

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

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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





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**Have you experienced pain?**

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# Focus in Geriatrics

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

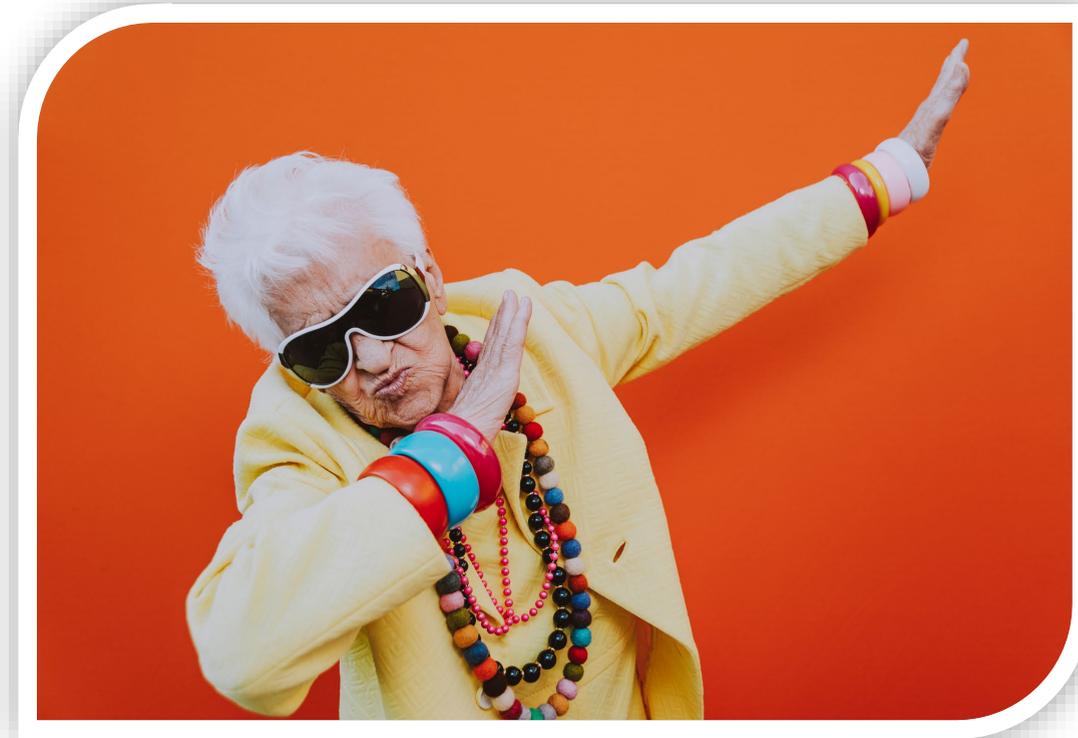


