NURSING PRACTICE & SKILL

Pain Management in Older Adults

What is Pain Management in Older Adults?

- Pain assessment and management are necessary for the control or alleviation of pain
  - *What*: Pain management is the use of pharmacologic and/or nonpharmacological strategies to alleviate pain from various causes. Management of pain may be complicated in older adults by alterations in consciousness and/or diminished pain sensation, which may compromise the patient's ability to communicate with caretakers about characteristics of pain and the adequacy of pain management
  - *How*: A complete drug history is essential in treating older adults for pain because older adults are likely to be on multiple medications and it is critical to avoid drug interaction. Pain management strategies are not usually invasive, although invasive strategies (e.g., the use of local anesthetic) may be used in some cases
  - *Where*: Pain management for older adults may be performed in any clinical or home care setting
  - *Who*: Pain management can be successfully performed by any properly trained health professional and, in many cases, family members. Certain strategies (e.g., anesthetic pain control) are to be performed only by appropriately trained medical professionals. With the exception of anesthetic pain control, it is appropriate for family members to be present during implementation of pain management strategies

What is the Desired Outcome of Pain Management in Older Adults?

- The desired outcome of pain management in older adults is the control or alleviation of acute or chronic pain from various causes

Why is Pain Management Important in Older Adults?

- Persistent pain has been shown to cause or increase depression, anxiety, and sleep disturbance, decrease quality of life, and increase use of medical services and the overall cost of care. Effective pain management reduces emotional and physiological stress. It may improve the rate of healing among patients with acute pain, and can improve the long-term quality of life in those experiencing chronic pain

Facts and Figures

- Persistent pain affects 25–50% of community-dwelling older adults (Hwang et al., 2010)
- Recent studies indicate that both acute and chronic pain, if unmanaged, can affect mental status in older adults, and may in some cases cause delirium. In addition, pain after invasive surgery is often associated with transient delirium in older patients (Mouzopoulos et al., 2009)
- Individuals of all ages who experience chronic pain often develop depression as well (Poole et al., 2009; Tunks et al., 2008)
- Investigators who conducted a retrospective study of 1,031 adult patients treated in the emergency department found that older patients were less likely than younger patients to receive opioid analgesics for moderate-to-severe pain; in addition, older patients experienced lower overall reduction of pain scores (Hwang et al., 2010)
- Infections (even apparently minor infections such as bladder infections) may cause cognitive impairment in older adults that mimics delirium or dementia (Fick & Mion, 2008). These symptoms typically resolve after the infection is treated

What You Need to Know Before Managing Pain in an Older Adult

- Pharmacologic strategies/interventions for managing pain in older adults include
  - non-opioid analgesics (e.g., acetaminophen) for mild to moderate pain
  - opiate analgesics if the patient's pain continues, or may be prescribed initially in combination with non-opioids for severe pain
  - analgesics administered prophylactically for optimal control of chronic pain, according to a prearranged schedule
- Nonpharmacologic interventions include
  - relaxation exercises which require patient cooperation
  - meditation

Author
Nathalie Smith, RN, MSN, CNP

Reviewers
Darlene A. Strayer, RN, MBA
Cinahl Information Systems
Glendale, California

Eliza Schub, RN, BSN
Cinahl Information Systems
Glendale, California

Nursing Practice Council
Glendale Adventist Medical Center
Glendale, California

Editor
Diane Pravikoff, RN, PhD, FAAN
Cinahl Information Systems

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- distraction strategies
- massage
- emotional support
  - Massage and emotional support should be provided to patients with diminished levels of consciousness and those who seem emotionally unresponsive because these patients may continue to be aware of pain even when they do not seem to respond to the events around them

