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

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Disclaimer

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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
Have you experienced pain?
Objectives

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Focus in Geriatrics

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

American Geriatrics Society - Geriatrics Evaluation and Management Tools, 2021
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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

0 1 2 3 4 5 6 7 8 9 10

No Pain Mild Moderate Severe Very Severe Worst Pain Possible

0 1-3 4-6 7-9 10

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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


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# Pain Management

## Non-Pharmacologic

<table>
<thead>
<tr>
<th>Pain type</th>
<th>Intervention</th>
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</thead>
<tbody>
<tr>
<td>Nociceptive: Somatic</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Nociceptive: Visceral</td>
<td>Cognitive behavioral therapy</td>
</tr>
<tr>
<td>Neuropathic</td>
<td>Physical Therapy</td>
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<td></td>
<td>Psychological therapy</td>
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</tbody>
</table>

Pain Management
Non-Pharmacologic

• Physical therapies
  • Heat therapy
  • Cold therapy
  • Massage
  • Positioning
  • Exercise
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
True or False:
Opioids should never be used in the older adult to manage pain
World Health Organization

Pain Management
Pharmacologic – NON-OPIOID

Acetaminophen

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

Mian P, Allegaert K, Spriet I, Tibboel D, Petrovic M. Paracetamol in Older People: Towards Evidence-Based Dosing?
Pain Management
Pharmacologic – NON-OPIOID

NSAIDS

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

Pain Management
Pharmacologic – ADJUVANTS

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

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


Opioid Therapy for Older Adults

Tolerance
- Respiratory depression
- Fatigue
- Sedation
- NOT Constipation
Pain Management – Medications to AVOID
Pharmacologic

- Meperidine
- NSAIDs
- Indomethacin
- Skeletal muscle relaxants

Pharmacologic Management

MILD

Acetaminophen (500-1000 mg every 6 hours)

NSAIDs
Ibuprofen (200 mg 3x per day) – less than one week

Tricyclic antidepressants (off-label)
Gabapentinoids
Corticosteroids

MODERATE/SEVERE

Topical analgesics

Opioids


Mrs. Ramos

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


Thank You.