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# Geriatrics

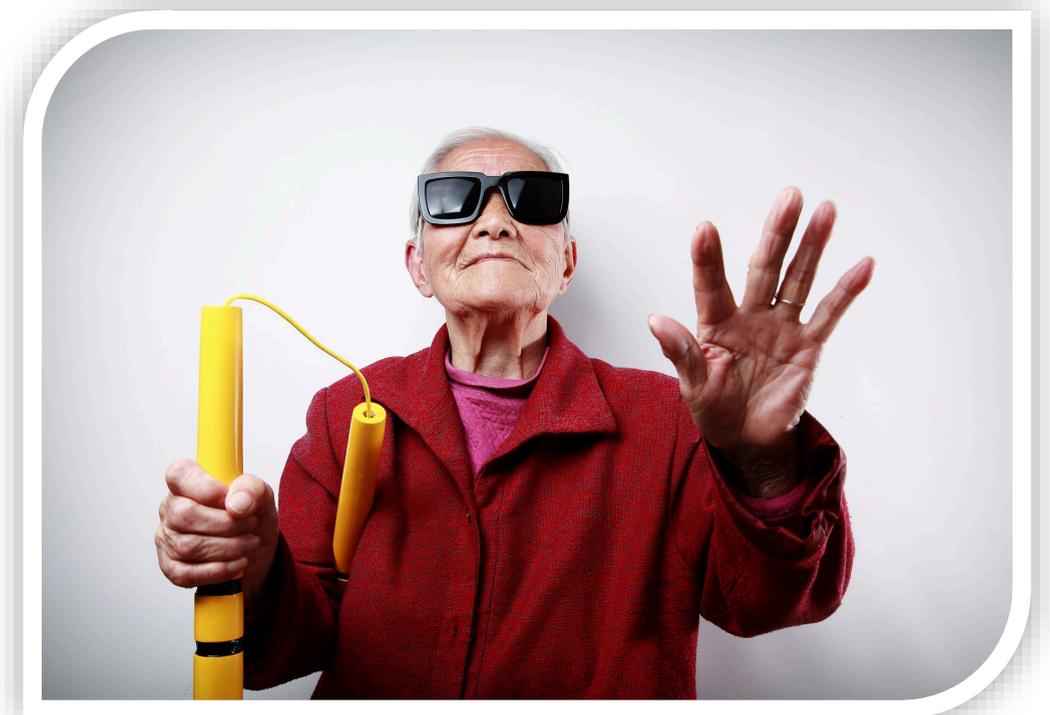
## Challenges

- Heterogeneous group
- Functional assessment
- Increased risks for both nonopioid and opioid therapy
- Cognitive Impairment
- Comorbid medical conditions
- Medication review



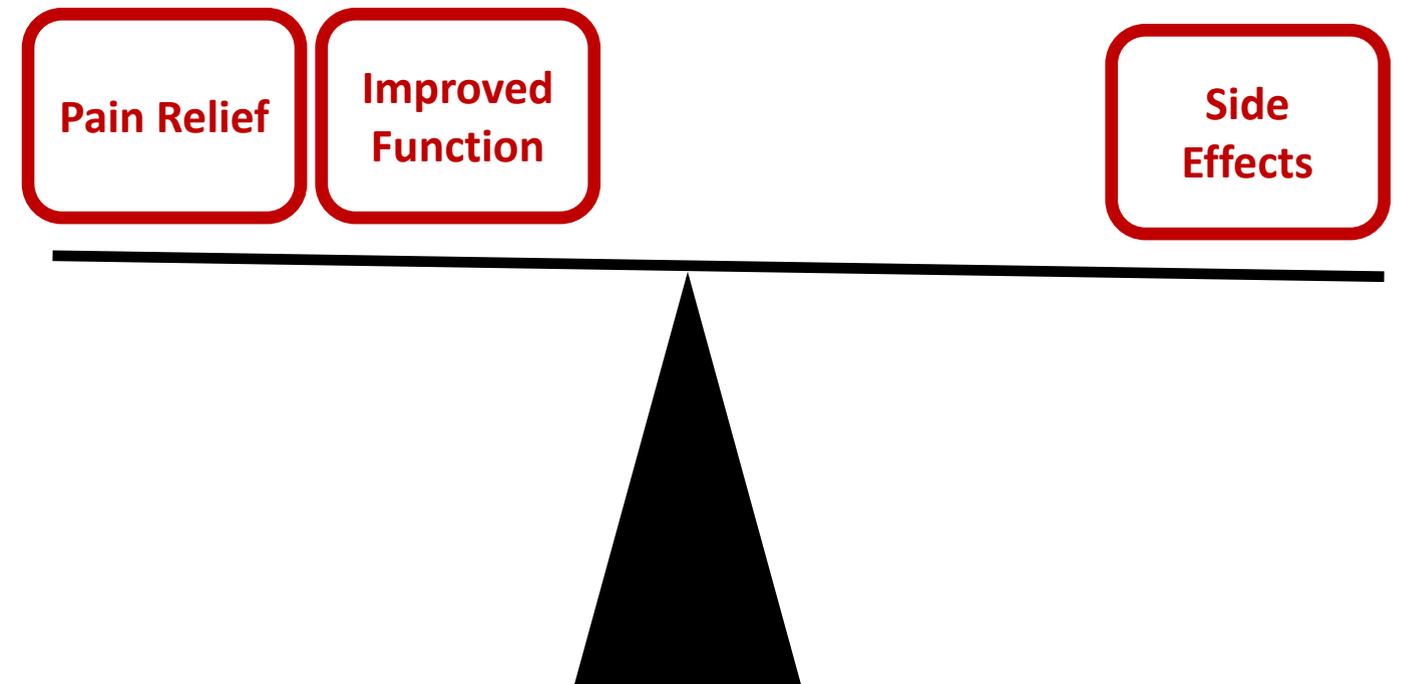
# Challenges of Pain Management in Geriatrics

