Pain Assessment in Older Adults



Ann L. Horgas, RN, PhD, FGSA

KEYWORDS

• Pain • Pain management • Older adults • Barriers • Cognitive impairment

KEY POINTS

- Pain is a common symptom experienced by older adults.
- Pain is a complex phenomenon with multiple causes and consequences.
- Pain assessment is a critical step in developing a pain management plan.
- Assessment of pain should reply on self-report and other pain indicators.

INTRODUCTION

Pain is a common experience for many older adults. Elderly adults, particularly those ages 85 and older, are the fastest growing segment of the US population. Longer life, however, does not necessarily mean disease-free or symptom-free years. Aging increases the risk of pain due to the high rate of chronic and acute conditions; 45% of Medicare beneficiaries have at least 4 chronic conditions. In 2010, 13.6 million adults older than 65 were discharged from an acute care hospital and 298.4 million visited an ambulatory care clinic at least once. In the same year, more than 19 million surgeries were performed on older adults, including 5.2 million musculoskeletal surgeries (including knee and hip replacements). Thus, pain is not only common, but also a somewhat complex phenomenon among older adults.

BACKGROUND

Before the mid-1990s, very little attention was paid to geriatric pain in the clinical or empirical literature. Since then, significant efforts have been undertaken to address and improve the assessment and management of pain in older adults. In 2001, the Joint Commission on Accreditation of Healthcare Organizations declared pain the "fifth vital sign," and mandated pain assessment and management be evaluated as part of the hospital accreditation process.³ This mandate exposed some of the challenges associated with assessing and managing pain in older adults, particularly

Department of Biobehavioral Nursing Science, College of Nursing, University of Florida, PO Box 100197-HSC, Gainesville, FL 32610, USA *E-mail address:* ahorgas@ufl.edu

Nurs Clin N Am 52 (2017) 375–385 http://dx.doi.org/10.1016/j.cnur.2017.04.006 0029-6465/17/© 2017 Elsevier Inc. All rights reserved. among those with cognitive impairment who could not verbally express pain. This led to a proliferation of tools to assess pain in this population. ^{4,5} In addition, several clinical guidelines were established by such leading professional organizations as the American Geriatrics Society, ^{6,7} American Pain Society, ⁸ British Geriatric Society, ⁹ and the American Society for Pain Management Nursing. ¹⁰ In 2011, the Institute of Medicine published a report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*, that declared chronic pain in the United States as a public health problem due to the human and economic costs and the challenges of pain management. ¹¹ The report provided recommendations for transforming the way pain is understood, assessed, treated, and prevented. In this report, older adults are considered at high risk for inadequate pain management. More recently, the Gerontological Society of America established policy recommendations to improving pain care. ¹² These initiatives have heightened awareness of the problem of pain in older adults, yet there is compelling evidence that pain remains poorly assessed and managed. ^{13,14}

EPIDEMIOLOGY OF PAIN

The high prevalence of pain among older adults is well documented. ^{11,15} In a nation-wide US survey, approximately 50% of older adults reported experiencing bother-some pain in the preceding month. ¹⁶ Estimates are higher in older adults with cognitive impairment and multiple comorbidities, such as those residing in long-term care facilities. In this setting, it is estimated that as many as 83% to 93% experience pain on a regular basis. ¹⁷ These prevalence estimates, however, provide a uni-dimensional picture of pain. Given the multimorbidity referenced previously, older adults commonly experience multiple causes and types of pain. ¹⁶

A common question is whether the prevalence of pain increases with age. It is often assumed that old age is associated with pain. Certainly, there is an increased prevalence of conditions commonly associated with pain, such as osteoarthritis, in older adults. However, the evidence that they actually cause pain is equivocal. In the empirical literature, 4 relationship patterns have been identified. These patterns can be characterized as follows: (1) linear increase (pain increases with age), (2) inverse relationship (pain increases until middle age [50-65 years] or old age [75-85 years] and then decreases), (3) linear decrease (pain diminishes with advancing age), or (4) no age differences.¹⁷ The patterns vary across pain conditions.^{17,18} Musculoskeletal pain (including back pain) appears to peak at midlife or old age and then decline in the oldest-old (older than 85 years) in some studies, but continues to increase with age in other studies. Headaches (eg, migraines and severe headaches), myocardial infarction-related pain, and cancer-related pain all appear to decrease with advancing age. 19 It is difficult to draw firm conclusions from these data because the studies differ in terms of the methodology used and the specificity with which they define the type of pain studied. 19 In addition, there are wide differences among older adults in their medical history and presentation and in the psychosocial factors that can influence the experience of pain. Thus, clinicians should rely on their diagnostic and clinical judgment when evaluating pain, and not be unduly biased by expectations of the pain experience among older adults.

CAUSES AND CONSEQUENCES OF PAIN IN OLDER ADULTS

Fig. 1 provides a conceptual framework for understanding some of the factors that contribute to pain in older adults, as well as the consequences of unrelieved pain. In addition, it highlights the relationship between acute and persistent pain. Each of

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