Older Adult and Pain

C. Atkins. RN. MN- CNS Acute Pain Management Service.

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

Presentation plan

- Review pain context
- Principles of pain management
- Resources

PAIN

- Subjective and personal multidimensional experience.

Sensory – pain location, intensity and character

Affective- emotional component and how pain perceived

Impacts- disabling effects on sufferers ability to function

Royal College Of Physicians 2007 The assessment of pain in older people.

Prevalence in NZ

- 28% in over 75 years.
- Female incidence equal to male except in over 65 years.
- Multiple pain sites in older population. New Zealand Medical Journal. June 2011
- Life expectancy is increasing but health expectancy has not kept pace.
- Expanding morbidity burden. Ministry of Health 2014

Aging and pain pathways

- Peripheral nerves decrease in density
- Sensory neuron degenerative changes – loss of myelin at dorsal horn
- Decrease in Nor-adrenaline/Serotonin
- Age related loss of neurons in the cerebral cortex – impact on pain processing

Aging and pain pathways

- Decreased density opioid receptors in brain
- Experiments in older adult indicate a reduced ability to endure or tolerate strong pain (Gibson 2003, ANZCA)
- Different pain symptoms and presentation – less frequent/severe
- Severe pain has a greater impact on the vulnerable older adult.

ANZCA. (2010) Acute Pain Management Scientific evidence. p 399

Aging

- Increased pathology

Osteoporosis, osteomalacia, osteoarthritis, rheumatoid arthritis, cancer, diabetic neuropathy, malnutrition, alcohol abuse, fractures, respiratory disease, cardiovascular disease, shingles.

- Impaired Cognition and communication difficulties.
- Fear of being difficult/complainer/ and or the cause of pain.

Principles of Pain Management in older adult

Identification and Assessment

- ‘Pain vigilant’- pain often expected and often underestimated .
- Consider cognitive/ communication abilities.
- Assessment – Correct diagnosis of cause(s) of pain and systematic MDT assessment of severity and impact .

(Australian Pain Society 2005 p 7)

Pain assessment and Measurement

- Pain history
- General medical history
- Physical exam
- Physical impact of pain
- Psychosocial situation
- Review of medications/OTC

Pain *measurement*

a quantified measure of one aspect of the pain experience (intensity/severity)

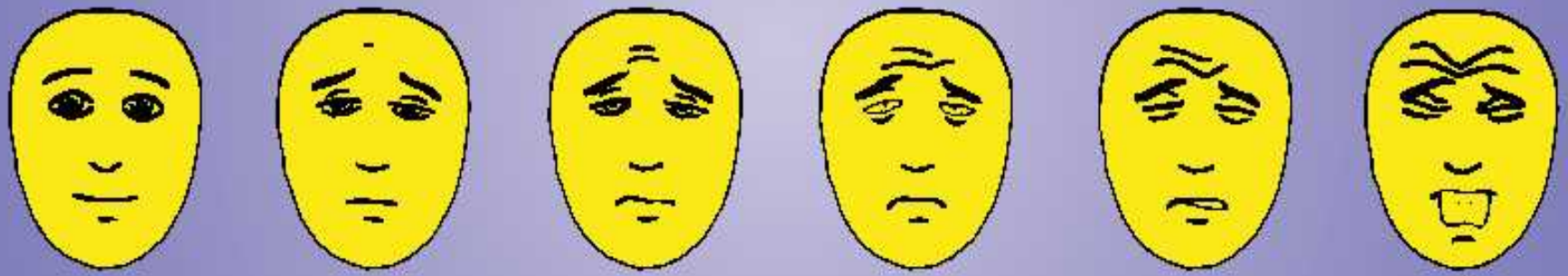
Capital & Coast
District Health Board
UPOKO KI TE URU HAUORA

HELP US TO HELP YOU!

ĀWHINATIA MAI MĀTOU, MĀ MĀTOU ANŌ KOE E ĀWHINA ATU

Rate your level of comfort on the 0 - 10 scale.

Kei te pāngia anō koe ki te mamae i tēnei wā? Tohua te taumata e tika ana.