- May be underreported
- Chronic pain/persistent pain
- Substance Use Disorder



# Effective Pain Management

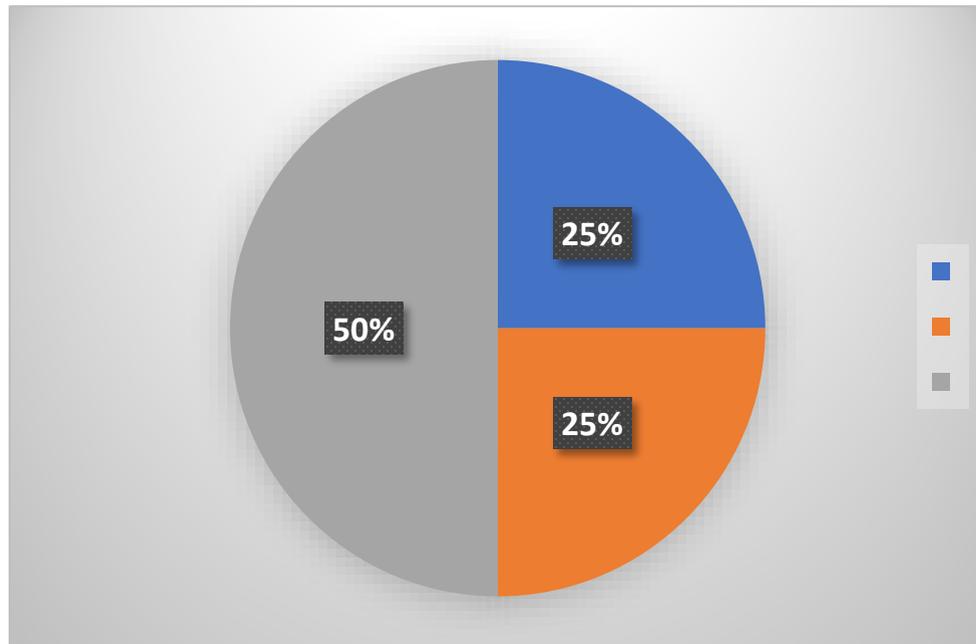
- Decreased Morbidity and Mortality
- Faster Recovery
- Shorter hospital stays
- Decreased Health Care costs



