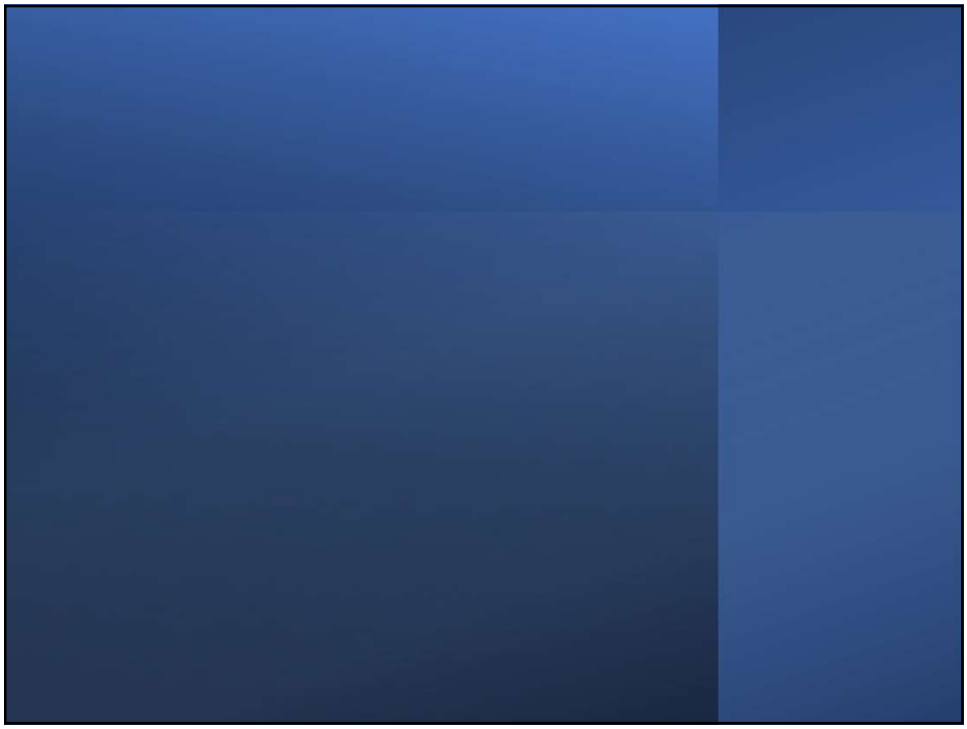

# Pain in the older person

**Dorthe Swaby-Larsen**

## Session Agenda

- Understand prevalence of pain
- Types of pain
- Pain assessment
- Pain in the older person



# Prevalence of pain

Cancer Pain During Treatment 55%

Chronic Pain 35 – 51%

prevalence of moderate-severely disabling chronic pain :10.4% to 14.3%.

Post Operative Pain 50 – 75%

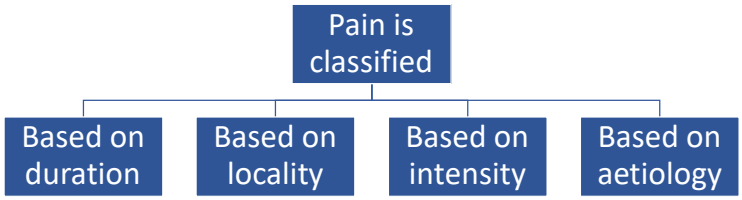
Neuropathic Pain 8.2 – 8.9%

Fibromyalgia 5.4%

van den Beuken (2016): Chung & Lui (2003): Fayaz, et al (2016)

