

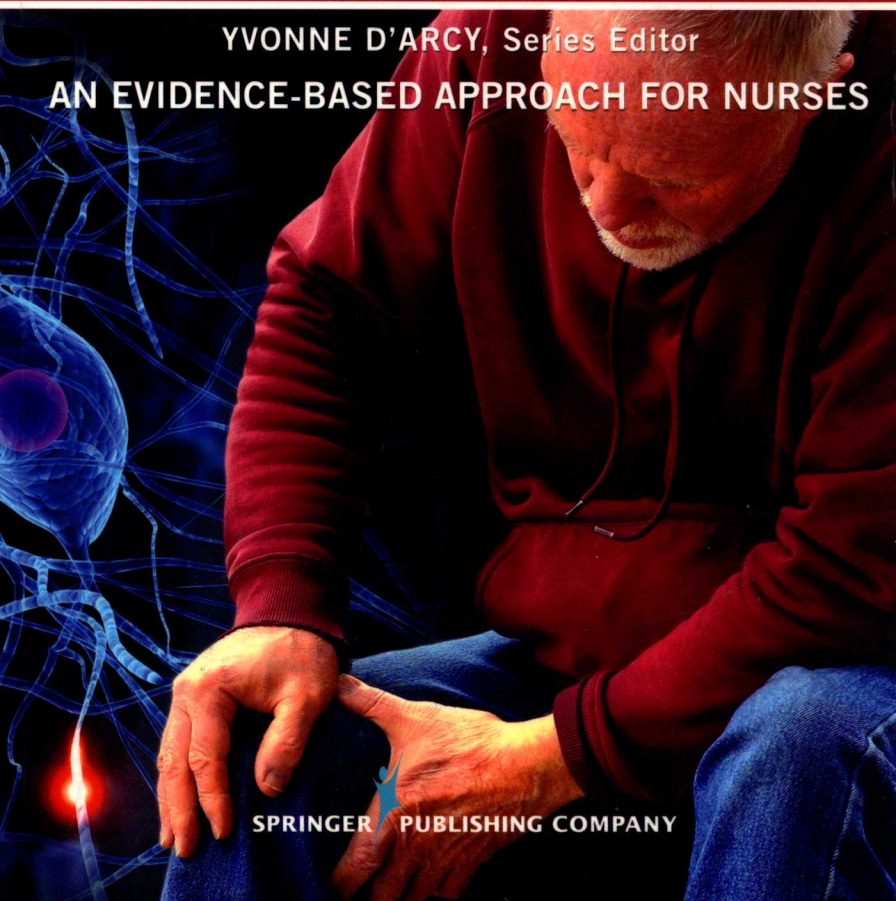
Compact Clinical Guide to

Geriatric Pain Management

ANN QUINLAN-COLWELL

YVONNE D'ARCY, Series Editor

AN EVIDENCE-BASED APPROACH FOR NURSES



SPRINGER PUBLISHING COMPANY

Compact Clinical Guide to

GERIATRIC PAIN
MANAGEMENT

An Evidence-Based Approach for Nurses

*Ann Quinlan-Colwell, PhD, RNC,
AHNBC, DAAPM*

Yvonne M. D'Arcy, MS, CRNP, CNS
Series Editor

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INFANT AND CHILD PAIN MANAGEMENT:

An Evidence-Based Approach for Nurses

Linda L. Oakes, MSN, RN-BC, CCNS

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This book is dedicated to

*My father Bob Daly
and
My husband Clancy Colwell*

Foreword

The care of older adults suffering with pain is a difficult task that calls for understanding as well as compassion. Dr. Quinlan-Colwell has written an excellent book that deals with every facet of the problems that are encountered by caregivers. Elderly people present challenges that call for recognition of the fact that pain affects sleep, appetite, social interactions, and many other facets of life that require attention. Dr. Quinlan-Colwell carries the reader into the lives of elderly people and provides the information necessary to bring psychological comfort as well as knowledge to help people control pains that destroy the quality of their lives. Needless pain is a tragedy that calls for a better understanding of the psychological, social, and medical dimensions of life. This book highlights all of these dimensions and provides the reader with valuable knowledge that will diminish suffering and enrich the lives of people confronting new, often frightening, problems.

The recognition that pain is a multidimensional experience determined by psychological as well as physical factors has broadened the scope of pain therapies. Patients with chronic pain need every possible therapy to battle the pain. Chronic pain is not a symptom but a syndrome in its own right and requires therapists from a wide range of disciplines.

Psychological therapies, which were once used as a last resort when drugs or neurosurgery failed to control pain, are now an integral part of pain management strategies. The recognition that pain is the result of multiple contributions gave rise to a variety of psychological approaches such as relaxation, hypnosis, and cognitive therapies. So too, transcutaneous electrical nerve stimulation and other physical therapy (PT) procedures emerged rapidly, bringing substantial pain relief to large numbers of people. Nursing is an integral

part of all therapies and provides the binding unity essential for the elderly patient.