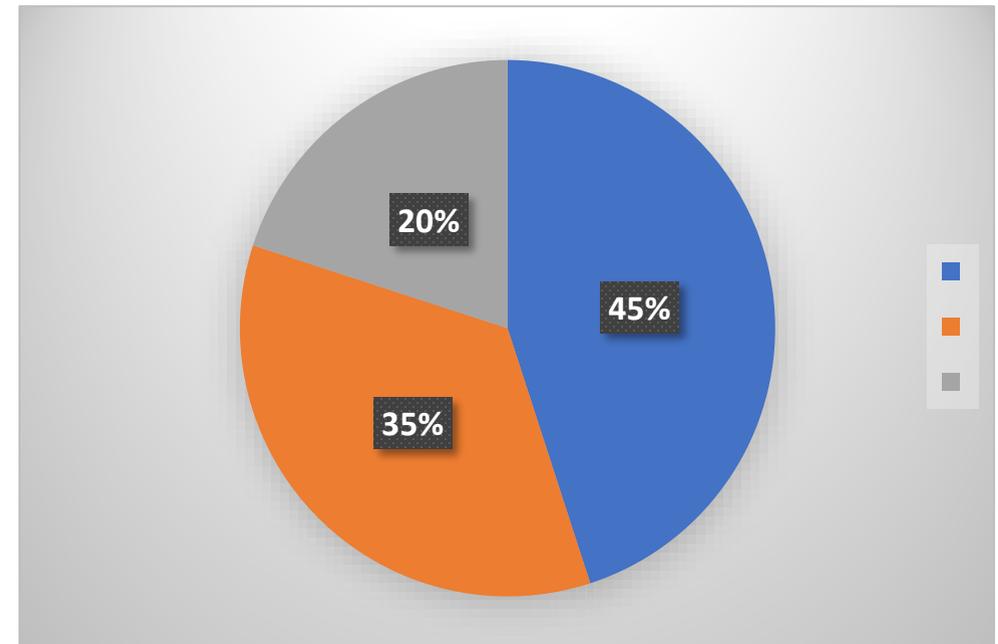
# Etiology and Impact

## Prevalence of Persistent Pain

Pain is experienced by:



25% to 50% of  
community-dwelling older adults



45% to 80% of  
nursing-home residents

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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