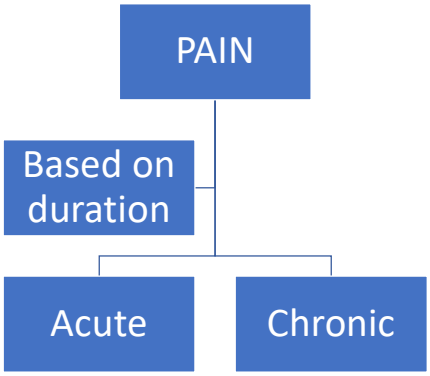

**Pain is the 5th vital sign'**
(American Pain Society 2007)

## Types of pain




Ref: Reddy, 2015

## TYPES OF PAIN: Duration




**ACUTE PAIN**

- Pain that lasts through the expected recovery period
- Acute pain is:
  - protective
  - has an identifiable cause
  - Of short duration
  - Limited tissue damage & emotional response
- Will usually resolve with without treatment after an injury has healed

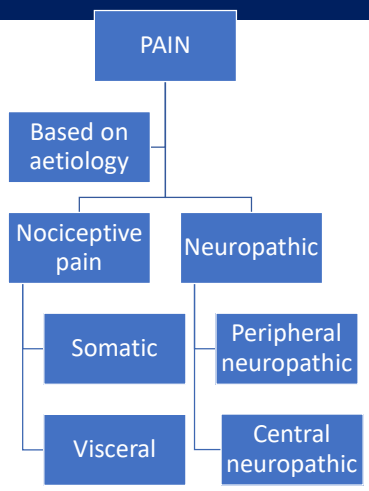
Ref: Reddy.,2015

# CHRONIC PAIN

- Pain that persists or recurs for more than 3 months
- It includes chronic primary pain (in which no underlying condition adequately accounts for the pain or its impact) and chronic secondary pain (in which an underlying condition adequately accounts for the pain or its impact).
- Chronic primary pain and chronic secondary pain can coexist. (Ref NICE 2021)
- Frequently leading to psychological depression due to prolonged duration
- Associated symptoms may be present such as fatigue, insomnia, anorexia, weight loss, hopelessness & anger

Ref: Reddy, 2015

# TYPES OF PAIN: Aetiology




Ref: Reddy, 2015

# TYPES OF PAIN: Nociceptive

***Nociceptive (s*ensory receptors) *pain***

- Is experienced when an intact, properly functioning nervous systems sends signals that tissue is damaged and requires attention
- For example: pain following a cut or broken bone
- Once stabilised or healed: pain will go away

Ref: Reddy, 2015

***SOMATIC***

- Pain that originates from skin, muscle, bone or connective tissue
- Well localised

- **Quality:**
  - Burning- sharp- prickling
  - Stabbing- sore- aching
  - Dull , gnawing

- **Examples:**
  - Skin wounds
  - Aching pain sprained ankle
  - Cellulitis- sun burn- IV sites
  - Tumour erosion in supportive structures
  - Pathological bone fracture

# TYPES OF PAIN

***VISCERAL PAIN***

- Pain resulting from activation of nociceptors from the thoracic, pelvic or abdominal organs (viscera)
- Described as:
  - cramping,
  - Stabbing, sharp
  - Deep & throbbing
  - Squeezing
  - Pressure, heaviness dull,
  - Intense or waves of intensity of pain
  - colicky,

- Usually poorly localised
  - Sometimes radiates or referred to other non visceral sites referred to other sites

- EXAMPLES :
  - Bladder, GI distension, Colic
  - Angina, pancreatitis, appendicitis
  - Obstruction (of ureters, colon, gastic outlet, gall bladder)
  - Tumour invasion

Ref: Reddy, 2015 – Quinlan-Colwell & D'Arcy, 2011

# TYPES OF PAIN: Neuropathic

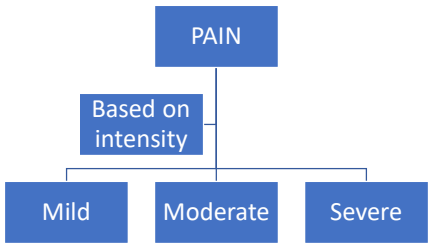
***NEUROPATHIC PAIN***

- Pain arising as a direct consequence of a lesion or disease affecting the somatosensory system (Quinlan-Cowell & D'Arcy, 2011)
- Described as burning- eclectic shock, crawling, radiating and/or tingling
- Can have glove pattern or travel along a nerve or radiate down a nerve
- EXAMPLES:
  - Diabetic neuropathy
  - Shingles

