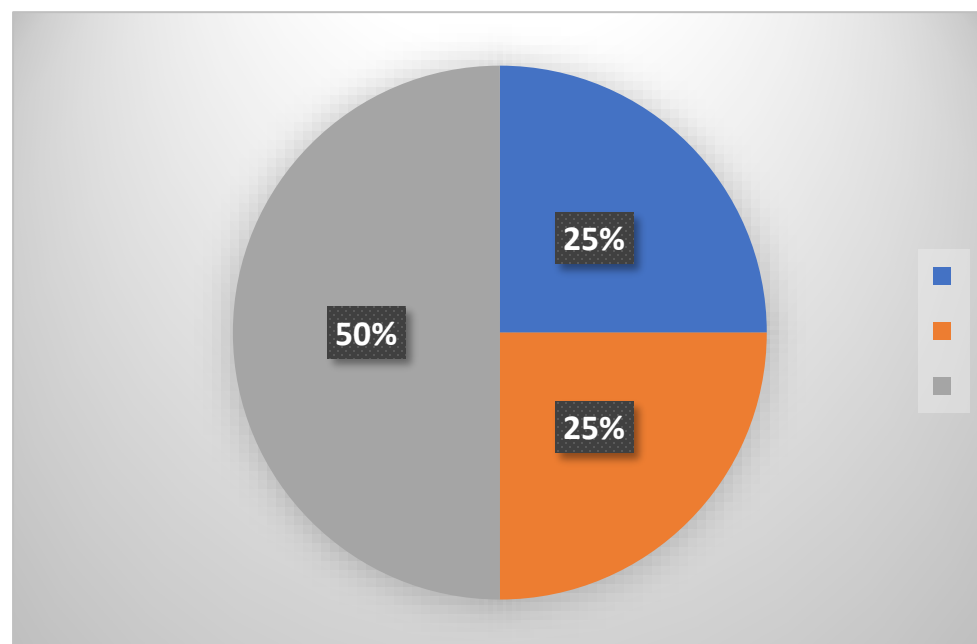
- Decreased Morbidity and Mortality
- Faster Recovery
- Shorter hospital stays
- Decreased Health Care costs



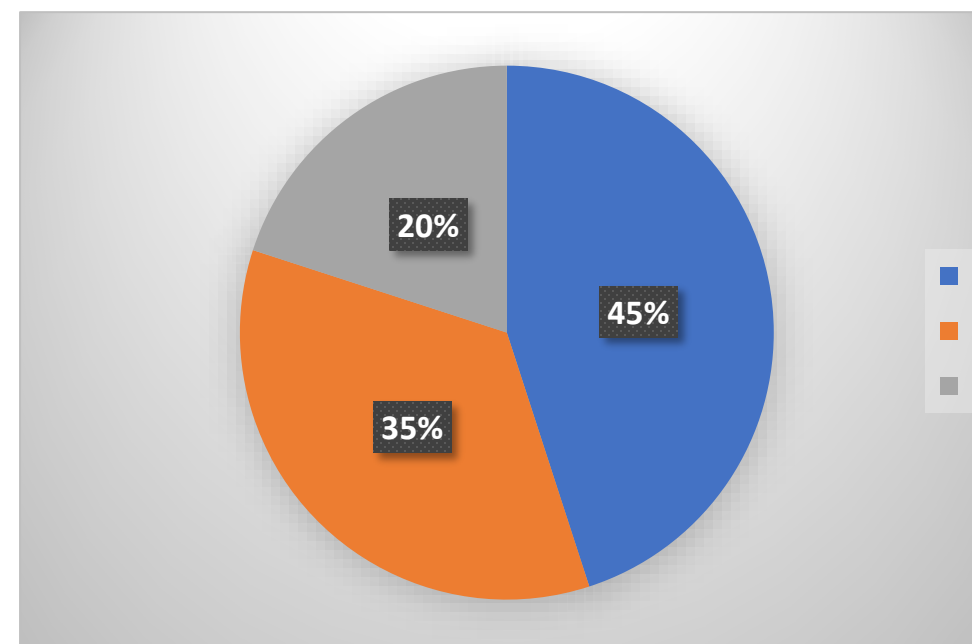
Etiology and Impact

Prevalence of Persistent Pain

Pain is experienced by:



25% to 50% of
community-dwelling older adults



45% to 80% of
nursing-home residents

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Pain Assessment –Pain Syndromes