The field of pain continues to develop and there are reasons to be optimistic about its future. First, imaging techniques have confirmed pain-related activity in widely distributed, highly interconnected areas of the brain. An implication of the concept is that neural programs that evolved in the brain to generate acute pain as a result of injury or disease may sometimes go away and produce destructive chronic pain. Future imaging research may reveal the sites of abnormally prolonged activity in chronic pain patients. Second, the detailed knowledge and technical skills developed by scientists for research on the spinal cord can be used to explore brain mechanisms in humans and animals, especially in the brain stem reticular formation, which is known to play a major role on chronic pain. Third, our knowledge of the genetic basis of pain as well as the development of the brain is growing rapidly. Genetic factors are known to contribute to a large number of chronic pain syndromes, and future research will highlight their brain mechanisms. The inevitable convergence of these three approaches will hopefully lead to the relief of pain and suffering now endured by millions of people.

Ronald Melzack, PhD, FRSC
Professor Emeritus McGill University

Preface

As a nursing student, I most enjoyed caring for older adults. They were interesting in all ways—socially, emotionally, psychologically, and physically. Although my career path has taken me through a variety of settings, there have always been elders among the patients and family members with whom I worked.

During the last century, the prevalence of those individuals over 60 years of age who are being cared for in all areas of health care has dramatically grown. When I was given the opportunity to write this book about managing pain in older adults, it enabled me to blend my love of gerontology with my dedication to pain management, along with my extensive educational and professional experiences in these areas, to meet a vital need. As you will read, the percentage of older adults in society is consistently increasing. The chronic conditions with which they live often involve pain that requires particular expertise to manage it effectively.

Pain management among older people is a most important, but often neglected, area of health care. Not only are people living to increasingly advanced ages, they are living with more chronic illnesses. Those illnesses are often painful. Health care professionals (HCPs) want to help older adults to be comfortable and manage their pain; however, there are many barriers to accomplishing that goal. It is the intent of this book to provide information to guide HCPs to help older adults manage their pain as safely and effectively as possible.

To successfully address a challenging situation, it is important to understand what is involved in the challenge. This book begins with a general overview of pain among older adults. It includes physiological factors involved with aging that affect the process and occurrence of pain. As pain is a multi-dimensional experience, the

psychosocial factors that impact the pain of older adults are also explored.

Good pain management begins with an effective assessment of pain. General concepts of assessing pain are provided. As barriers to assessing pain in older people often exist, the barriers that originate among older people and those that occur among HCPs are both presented. Awareness of these barriers is the first step in overcoming them. Techniques, tips, and tools for assessing pain in well elders and in those with cognitive impairment are presented.

Safe and effective pain management is best accomplished with a comprehensive plan, using a multimodal approach that involves pharmacological and nonpharmacological therapies and interventions. Several chapters focus on the various medications, including adjuvants, and the management of medication side effects. It is important for the reader to know that the intent of these chapters is to provide the most current information available in the most unbiased manner that is possible. With appropriate evaluation and monitoring, the majority of analgesic medications can be safely used with older adults. Although some medications, interventions, or therapies are not indicated, or are not preferred for older adults, information about them is provided for three reasons. It is important for the reader to know that there are contraindications for their use with older adults; there may be some instances when older adults have already been treated or are being treated with the medication or therapy; and there may be some instances when it is necessary for the medication, intervention, or therapy to be used with the older adult, even though it is not recommended. The information is provided so that the reader is aware of contraindications and side effects that must be considered and carefully monitored. All medications need to be evaluated in the context of the comorbidities and sensitivities of each individual older person.

Chapters, though not intended to be comprehensive, are devoted to interventional options, complementary therapies, and PT for reconditioning. These nonpharmacologic options offer good interventions to complement medications within the multimodal pain management plan.

Many illnesses and conditions that have pain associated with them are common among older adults. Overviews of pathophysiology

and interventions available to manage arthritis, gout, chronic back pain, osteoporosis, neuropathic pain (postherpetic neuralgia and diabetic neuropathy), central poststroke syndrome, facial pains (temporal arteritis and trigeminal neuralgia), rheumatological conditions (rheumatoid arthritis and polymyalgia rheumatica) and fibromyalgia are provided.

Many of the chronic illnesses that occur among older people are appropriate for the symptom management that is characteristic of palliative care. This specialized area is discussed in comparison to the related specialized area of hospice care that can be most helpful for older adults as they near the end of life.

Anxiety and depression are common co-morbidities of chronic pain. Once identified, these disorders can be effectively managed in older adults. The prevalence of techniques and screening tools useful for identifying anxiety and depression among older adults are offered, as well as an overview of the pharmacological and nonpharmacological interventions.