0	1	2	3	4	5	6	7	8	9	10
NO PAIN kāore i te mamae		MILD PAIN he paku nei te mamae		MODERATE PAIN Kei te āhua mamae		SEVERE PAIN kei te mamae		VERY SEVERE PAIN kei te tino mamae		WORST POSSIBLE PAIN kei te tino mamae rawa atu

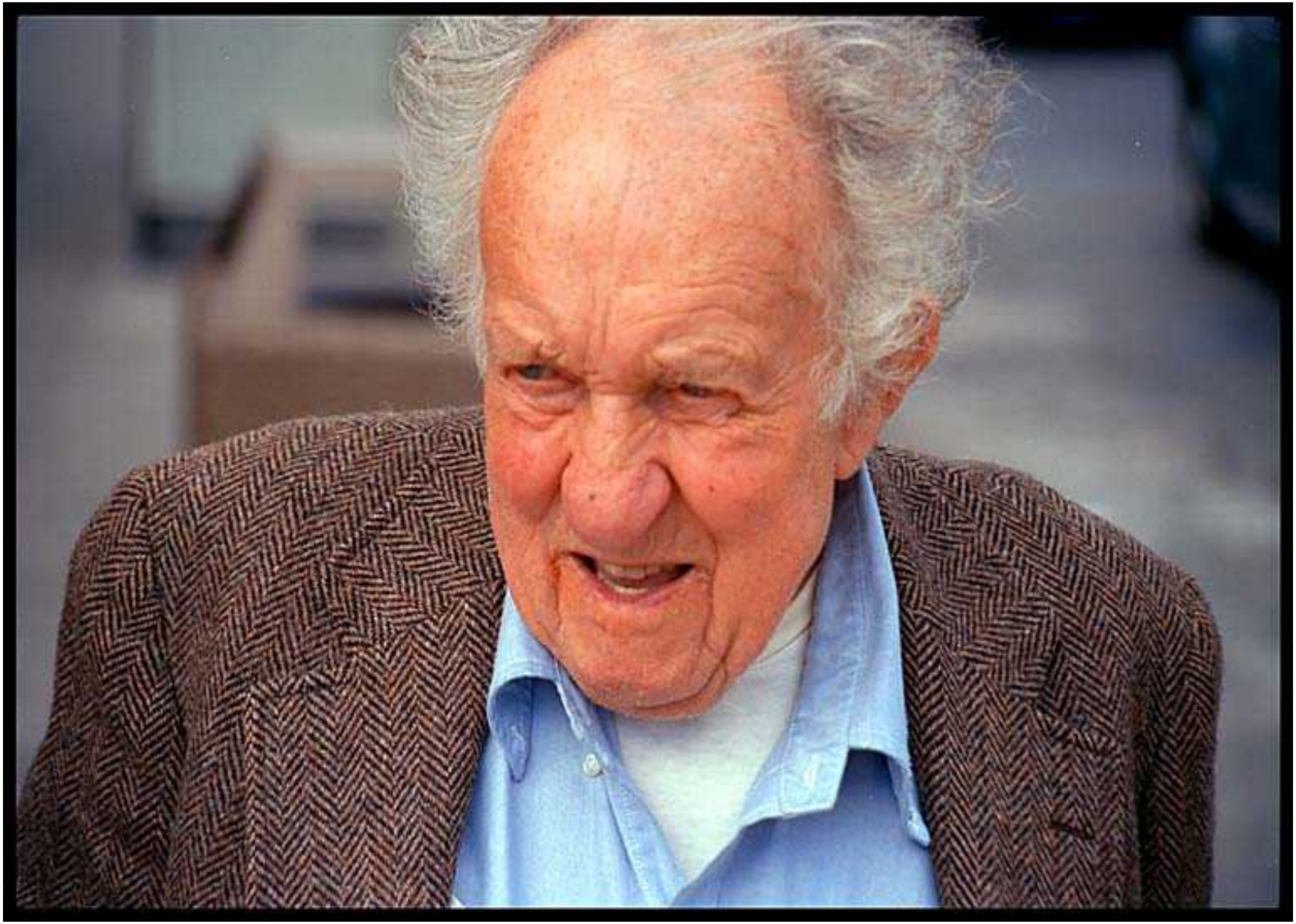
Acknowledgement to MidCentral District Health Board for generously allowing C&C DHB to adapt the poster for use in our organisation and improve the assessment and comfort of our patients experiencing pain. July 2008.

