

# Carers 2

The background is a blue gradient. A curved line starts from the bottom left and arcs towards the top right. In the top right corner, there is a dark blue triangle pointing towards the center.

# Barriers to Pain Identification

(Box 2, Fact sheet 5.1)

- cognitive impairment (dementia, confused, delirium)
- impaired communication (dysarthria, hearing)
- social diversity (cultural, ethnic, linguistic differences and educational level)
- attitudes and beliefs of older people (stoical, reluctant to complain)
- workloads of staff
- other reasons? No identifiable medical reason, over-cautious of analgesic side-effects, poor documentation.

# **Pain Assessment**

## **-some quality indicators**

(Table 20, p56 of Guidelines)

- Location
- Quality - description
- Intensity
- Aggravating factors
- Ameliorating factors
- Prior pain Rx
- Response to prior Rx
- Pt understanding of causality
- Pt goals of Rx
- Effects of Rx on ADLs
- Effects on mood

# Identifying Chronic Pain Types

(Box 4 Fact Sheet 5.3)

**Nociceptive-pain** usually associated with tissue injury

**Neuropathic-pain** associated with damaged nerves and the tissues they serve e.g. pain associated with hemiparesis after stroke or pain from dermatome affected by post-herpetic neuralgia.

**Psychological-pain** associated not necessarily with tissue or nerve damage, but with a psychological/psychiatric history.

Note that often nociceptive, neuropathic and psychological pain can occur together, such as with cases of back pain.

# Common Nociceptive Pain Conditions in Older People

- Low back pain (vertebral compression fractures)
- Degenerative joint disease
- RA, other arthritides and gout
- Pressure and other ulcers
- Chronic leg cramps
- Contractures, immobility and improper positioning
- Dental and oral pathologies
- Angina
- Headaches
- Constipation

# Common Neuropathic Chronic Pain Conditions in Older People

- Low back pain (spinal canal stenosis)
- Post-stroke pain syndrome
- Phantom limb pains of amputees
- Diabetic peripheral neuropathy
- Post-herpetic neuralgia
- Carpel tunnel syndrome
- Trigeminal neuralgia
- Occipital neuralgia

# Psychological Factors influencing Pain Conditions in Older People

- low back pain from stress and overexertion
- Widowhood
- Domestic abuse
- Post-traumatic stress syndrome associated with veterans
- Childhood experience of war
- Anxiety associated with illiteracy

# Chronic Pain Diagnosis and Treatment

- Treatment based on diagnosis. Diagnosis may involve nociceptive, neuropathic and psychological contributors to pain.
- Consider non-pharmacological as well as pharmacological interventions (Fact sheets 3 &7, Poster 'Excellent Pain...')
- Treatment may involve resident, family, AHP, carers, nurses and doctors.
- Treatment goals need to be clearly established.

# Goals of Treatment/therapy?

(see Fact Sheet 6.1 and Ashburn et al Lancet 1999: 353:1856-69)

- Acute problem – eliminate/manage pain for short period and seek cure. Few social effects.
- Chronic problem – eliminate/manage pain problem and maximize independence for long-term (e.g. maintain mobility, ADLs, safety, consciousness). Multimodal Rx with moderate role for drugs. Note that analgesia may reduce pain only 30-50%, for persistent pain.
- Palliation – eliminate pain and maintain comfort, even if rest in bed (i.e. terminal cancer). Multimodal Rx with major role for drugs.