As with other populations, when managing pain, older people may use, abuse, or misuse alcohol or substances. With age-related changes this can be of particular concern. Techniques for assessing, addressing, and intervening when alcohol or other substances are used, abused, or misused are presented.

It is intended that this book will provide a solid resource and strong base of information for nurses and other HCPs who care for older adults who experience pain in any setting. As the areas of pain management and gerontology are constantly evolving, future research may affect the information that is provided. The reader is encouraged to remain current with research in the areas of gerontology and pain management and to critically evaluate new information for evidence, validity and reliability. At the end of each chapter resources are listed through which new information may be accessed.

It was my intent to develop an easy-to-use resource for nurses and HCPs who care for older adults who experience pain. I sincerely hope that you find it as beneficial to use as I found it enjoyable to write.

Ann Quinlan-Colwell, PhD, RNC, AHNBC, FAAPM

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Although many people contributed to me writing this book, I would like to acknowledge the following people who played particularly significant roles.

Most importantly, I am extremely grateful to my husband and soul mate Clancy. As always, he was the “wind beneath my wings.” His support, love, patience, nurturing, technical support, and managing everything else in our lives made it possible for me to write.

I am eternally appreciative of my father who always taught me that I could accomplish anything that I desired and to believe in my abilities to do so. He also instilled in me a lifelong love of reading, learning, and writing.

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Finally, I am truly thankful to all the older adults, patients, family members, coworkers, and professors who have taught me how to care for older adults and help them in managing pain.

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Physiological Factors and Pain Processing in the Older Adult

Pain is a subjective, multiphasic experience that is unique to each individual. This is true among older adults as well as among people in all other age groups. Rather than being resistant to the experience of pain, older adults can be particularly susceptible to the negative effects of pain that persists (Gibson & Farrell, 2004). Despite this, pain in older adults often is not recognized and is either poorly or inadequately treated (Gagliese, 2009; Gibson & Farrell, 2004; Herr & Decker, 2004; McCaffery & Pasero, 1999).

Pain is a complex subject. In addition to pain being subjectively experienced in multiple ways, there are various categorizations of pain. A brief description of each of these follows.

Nociception is the physiologic process through which pain is experienced. It begins with damage or irritation of peripheral nerve receptors and continues through a series of physiological processes to the perception of pain (Kingdon, Stanley, & Kizior, 1998).

Somatic pain is pain that is well localized and involves the skin, bones, joints, connective tissue, or blood vessels and is often described as aching (Kingdon et al., 1998; Polomano, 2002).

In comparison, *visceral pain* is characterized as more vague or diffuse, originating in smooth muscle or internal structures of the body. It is often described as cramping, dull, sharp, heavy, or splitting (Polomano, 2002).

Neuropathic pain was traditionally defined as pain that was “initiated or caused by a primary lesion or dysfunction of the nervous system” (Merskey & Bogduk, 1994). This definition was recently revised to be “pain arising as a direct consequence of a lesion or disease affecting the somatosensory system” (Haanpää et al., 2011).

The pain is frequently described as prickly, tingling, or like pins and needles (Bennett, 2001).

In addition, pain is generally categorized as being acute or chronic. *Acute pain* functions as a symptom that develops as a result of injury to the body and resolves as the body heals (American Pain Society, 2003). The cause of acute pain may be injury, surgery, or illness. Acute pain indicates that something in the body needs attention (Cox & Karpapas, 2002).

Chronic or persistent pain is pain that lasts for a period of time longer than expected for the course of an acute injury or illness, with the exact time frame ranging from 1 to 6 months longer than the expected time for acute pain. It may be nociceptive or neuropathic in nature (Cox & Karpapas, 2002).

The patient may experience a variety of pains in combination and in multiple areas of the body. Older adults experience pain while in their homes, hospitals, rehabilitation facilities, assisted living facilities, and long-term care facilities, or wherever they reside. Older adults experience pain as a result of acute illness and injuries, as well as chronic illness (Zyczkowska, Szczerbinska, Jantzi, & Hirdes, 2007).

Pearls

Pain is a subjective and multiphasic experience that is unique for each person.

There are different types of pain with unique characteristics.

THE PROCESS OR PHYSIOLOGY OF NOCICEPTIVE PAIN

Nociceptive pain occurs through an involved process that begins with the affected tissue and progresses until a message to pay attention to the area is received, interpreted, and regulated. Acute pain may be considered the body's way of saying "pay attention." Nociception occurs in four distinct but interrelated steps. Although the process is complex, the following points are important to understand the process. Any part of this process can be altered by normal physiological changes of aging. These alterations are more significant if the older person has a chronic illness.

1. *Transduction* is the first step of the nociceptive process. It is a chemical process in which sensory messages are received through local