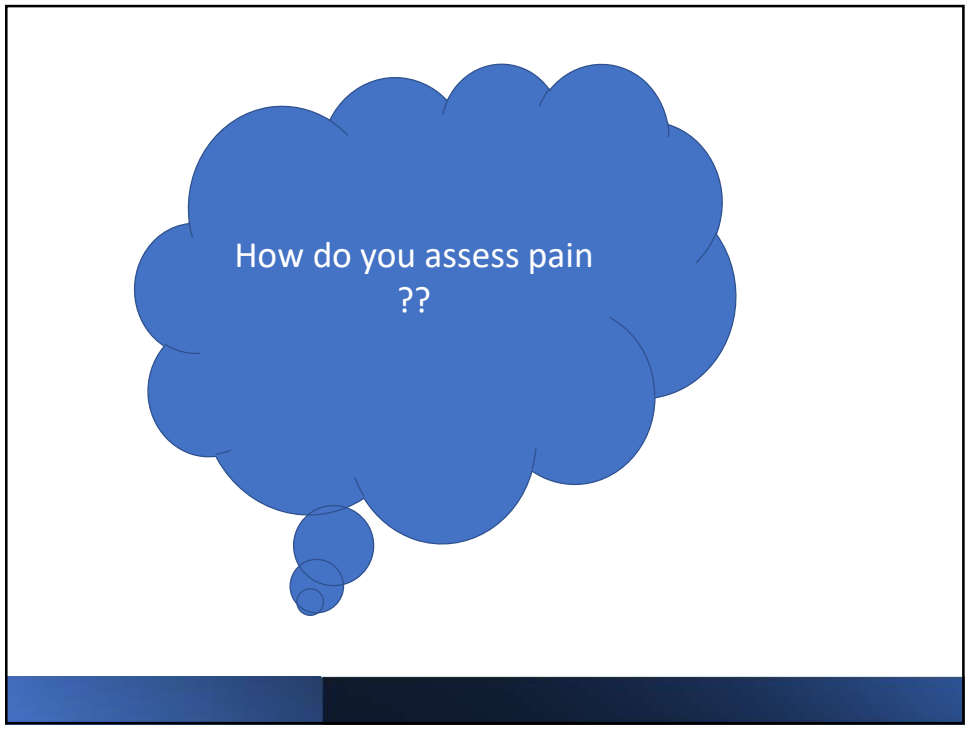
- PERIPHERAL
  - Due to damage of peripheral nervous system
    - Eg phantom limb pain
- CENTRAL
  - Results from malfunctioning nerves in the CNS
    - Spinal cord injury pain
    - Post stroke pain

