



## Review

# Older peoples' strategies for coping with chronic non-malignant pain: A qualitative meta-synthesis



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## ABSTRACT

**Background:** There is evidence that chronic pain is not recognised or managed effectively in older people. It is important to examine how older people cope with this because of the impact it can have on their quality of life and mortality. It will also enable nurses to work with older people to support effective coping skills and provide information on other useful coping strategies.

**Objectives:** To examine how older people cope with non-malignant chronic pain.

**Design:** This is a qualitative meta-synthesis using Confidence in the Evidence from Reviews of Qualitative Research developed by Grading of Recommendations Assessment Development and Evaluation working group to evaluate the strength of the evidence.

**Data sources:** PubMed and Ovid Medline from 1995 to 2015.

**Review methods:** Following a systematic search strategy all papers were assessed in relation to inclusion criteria and quality. Only qualitative studies were included. Themes were extracted from each study and a meta-synthesis conducted before completing an evaluation of confidence in the findings.

**Results:** Seventeen primary studies were included in the meta-synthesis. Three meta-themes were identified: 'adjusting to the inevitable', 'doing it my way without medication' and 'the importance of support in managing the struggle'. There was high confidence in the evidence for 'doing it my way without medication' and moderate confidence in the evidence for the other two meta-themes.

**Conclusion:** Given that the participants in the primary studies were generally wary of health professionals and stoic in their response to pain, it is important for nurses to communicate in ways that engage older people and ensure their independence and sense of control remains intact. Identification of current coping strategies will enable the nurse and the older person to work together to assess their effectiveness and to adapt these if more effective coping is required.

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## What is already known about the topic?

- It is common in older people to experience moderate or severe pain.
- Pain is associated with a range of health factors including quality of life, falls, fatigue, depression and level of functioning.
- Pain in older people is not strongly correlated to disease.

## What this paper adds

- The coping strategies used by older people can be synthesised as 'adjusting to the inevitable', 'doing it my way without medication' and 'the importance of support in managing the struggle'.
- There is moderate to strong evidence for the themes identified in this meta-synthesis.

## 1. Introduction

It is common for people aged 65 years and over to experience moderate or severe chronic pain – about 45–80% (American Geriatrics Society [AGS] Panel on Persistent Pain in Older Persons 2002). As people live longer they are more likely to develop chronic pain (Dawson et al., 2004; Jacobs et al., 2006). Chronic pain is

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defined as pain that persists beyond normal tissue healing (International Association for the Study of Pain, 1986). The back, leg/knee or hip and other joints are the most common sites that older people report pain (British Geriatrics Society, 2013). Although pain can be adequately managed in most older patients, it remains undertreated (Malec and Shega, 2015).

It is an important healthcare issue for older people because chronic pain is associated with poor quality of life; (Weiner et al., 2006) poor self-reported health; (Mantyselka et al., 2003) level of functioning; (Leong et al., 2007) depression; (Campbell et al., 2003a) fatigue; (Reyes-Gibby et al., 2002) and falls (Stubbs et al., 2014). All these comorbidities are associated with higher rates of mortality. Given its prevalence, impact on lifestyle and levels of under-treatment, it is important to understand older people's experiences of chronic pain and the ways in which they cope with this, in order to improve assessment and intervention in clinical practice.

Chronic pain is a transdiagnostic symptom (it is not specific to any one diagnosis but common to many). A New Zealand survey (Dominick et al., 2012) identified that reporting chronic pain was not equivalent to reporting a chronic physical condition, as less than half of those reporting a diagnosed chronic physical condition also reported chronic pain, even where the physical condition was strongly associated with chronic pain. Tissue damage does release pro-inflammatory chemicals which are understood to lower the threshold for nociceptive pain but in older adults particularly, there is a poor correlation between pain and evidence of tissue damage (Keefe et al., 2013). Therefore, the focus of this meta-synthesis is how older cope with pain rather than any underlying condition or pathology.