1. Nociceptive
Somatic
Visceral

2. Neuropathic

3. Mixed or Unspecified

Pain – Nociceptive

SOMATIC

- Well localized
- Constant
- Aching
- Stabbing
- Gnawing
- Throbbing

Pain – Nociceptive

VISCERAL

- Poorly localized
- Diffuse
- Referred to other sites
- Intermittent, paroxysmal
- Dull
- Colicky
- Squeezing
- Deep
- Cramping
- Accompanied by nausea, vomiting, diaphoresis

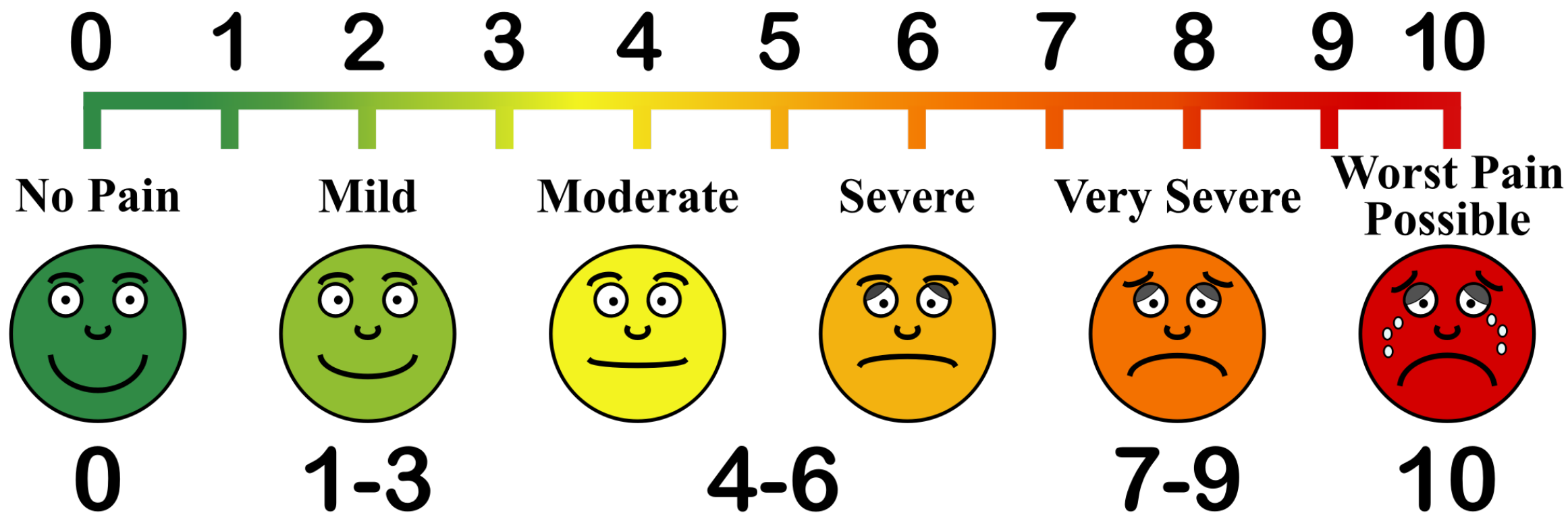
Pain - Neuropathic

- Prolonged, usually constant, with paroxysms
- Sharp, burning, pricking, tingling, electric-shock-like
- Associated with:
 - Paresthesias, dysesthesias, allodynia, hyperalgesia, impaired motor function, atrophy or abnormal deep tendon reflexes

Pain – Mixed or Unspecified

- No identifiable pathologic process
- Symptoms out of proportion to identified pathology
- Widespread musculoskeletal pain, stiffness, weakness

PAIN ASSESSMENT TOOL



People with dementia

- May be less likely to receive PRN (anecdotally “Patient Receives None” for this population)

Pain Assessment in Advanced Dementia (PAINAD)

1. Breathing independent of vocalization
2. Negative vocalization
3. Facial expression
4. Body Language
5. Consolability



Tsai IP, Jeong SY, Hunter S. Pain Assessment and Management for Older Patients with Dementia in Hospitals: An Integrative Literature Review. Pain Manag Nurs. 2018 Feb;19(1):54-71. doi: 10.1016/j.pmn.2017.10.001. Epub 2017 Nov 16. PMID: 29153920.

Warden V, Hurley AC, Volicer L. Development and psychometric evaluation of the pain assessment in advanced dementia (PAINAD) scale. J Am Med Dir Assoc 2003; 4:9.

