Pain Management in the Elderly

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KEYWORDS

• Pain • Older adult • Pain assessment • Pain management

KEY POINTS

- The critical first step in effective pain management is adequate pain assessment. In the elderly population, this includes an assessment of cognition and sensory impairment.
- An appropriate selection of analgesic entails attention to pain etiology along with physiology of aging and comorbidities.
- Opioids are generally safe and effective analgesics for moderate to severe pain when initiated at low doses and preemptive strategies are incorporated to minimize adverse effects.
- Acetaminophen and topical nonsteroidal anti-inflammatory drugs remain first-line therapies for mild to moderate pain, particularly in osteoarthritis; duloxetine's role in pain management continues to evolve.

INTRODUCTION

Persistent pain is common in older adults and results in substantial morbidity. A recent, nationally representative sample of community-dwelling older adults found that 67% reported pain of moderate or greater intensity over the past 4 weeks.[1,2] The prevalence of pain did not vary significantly between age groups of persons age 60 to 74, 75 to 84, and 85 and older.[1] However, pain prevalence may increase as older adults approach the end of life.[3] Also, older patients often have pain in multiple sites, compounding pain-related suffering and disability.

Pain presence is associated with worse health and those in pain may experience greater functional impairment, falls, depression, decreased appetite, impaired sleep, and social isolation compared with persons not in pain.[4–6] Moreover, the multidimensional impact of pain may leave older adults more vulnerable and less able to effectively respond to physiologic stressors, ultimately contributing to the development of frailty.[7,8] Although pain can be adequately managed in most elderly patients, it remains undertreated, especially in the oldest old, African Americans and other ethnic

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minorities, and those with cognitive impairment.[9–11] See **Box 1** for patient and provider factors that contribute to the undertreatment of pain in the elderly.

As with any clinical decision, shared decision making is essential to balance the benefits and burdens of pain management interventions, including nonpharmacologic and pharmacologic approaches. Pain management goals should be delineated before the initiation of any therapy with ongoing monitoring of treatment targets and adverse effects over time. Patients and families should be educated that pain can be reduced with currently available treatments; however, the complete elimination of pain is generally not an achievable goal. Also, treatment should generally be targeted at improvements in pain-related disability rather than pain intensity, because improvements in disability are more tangible outcomes among persons with persistent pain. In this review, we provide an overview of pain assessment and management for older adults with management focusing on the initiation and monitoring of commonly used analgesics.

PAIN ASSESSMENT

Adequate pain assessment is the lynchpin of optimal pain management. Given that older adults often suffer with persistent pain for years, clinicians should integrate a comprehensive history and physical examination along with relevant diagnostic tests before developing a treatment plan.[4,12] Family and/or professional caregivers should also be interviewed when possible to corroborate key aspects of the pain history. **Table 1** provides essential components of a standardized pain assessment. Note that an evaluation for sensory and cognitive impairment is an integral part of pain assessment in the elderly patient. For example, hearing loss may make it more difficult for an older adult to interpret and self-report pain on a standard scale.

Pain assessment in persons with cognitive impairment or the nonverbal patient can be particularly challenging and should include an attempt at patient self-report, review of painful conditions, evaluation of pain behaviors, caregiver report of patient's

Box 1
Factors leading to undertreatment of pain in elderly patients

Patient factors that may contribute to under treatment of pain

- Pain represents a new or worsening disease process
- Fear of being prescribed an opioid
- Fear of addiction
- Fear of analgesics losing effect and not being effective once pain is severe
- Previous dismissal of pain report by healthcare providers
- Labeled as a weak or difficult patient or a complainer
- Cultural and/or religious beliefs

Provider factors that may contribute to under treatment of pain

- Lack of training in pain assessment and/or management
- Fear of state and federal initiatives scrutinizing physicians who prescribe opioids
- Fear of diversion when an opioid is prescribed
- Fear of opioid-related side effects including increased risk of falls and confusion
- Fear of litigation surrounding any use of opioids

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