Pain Assessment IN Advanced Dementia PAINAD

	0	1	2	Score
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations	
Negative Vocalization	None	Occasional moan or groan. Low level speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
Facial expression	Smiling, or inexpressive	Sad. Frightened. Frown	Facial grimacing	
Body Language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched, Knees pulled up. Pulling or pushing away. Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
				TOTAL

Multidisciplinary Treatment approaches

- MDT pain management involving both pharmacological & non pharmacological approaches should be routine.
- Physical therapy – strengthens, relaxes, mobilises, improves balance and coordination.
- Occupational therapy – improve ADLs, aids, improved autonomy.
- Manual handling if required



Multidisciplinary Treatment approaches

Physical Therapies

- Application of superficial heat and cold
- Massage
- Exercise
- Immobilization (eg, to provide rest and maintain alignment after musculoskeletal procedures)
- Chiropractic/osteopathy
- Acupuncture
- TENS – care with cognitively impaired and reduced range of arm flexibility

Multidisciplinary Treatment approaches

- Psychological- Educational Approaches- cognitive (thoughts) behavioural (actions) for more persistent pain (strong evidence base).
- Improved coping skills, engagement in social activity, improving quality of life.
- Can reduce self rated disability, depression, anxiety mood disturbance .
- Appropriately trained practitioners.

Intersections

- Aging/ increase in potential for disability reduced functionality –'frail elder with complex needs'(GP's, Aged Residential Care, Hospitals)
- CCDHB- CAREFul **C**aring of the **A**t **R**isk **E**lderly patient who is **F**rail- ED screening referral to MDT- seamless care. District Nurses available to ARC. ORA service.
- Taranaki- EICATT- 6 week rehabilitation programme provided in a rest home.
- CHDHB- Dementia education programme for ARC/GP's
- Wiatemata- RAICP- Residential Aged Care Integration Programme- patnership with ARC more connected approach to care.
- Counties-Manakau- Hotline for Aged Care nurses and Geriatrician available to GP's
- Midcentral/ ARC- Nurse Practitioner partnership pilot.

- Palliative Care Council of New Zealand- (echoing world wide increase in need) initiatives to support management of the deteriorating patient and end of life care in the community

Practice ‘Pearls’

- **Always ask the older person about pain**
- **Accept their word about their pain**
- **Never underestimate the potential effects of pain on the person’s overall condition and QOL**
- **Be compulsive about pain assessment**
- **Treatment of pain – combination of drug/nondrug pain relief**
- **‘Mobilise’ physically and psychosocially**

Acknowledgements & References

- **Dr P. Hardy – CCDHB Clinical Leader Pain Management Services.**
- **Dr Janet Turnbull – CCDHB Consultant Geriatrician Kenepuru.**
- **Diana Minnee - CCDHB CNS Older People Community ORA Team**

- American Geriatrics Society Panel (2009) Pharmacological Management of Persistent Pain in Older Persons. JAGS 57: 1331-1346
- www.anzca.edu.au/resources/books-publications .
- www.apsoc.org.au/publications/ Pain in residential Aged Care Facilities. Management Strategies
- www.geriatricpain.org/content/assessment/impaired/pages/ recommendations .
- Hunter New England Local District Health. Hunter Integrated Pain Service. Community resources. March 2013. www.hnehealth.NSW.gov.au/pain/community.

Acknowledgements & References

- New Zealand Pain Society- www.nzps.co.nz.
- NZMJ 24 June 2011, Vol 124. No 1337. www.nzma.org.nz/journal/124.
- Ministry of Health. 2014. Statement of Intent 2014-2018. www.health.govt.nz/publications
- Ministry of Health. 2013. Showcasing Aged Care Nursing. www.health.govt.nz/publications
- Royal College of Physicians. 2007. The assesssment of pain in older people. National Guidelines. www.rcplondon.ac.uk /publications/ assessment-pain –older-people
- YouTube video “ Understand pain in less than 5 minutes”