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Pain Management

Non-Pharmacologic

Pain type	
Nociceptive: Somatic Nociceptive: Visceral	Physical Therapy Cognitive behavioral therapy
Neuropathic	Physical Therapy Cognitive behavioral therapy
Mixed	Physical therapy Cognitive behavioral therapy Psychological therapy

Pain Management

Non-Pharmacologic

- Physical therapies

- Heat therapy
- Cold therapy
- Massage
- Positioning
- Exercise



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Pain Management

Non-Pharmacologic

- Acupuncture
- Acupressure
- Compression
- Cryotherapy
- Early Mobilization
- Massage
- Neuromuscular Electrical Stimulation



- Transcutaneous Electrical Nerve Stimulation
- Perioperative injections
- Cognitive/Behavioral Treatment
- Guided Relaxation Therapy
- Music Therapy
- Patient Education
- Virtual Reality



Principles of Pharmacologic Therapy

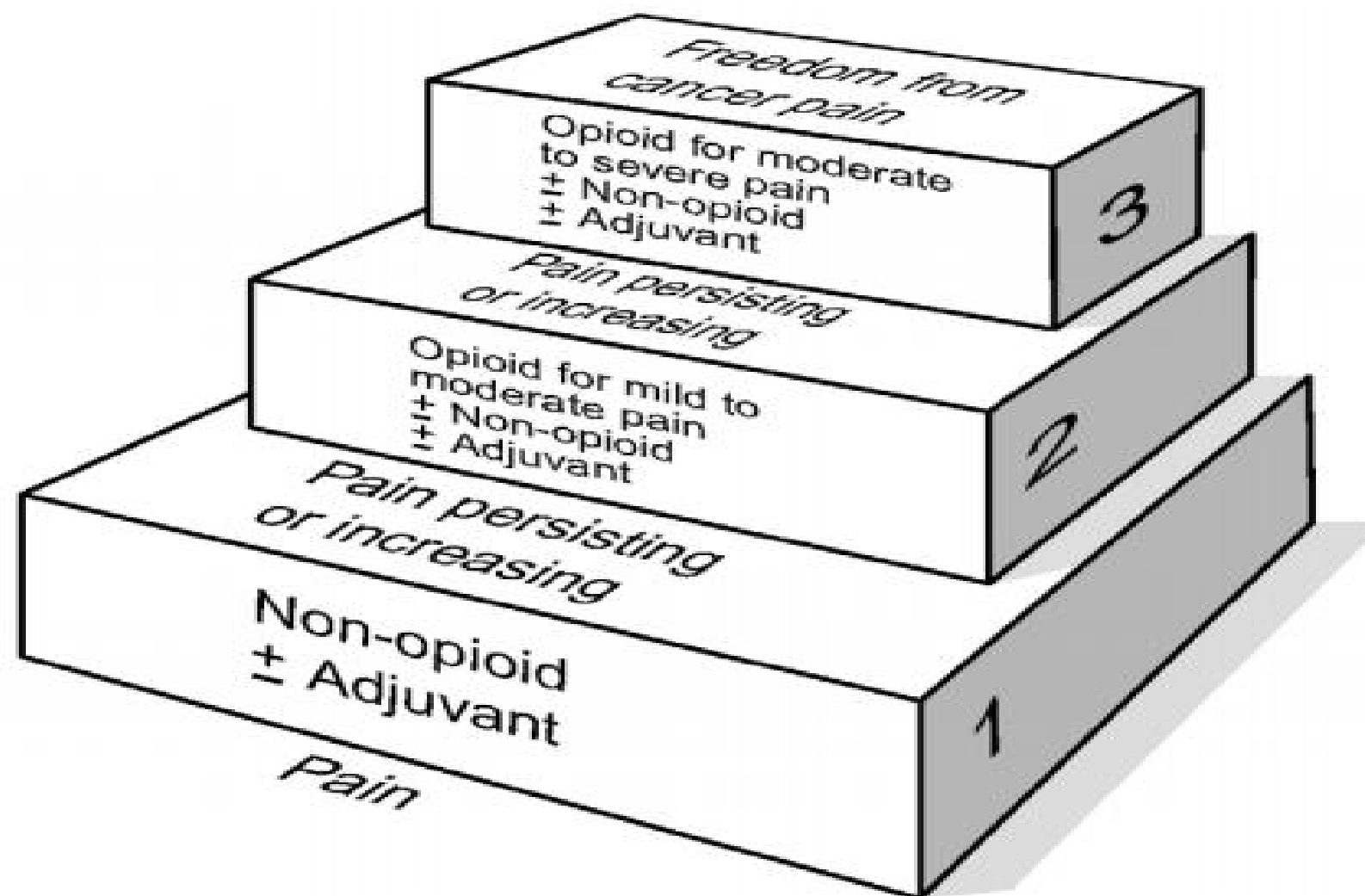
- Nonsystemic or nonpharmacologic therapies first
- Individualize
 - Consider Risks Vs Benefits
- Monitor closely
- Start low, go slow ...USE ENOUGH