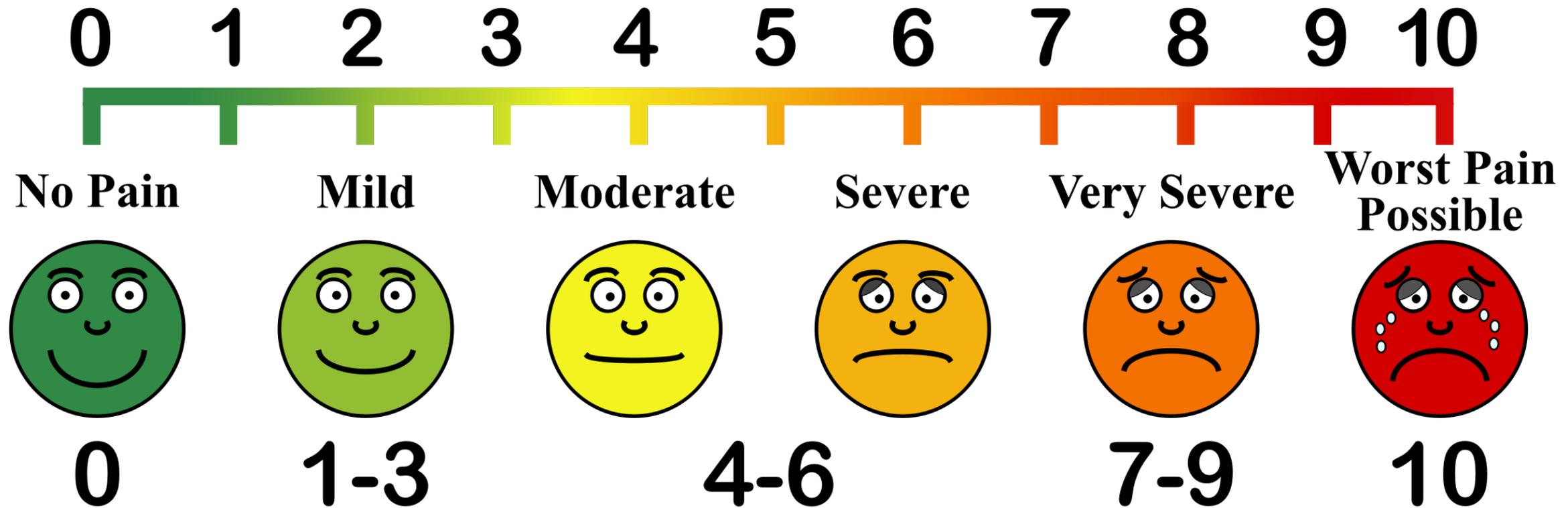
# Pain - Neuropathic

- 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

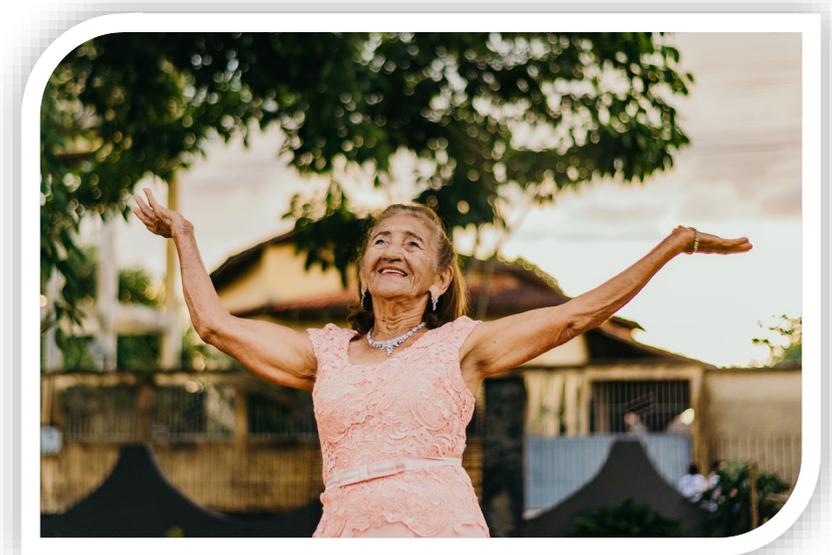


### People with dementia

- 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

Pain type	
Nociceptive: Somatic Nociceptive: Visceral	Physical Therapy Cognitive behavioral therapy
Neuropathic	Physical Therapy Cognitive behavioral therapy
Mixed	Physical therapy Cognitive behavioral therapy Psychological therapy

# Pain Management

## Non-Pharmacologic

- Physical therapies

- Heat therapy
- Cold therapy
- Massage
- Positioning
- Exercise



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# 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