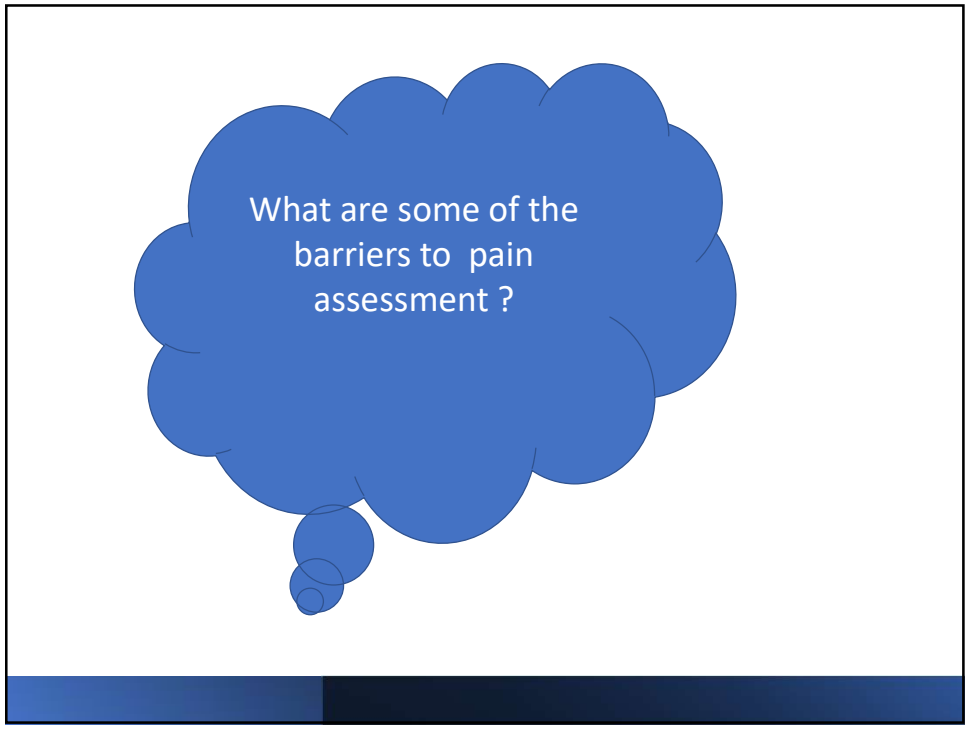
Ref: Reddy, 2015

# TYPES OF PAIN: Intensity




Ref: Reddy, 2015


How do you assess pain
??


What are some of the
barriers to pain
assessment ?

## Barriers to pain assessment

### Patient:

- Cultural perceptions of pain
- Fear of addiction
- Fear of side effects from analgesia
- "Don't want to be a bother"
- Think that pain is to be expected
- Want to be a good patient
- Views from other health care professionals

### Nurse/AHCP

- Lack of time
- Staff shortages
- Participating in ward rounds
- Answering phones
- Assisting other colleagues
- Underestimating patients pain scores

Bell & Duffy 2009)

## Plethora of pain assessment tools..

- Numerical rating Scale (NRS)
- Visual Analogue Scale
  - Colour Scale
  - Wong Baker Pain Scale
- Categorical Pain Scales
  - McGill Pain Index
  - Abbey Pain Scale
  - FLACC
  - Poker Chip Pain Scale

# ABBEY PAIN Scale

- Develop for use with patients who could not verbalise
  - e.g. dementia, learning disabilities, cognitively impaired,
- Validated tool and expanded across hospitals to include all patients
- Uses facial expression, vocalisation (noises), behaviours & physiological changes e.g. changes in HR & BP

## THE ABBEY PAIN SCALE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Q1. Vocalisation** eg whimpering, groaning, crying | | | | | | | |
| Absent | 0 | Mild | 1 | Moderate | 2 | Severe | 3 |
| **Q2. Facial expression** eg looking tense, frowning, grimacing, looking frightened | | | | | | | |
| Absent | 0 | Mild | 1 | Moderate | 2 | Severe | 3 |
| **Q3. Change in body language** eg fidgeting, rocking, guarding part of body, withdrawn | | | | | | | |
| Absent | 0 | Mild | 1 | Moderate | 2 | Severe | 3 |
| **Q4. Behavioural change** eg increased confusion, refusing to eat, alteration in usual patterns | | | | | | | |
| Absent | 0 | Mild | 1 | Moderate | 2 | Severe | 3 |
| **Q5. Physiological change** eg temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor | | | | | | | |
| Absent | 0 | Mild | 1 | Moderate | 2 | Severe | 3 |
| **Q6. Physical changes** eg skin tears, pressure areas, arthritis, contractures, previous injuries | | | | | | | |
| Absent | 0 | Mild | 1 | Moderate | 2 | Severe | 3 |

Abbey J, De Bellis A, Pillner N, Esterman A, Giles L, Parker D, Lowcay B. The Abbey pain Scale. Funded by the JH & JD Gunn Medical Research Foundation 1998-2002. Adapted for use at St Georges by Nurse Consultant for Learning Disabilities & The Acute Pain Service 2012. Version 1.