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True or False:
Opioids should never be used in the older adult to manage pain

World Health Organization



Opioids
Hydromorphone

Opioids
Oxycodone
Morphine

Acetaminophen
NSAIDS
Adjuvants
Tricyclic antidepressants (off-label)
Gabapentinoids
Corticosteroids

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Pain Management

Pharmacologic – NON-OPIOID

Acetaminophen

- FIRST-LINE for persistent pain
- Maximal dose: 4 gms in 24 hours



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Pain Management

Pharmacologic – NON-OPIOID

NSAIDS

- Use judiciously, if at all
- Many potential risks
- Topicals



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Pain Management

Pharmacologic – ADJUVANTS

- Tricyclic antidepressants (off-label)
- Gabapentinoids
- Corticosteroids



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Opioid Therapy for Older Adults

START LOW, GO SLOW, USE ENOUGH

Mitigate common risks

- Prevent constipation
- Risk assessment for falls
- Monitor for cognitive impairment
- Universal precautions

American Geriatric Society Panel on Pharmacological Management of Persistent Pain in Older Persons. Pharmacological management of persistent pain in older persons. J Am Geriatr Soc 2009; 57:1331.



Opioid Therapy for Older Adults

MORPHINE

- Avoid due to metabolite accumulation, particularly for those in renal failure

OXYCODONE

- In clinical practice – safer than morphine

HYDROMORPHONE

- Fewer side effects in patient with renal failure

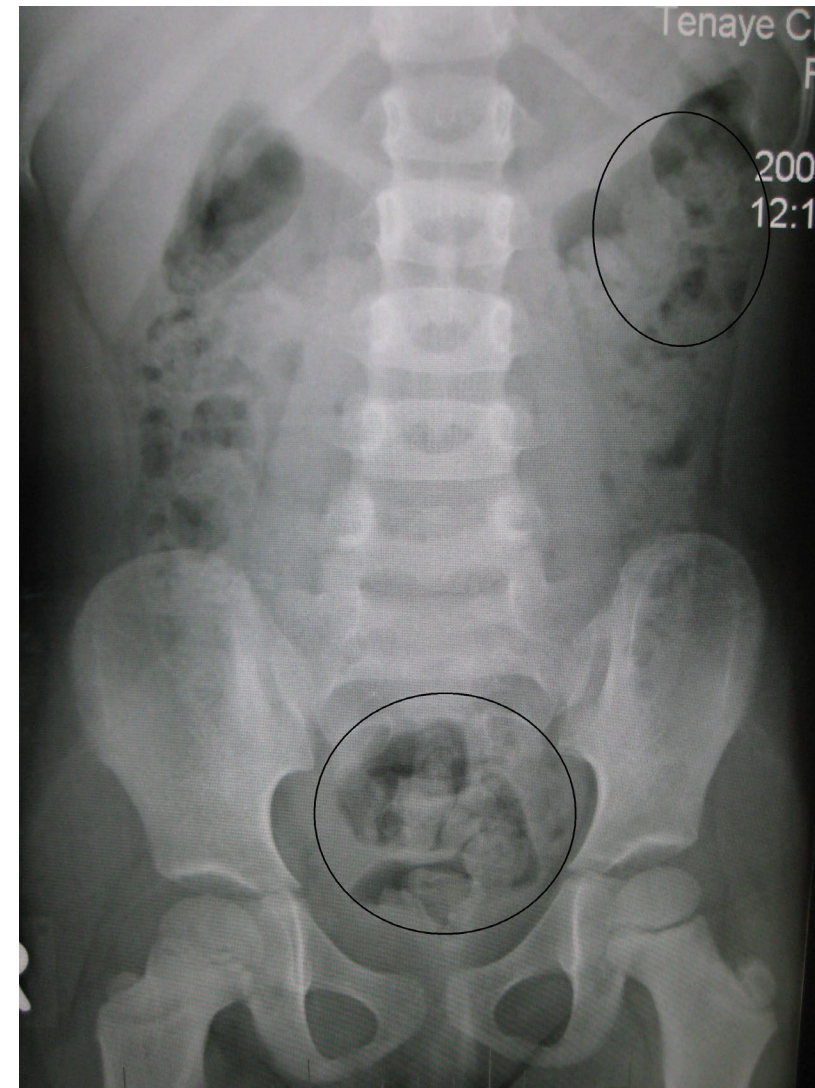
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Lee MA, Leng ME, Tiernan EJ. Retrospective study of the use of hydromorphone in palliative care patients with normal and abnormal urea and creatinine. Palliat Med. 2001 Jan;15(1):26-34. doi: 10.1191/026921601669626431. PMID: 11212464.