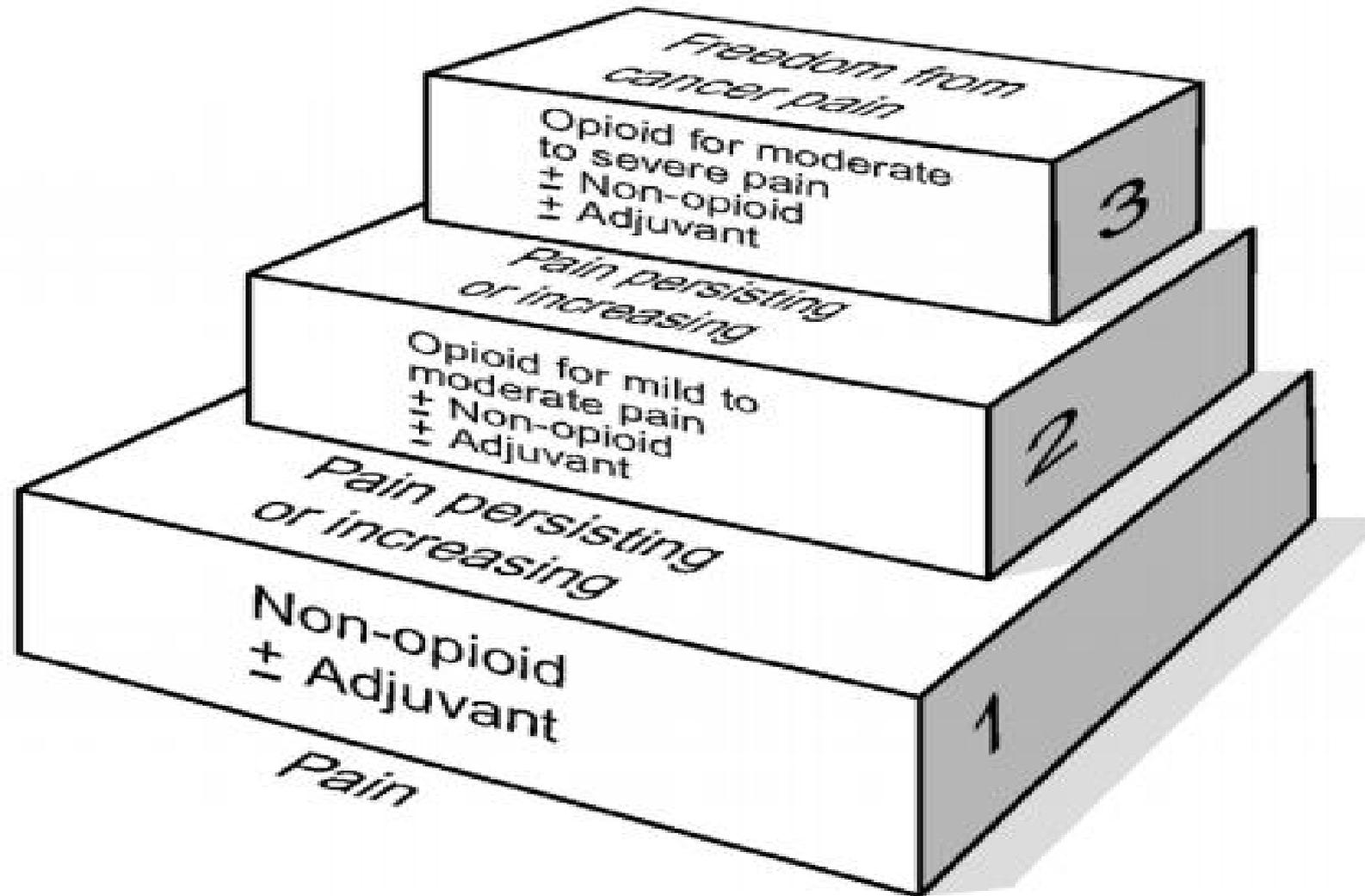
- Nonsystemic or nonpharmacologic therapies first
- Individualize
  - Consider Risks Vs Benefits
- Monitor closely
- Start low, go slow ...USE ENOUGH



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**True or False:**  
**Opioids should never be used in the older  
adult to manage pain**

# World Health Organization



Opioids  
Hydromorphone

Opioids  
Oxycodone  
Morphine

Acetaminophen  
NSAIDS  
Adjuvants  
Tricyclic antidepressants (off-label)  
Gabapentinoids  
Corticosteroids

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# Pain Management

Pharmacologic – NON-OPIOID

## Acetaminophen

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



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# Pain Management

Pharmacologic – NON-OPIOID

## NSAIDS

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



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# Pain Management

## Pharmacologic – ADJUVANTS

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



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# 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