- In patients who are unable to communicate verbally, it is appropriate to administer a trial of prescribed analgesics
  - The dose and type of medication should be appropriate to the estimated intensity of the patient's pain
  - If pain behaviors continue after initial treatment, analgesic doses can be titrated upward, as prescribed, until a therapeutic effect is apparent, side effects occur, the maximum safe dosage is reached, or no benefit is perceived to be derived from the treatment
  - If pain behaviors continue despite an appropriate trial of analgesics, consider the possibility that the behaviors may be related to a problem other than pain
    - Relaxation interventions include guided imagery, in which the patient can be asked to think about places or past experiences in which they have felt happy and relaxed. During controlled breathing, the patient is asked to take slow, moderately deep breaths, concentrating on slow intake and expiration of each breath to provide distraction from acute pain such as that experienced during procedures
- For both cognitively intact patients and those who have difficulty communicating their pain experiences, distraction can easily be provided by playing music or a television. Gentle massage by the clinician or a family member can provide pain relief by promoting relaxation and because tactile stimulation is thought to minimize pain perception by the brain. Emotional support by clinicians and family members promotes relaxation and may diminish pain perception (McCaffery & Pasero, 1999)
- Be aware that older adults may be more sensitive to drugs and therefore they may be at increased risk for drug toxicity. Be aware that older adults may metabolize drugs differently than younger adults due to changes in body weight, protein stores, and the distribution of body fluids
- Caution should b used when administering opioids to older adults due to the risk for CNS depression
  - One small study, however, reported conflicting results, concluding that older adults may not be at higher risk of opioid-related side effects than younger adults (Cherrier et al., 2009)
- Older adults may need smaller, less frequent dosing than younger adults
- Preliminary steps before administering pharmacologic and/or nonpharmacologic pain relief include the following:
  - Refer to the facility protocol for pain management procedures appropriate for the type of pain the patient is experiencing
  - Review the treating clinician's orders for pain management
  - Identify the patient using facility protocol
  - Perform appropriate pain assessment to identify the cause, quality, and intensity of the patient's pain, whether it is of acute or chronic duration, what pain management strategies have been used in the past, and the success of those strategies in managing the patient's pain. (For information on assessment, see *Nursing Practice & Skill: Pain Assessment in Older Adults: Performing*)
  - Assess the patient and family members for knowledge deficits regarding how pain is prevented, assessed, and treated
  - Assess patient and family member level of anxiety and coping ability with regard to the pain the patient is experiencing
  - Explain how factors unique to older patients may affect pain assessment and management. For example, changes in level of consciousness and/or conditions such as aphasia or dementia may affect the patient's ability to communicate, and can complicate pain assessment and pain management
- Assemble ordered medications and ancillary supplies before entering the patient's room. Supplies may include
  - alcohol swabs
  - medication drawn up in a syringe that is labeled according to facility protocol
  - needles
  - cotton ball
  - extra end caps
  - trash receptacle and sharps container

How to Manage Pain in Older Adults

- Provide privacy
- Perform hand hygiene
- Educate the patient and/or the patient's family about the medication to be administered and/or the nonpharmacologic pain management strategy to be used (e.g., relaxation exercises, controlled breathing, distraction during painful procedures, massage of the painful area, and emotional support for the patient)
- Obtain appropriate medication and/or prepare for nonpharmacologic pain management as appropriate, per facility protocol
- Administer pharmacologic pain relief
  - Administer prescribed non-opioid analgesics for pain that is mild to moderate in intensity; administer prescribed opioid analgesics for pain that is severe
    - Verify that the drug has not expired
    - Verify that correct dose is administered
  - Adhere to prophylactic analgesic administration schedule, as prescribed
  - Monitor for verbal and/or nonverbal indicators that pharmacologic therapy is effective
  - If necessary for continued pain behaviors (e.g., in older adults with impaired ability to communicate), collaborate with the treating clinician to

titrate dose upward until a therapeutic effect is observed, side effects occur, the maximum safe dosage is reached, or no benefit is apparent from the treatment
    - If pain behaviors persist despite medication increase, collaborate with members of the multidisciplinary team to identify other possible causes of the behaviors than pain
- Administer nonpharmacologic pain relief
    - Evaluate appropriateness of nonpharmacologic pain relief options in light of patient's mental/cognitive status, reserving relaxation, guided imagery, and controlled breathing for use in older adults who are able to understand and cooperate with verbal instructions
    - Provide distraction techniques to draw attention away from physical sensations during painful procedures
    - Provide gentle massage
    - Provide and encourage family members to provide emotional support to aid in relaxation and minimize the perception of pain
- Document the following information in the patient's medical record:
    - Date and time of intervention(s)
    - Pain management intervention(s) and patient's response, including pain assessment score before and after intervention
    - Patient/family education

Other Tests, Treatments, or Procedures That May Be Necessary Before or After Pain Management in Older Adults

- Assess the patient's pain level and patient/family member satisfaction with the pain management
- Monitor patient for adverse reactions to medications including CNS depression and allergic reaction
- Monitor for medication toxicity by following prescribed orders for laboratory testing of blood. Review test results and consult the treating clinician if drug levels reveal toxicity

What to Expect After Pain Management in Older Adults

- The patient's pain is consistently reduced or alleviated

Red Flags

- Patients with inadequately controlled procedural or postprocedural pain may experience intense pain during and/or after the procedure. Prevention involves accurate assessment of the likely intensity of procedural pain, with appropriate pain management strategies implemented before initiation of the procedure. If pain occurs during the procedure, rapid-acting pharmacologic agents (e.g., short-acting opiates) that are appropriate to the patient's pain should be prescribed
- The problem of breakthrough pain is particularly important in frail older adults because physiologic stress due to pain may compromise medical outcomes

What Do I Need to Tell the Patient/Patient's Family?

- Educate and encourage discussion with the patient/family about what to expect during pain management
- Explain that the goal of pain management is prevention, control, or complete relief of the patient's pain. Describe the importance of repeated pain assessment and the revision of the pain management plan in achieving pain relief
- If the pain management is provided to the patient in a home setting, provide the family with contact information and explain how they may contact the nurse and/or the treating clinician if questions or problems arise

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