Opioid Therapy for Older Adults

Tolerance

- Respiratory depression
- Fatigue
- Sedation
- NOT Constipation



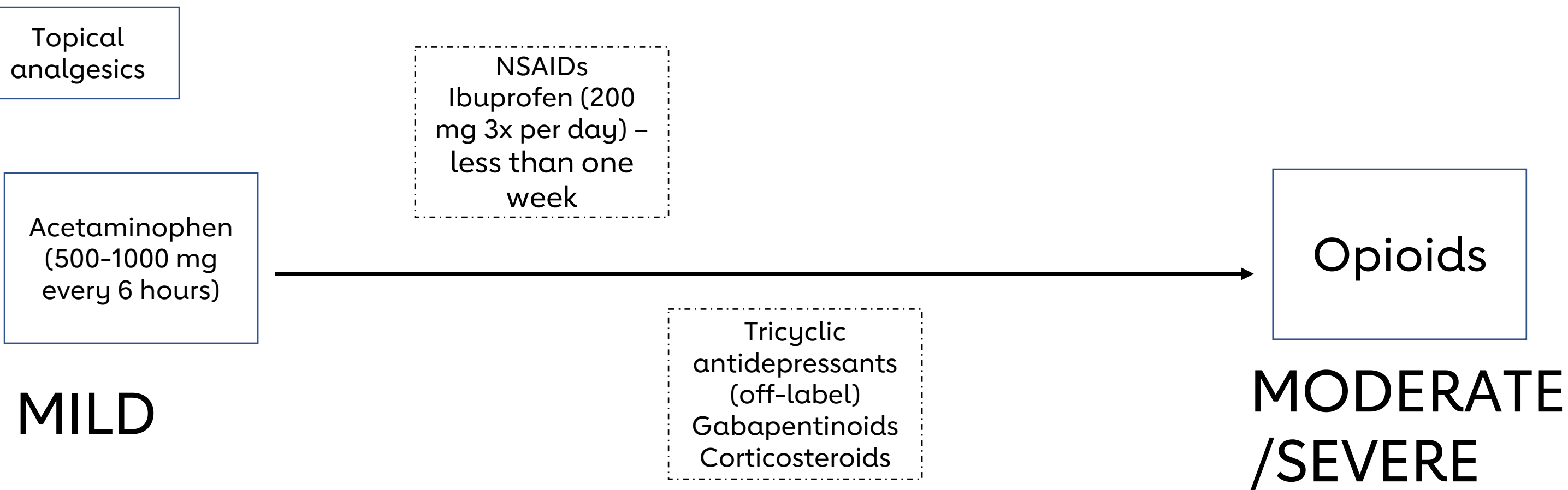
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Pain Management – Medications to AVOID

Pharmacologic

- NSAIDs
Indomethacin
- Skeletal muscle relaxants

Pharmacologic Management



2019 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc. 2019 Apr;67(4):674-694. doi: 10.1111/jgs.15767. Epub 2019 Jan 29. PMID: 30693946.

American Geriatric Society Panel on Pharmacological Management of Persistent Pain in Older Persons. Pharmacological management of persistent pain in older persons. J Am Geriatr Soc 2009; 57:1331.

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Which of the following should we **NOT** use chronically for older adults?

- Acetaminophen
- Opioid
- NSAIDs
- Physical Therapy

Mrs. Ramos

- PT evaluation
- Scheduled acetaminophen
 - 650 mg Q8h → 1000 mg Q8h
- Avoided NSAIDS
- Oxycodone 5 mg Q4h PRN



Take Home Points

An older adult is more than just an older person

- Pain may be undertreated in the older adult
- Important to understand the different types of pain
- Opioids are an important tool to providing pain relief



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Thank You.