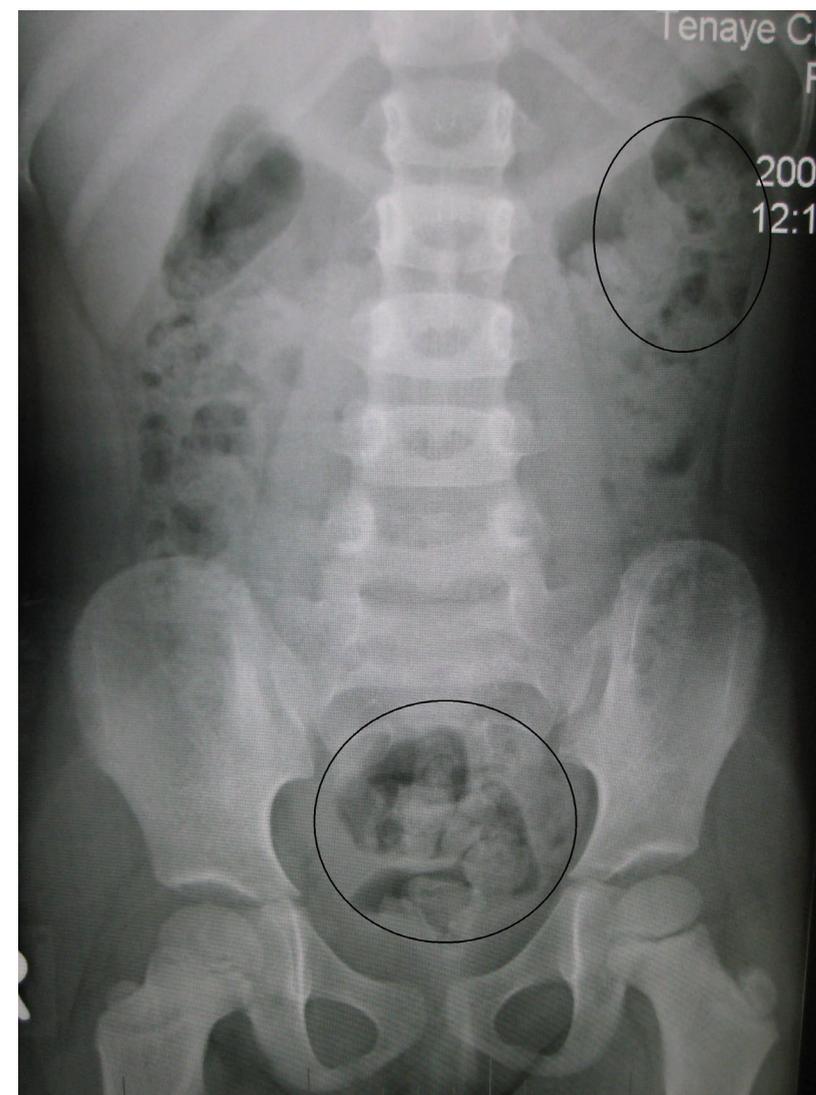
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# Opioid Therapy for Older Adults

## Tolerance

- Respiratory depression
- Fatigue
- Sedation
- NOT Constipation



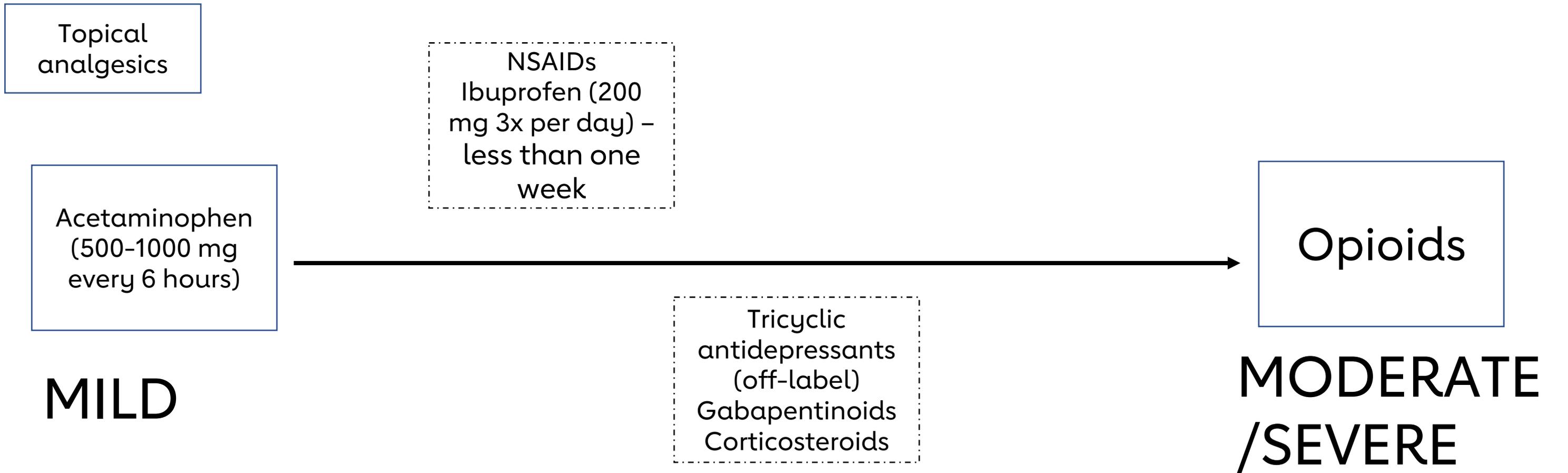
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# Pain Management – Medications to AVOID