The most widely used conceptualization of coping comes from Lazarus and Folkman (1984). They defined coping behaviours as either problem-focused (the problem is regarded as amenable to change) or emotion-focused (nothing can be done to modify the problem). While there has been research into coping strategies used to manage chronic pain there has been very little research into the coping strategies used by older people (Lagana and Hassija, 2012). There is some evidence in chronic pain generally that disengaged coping strategies and emotion-centred coping strategies are associated with higher levels of pain and greater functional impairment (Regier and Parmelee, 2015). How people cope with their pain has a potential affect on the outcome of their condition (Benyon et al., 2013). Understanding which coping strategies are used by older people and whether they are effective or not may contribute to decisions about pain management and the development of more helpful coping strategies.

Qualitative research provides a means of capturing the experience of chronic pain as it is well-recognized that chronic pain is an intensely personal and contextually situated experience (Sherwood et al., 2000; Clarke and Iphofen 2005; Howarth et al., 2014). While there are few qualitative studies that explore coping strategies explicitly many have captured participants' description of how the cope many have sought to understand the experience of pain. Qualitative research enables an understanding of the personal experience of pain and coping strategies. While there is one published comprehensive review of the epidemiology and management of pain in older people (British Geriatrics Society, 2013) we were unable to locate any published reviews of how older people cope with chronic pain.

The objective of this review was to synthesis the themes reported in qualitative studies that examined how people 65 years + cope with chronic non-malignant pain.

## 2. Methods

A qualitative meta-synthesis was conducted involving the following steps:

- 1) Developing the review question
- 2) Developing the search strategy
- 3) Conducting a quality appraisal of selected papers that meet inclusion and exclusion criteria.
- 4) Extraction of themes
- 5) Meta-synthesis of themes
- 6) Evaluation of confidence in the evidence

As described by Sandelowski, Barroso & Voils (2007 p.14) meta-syntheses are integrations that are more than the sum of parts, in that they offer novel interpretations of findings. These interpretations will not be found in any one study but, rather, are inferences derived from taking all of the studies as a whole.

### 2.1. Review question

What coping strategies are used by people 65+ years with chronic non-malignant pain?

### 2.2. Eligibility criteria

Eligibility for inclusion in the review was initially based on a publication date range from the mid-1990s because as previously noted there was little research prior to this time. While there are a large number of qualitative studies examining the condition associated with pain it was not the condition itself that was the focus for this review because as noted above there is not a strong correlation between pain and tissue pathology. Qualitative research enabled the older person's perspective on coping to be captured. The exclusions were chosen because malignancy related pain and palliative care were regarded as specific clinical areas not necessarily more widely applicable to all older people. The focus on coping strategies developed over time led to the exclusion of acute pain (See Table 1 for eligibility criteria).

### 2.3. Information sources and search strategy

Three databases (Ovid Medline, Ovid Nursing and PubMed) were searched using the following search terms: (Elderly OR aged) AND (qualitative research) AND (Chronic pain OR low back pain OR musculoskeletal pain OR neck pain OR pain, perception OR pain intractable OR shoulder pain Arthritis/OR Arthritis, Rheumatoid/OR Osteoarthritis AND pain management). Two limiters were applied: English language and date range 1995–2015.

### 2.4. Assessment of relevance for inclusion

Two reviewers independently screened the abstracts of titles identified by the search strategy. The full papers of those abstracts that described using a qualitative method, and focused on the experience of pain were then reviewed in relation to inclusion and exclusion criteria. The two reviewers discussed and came to consensus on those papers that should be included.

### 2.5. Study selection

Three hundred and six papers were identified in the search strategy. The abstracts of all qualitative studies were examined in relation to the inclusion and exclusion criteria (n=46). Two investigators working independently screened articles. Those that met inclusion criteria were selected for more detailed examination and quality appraisal (n=31). Papers were excluded for the following reasons following detailed examination and quality appraisal: did not fit inclusion criteria (n=6); insufficient detail of method (n=2); duplications (n=3); older participants' data not

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