# FLACC PAIN SCALE

- FLACC stands for face, legs, activity, crying, and consolability.
- The FLACC pain scale was developed to help medical observers assess the level of pain in children who are too young to cooperate verbally.
- It can also be used in adults who are unable to communicate.

| Categories | Scoring | | |
|---|---|---|---|
| | 0 | 1 | 2 |
| Face | No particular expression or smile | Occasional grimace or frown, withdrawn, disinterested | Frequent to constant quivering chin, clenched jaw |
| Legs | Normal position or relaxed | Uneasy, restless, tense | Kicking, or legs drawn up |
| Activity | Lying quietly, normal position, moves easily | Squirming, shifting back and forth, tense | Arched, rigid or jerking |
| Cry | No cry (awake or asleep) | Moans or whimpers; occasional complaint | Crying steadily, screams or sobs, frequent complaints |
| Consolability | Content, relaxed | Reassured by occasional touching, hugging or being talked to, distractable | Difficult to console or comfort |
| Each of the five categories (F) Face; (L) Legs; (A) Activity; (C) Cry; (C) Consolability is scored from 0-2, which results in a total score between zero and ten. | | | |

## Behaviours that can indicate pain :

- ***Facial expression***: grimacing, frowning, closed eyes and rapid blinking
- ***Vocalisation****:* moaning, groaning, chanting, noisy breathing , & calling for help
- ***Body movements*** *:* including muscle tension, pacing, fidgeting, rocking and rubbing a body area
- ***Interpersonal interactions****: aggression, disruptive behaviour, resistance and withdrawal*
- ***Changes in activity patterns****: of eating, sleeping or usual activities*
- ***Changes in mental status****: increased confusion, sadness, crying or irritability*

Ref: Quilan-Colwell & D'Arcy, 2011)

## Pain in the older person : Background info

- The prevalence of pain in people aged above 60 is twice that in younger people.
- Pain is estimated to be 45-85% in the elderly.
- Pain is not a part of the ageing process, but many older people can experience it.
- Perception of pain can be affected by environmental, emotional, cultural and cognitive factors.
- Pain in the elderly often remains untreated and misdiagnosed.
- Studies found nearly 20% of the elderly have received many forms of analgesic during the past 6 months because of chronic pain
  - 75% of patients with pain do not receive pain control and 45 to 80% of others receive inadequate pain control

Ref: Noroozian et al ,2018

## Some pain conditions associated with ageing

- Angina
- Rheumatic diseases
- Postherpetic Neuralgia/trigeminal Neuralgia
- Visceral pain(eg Irritable bowel syndrome, Peptic ulcer, gastritis, dyspepsia)
- Alcohol abuse
- Malnutrition
- Pain associated with atherosclerosis and diabetic neuropathy
- Temporal arthritis

Ref: Noroozian et al ,2018

- MSK conditions, such as pathologies or fractures
- Pressure ulcers
- Post stroke syndrome
- Cancer
- Peripheral vascular disease
- Polymyalgia
- Dental problems
- Body position and contractures

Ref:Quilan-Colwell & D'Arcy, 2011)

## Challenges managing pain in the older person

- Prescribing challenges due to co-morbidities, eg:
  - Diabetes
  - Renal problems
  - Cardiac disease
  - Impaired nutrition n
- Prescribing challenges due to alteration in excretion a nd absorption such as:
  - GI disturbances
  - Liver disease
  - Renal insufficiencies/failure
  - Medication side effects- interactions

Ref: Quilan-Colwell & D'Arcy, 2011)

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