Pharmacologic

- Medications to AVOID
- NSAIDs  
Indomethacin
- Skeletal muscle relaxants

# Pharmacologic Management



2019 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc. 2019 Apr;67(4):674-694. doi: 10.1111/jgs.15767. Epub 2019 Jan 29. PMID: 30693946.

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# Which of the following should we **NOT** use chronically for older adults?

- Acetaminophen
- Opioid
- NSAIDs
- Physical Therapy

# Mrs. Ramos

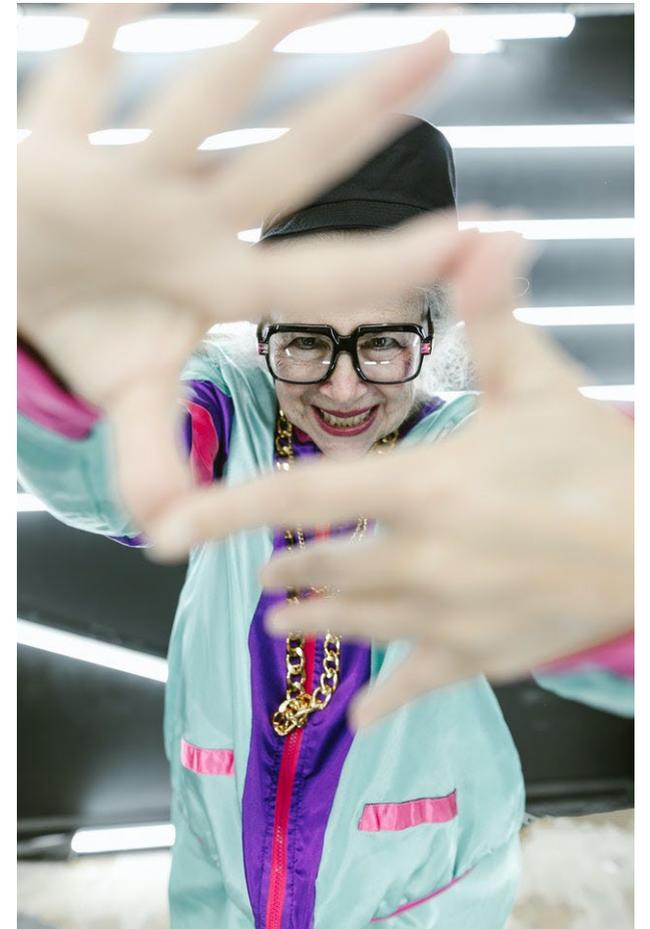
- PT evaluation
- Scheduled acetaminophen
  - 650 mg Q8h → 1000 mg Q8h
- Avoided NSAIDS
- Oxycodone 5 mg Q4h PRN



# 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



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*Thank You.*

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