Geriatric Pain Assessment and Management

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Objectives

- List three reasons why elderly are less likely to report pain.
- List three barriers to pain management
- Describe two non-pharmacological pain management approaches
- List four non-verbal signs of pain
Introduction

- Pain is a common, treatable condition in the elderly.

- Pain is an indication that something is different or not working correctly in the body.

- Pain may manifest from disorders of the:
  - Body
  - Mind
  - Spirit
Many healthcare professionals and residents assume pain is a normal part of aging.

Pain symptoms in elderly can be unrecognized which can lead to under treatment.

Pain in the elderly may be difficult to manage due to multiple diagnosis and poly pharmacy which can lead to under treatment.
Barriers to Reporting of Pain in the Elderly

- Elderly are less likely to report pain for two reasons:

  1. Fear of “bothering” caregiver
  2. Inability to report pain due to:
     - Speech
     - Hearing
     - Cognitive deficits
     - Language deficits
Barriers for Treatment and Reporting Pain

- Elderly may not report pain due to:
  - Fear of admitting pain
    - May indicate more serious illness
  - Financial concerns of adding pain medications
  - Belief that it is “a normal part of the aging process”
  - Family fear that resident may become addicted to medication
MOST COMMON BARRIER

Failure of healthcare workers
to recognize and assess for pain!
Why is Pain So Hard to Manage?

- Poor memory makes pain difficult to describe.

- Multiple health problems making it difficult to single out which problem is causing the pain
  - Chest pain: Heart disease or gastric reflux?
  - Back pain: New compression fracture or kidney infection?
  - Pain can be referred from a different source
    - Pneumonia may have chest or abdominal pain.
  - If we don’t know what it is, then how do we go about treating it?
Pain Challenges

Devastating to quality of life

- Decreases ability and motivation to:
  - Perform ADLs
  - Interferes with sleep
  - Exercise
    - Post-op total joint replacement will have slowed healing and progression in therapy
  - Engage in social activities
    - Increases likeliness of irritability, depression, stress
    - Decreased appetite
Elderly Specific Challenges

- Sensory impairments and neuropathy
- Greater potential for side effects of medications
- Greater chance for drug interactions
- Provider may not know and/or understand how to treat pain in the elderly patient
Types of Pain
Chronic Pain

- Prolonged or recurring pain that may last for months or years
  - Arthritis, Diabetic Neuropathy or Nerve pain, Back Pain, Psychogenic Pain (Initiated in brain or spinal cord)
  - Often cannot be cured
  - Can be managed to improve quality of life

Acute Pain

- Defined as abrupt onset and limited duration
  - Surgery, trauma, illness, cancer
ASSESSING PAIN
When to Assess Pain?
Pain Assessment

Who: Licensed Nurse doing head-to-toe assessment

What: Proper method (PAINAD or Pain Analog)

When: Upon admission to the facility, based on findings, and routinely on each shift

How:

1. Resident interview

2. If resident is confused, ask the support person the patient’s history of pain
What is Next?

If pain is present:

- Full assessment should be performed

- Personalized pain management care plan needs to be developed
  - Ask resident to rate pain at minimum four times a day scheduled.
  - If pain is present, provide treatment.
Uncontrolled Pain Definitions

- Pain Rating > 5 three or more times in 7 days
- Pain is not decreased to 3 or less after using PRN medication
- PRN Pain medications utilized more than 2 times in 24 hours.
How to Assess Pain
How Residents Communicate Pain?

- Verbally or non-verbally
- Influenced by cognitive ability, generations, cultures, and genders
Non-Verbal Communication for Pain
Pain - Behavioral Symptoms

- Groaning and moaning
- Crying
- Screaming
- Labored Breathing
- Facial expressions such as grimacing, frowning, clenching of the jaw
- Resisting cares, Striking Out
- Fidgeting
- Limited participation in activities
- Confusion
- Protecting painful area
Pain- Physical Symptoms

- Limited movement
- Changes in gait
- Guarding, rubbing or favoring a particular part of the body
- Difficulty eating or loss of appetite
- Insomnia
- Evidence of depression, anxiety, fear or hopelessness
Pain - Vital Signs Changes

- Increased blood pressure
- Tachycardia
- Increased respirations
- Diaphoresis
- Skin color changes
Verbal Communication for Pain
Comprehensive Pain Assessment

Include:

- Resident’s goal for pain management
- Resident’s current satisfaction with level of pain control
- Impact on resident’s quality of life and level of function
- History and duration of pain
- Location of pain
- History of successful and failed treatment
  - Pharmacological
  - Nonpharmacological
Pain Characteristics

- Intensity of Pain
  - Characteristics of pain (Sharp, stabbing, dull)
  - Pattern of pain (Constant of intermittent)
  - Location and radiation of pain
  - Frequency, timing and duration of pain
  - Factors and strategies that reduce pain
  - Symptoms that accompany pain (nausea/anxiety)
Pain Quality- Descriptive Terms

- Aching
- Cramping
- Tightness
- Sore
- Pressure
- Stabbing
- Burning
- “Catch”
Pain Assessment Tools

- Use same tool with resident to ensure consistency, reliability and point of reference.

- Alert and oriented elderly do well with the Numeric Rating Scale. Zero to 10 with zero being “no pain” and 10 being “the worse pain you can imagine.”
PAINAD

Pain Assessment in Advanced Dementia

- This tool is intended for older adults with moderate to severe cognitive impairment
- It is used for Pain Assessment for MDS Data Collection

(Horgas 2012)
# Pain Assessment in Advanced Dementia (PAINAD)

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

**TOTAL SCORE**
Instructions

- Observe the patient for five minutes before scoring his or her behaviors.
- Score the behaviors according to the following chart.
  - The patient can be observed under different conditions (e.g., at rest, during a pleasant activity, during caregiving, after the administration of pain medication).

**Scoring:**
- The total score ranges from 0-10 points. A possible interpretation of the scores is: 1-3=mild pain; 4-6=moderate pain;
- 7-10=severe pain. These ranges are based on a standard 0-10 scale of pain, but have not been substantiated in the literature for this tool.
Pain Management Strategies
Anticipate Pain

- Bathing, dressing, or other ADLs
- Wound care or dressing changes
- Ambulation or physical therapy
- Turning or repositioning
Non-pharmacological Interventions

- Maintain room temperature that is comfortable for resident.
- Pressure-reducing mattress and repositioning
- Ice Packs, Warm compresses
- TENS units
- Massage and Range of Motion Exercise
- Relaxation, Music, Diversions, Activities
- Complementary Medicine such as essential oils
- Pet Therapy
Pharmacological options

- NSAIDs (Ibuprofen, etc.)
- Tylenol
- Tramadol
- Lidocaine Patches
- Narcotics
- Antidepressants
- Control of chronic disease processes
- Medications for neuropathic pain
  - Lyrica, Gabapentin, etc.
Pain Management Considerations

- Addiction to narcotics is unlikely if used appropriately for *moderate to severe pain*
  - Start with lower doses and titrate upward as needed.
  - Usually given with an NSAID or Tylenol or augment the narcotic action

- Administering medications around the clock *scheduled* instead of “as needed” or “prn” can help control pain

- Combining long-acting medications with prn meds for breakthrough pain

- Reducing and preventing adverse consequences such as beginning a bowel regimen with narcotics
Adverse Effects of Pain Management

- Alertness
- VS
- Respiratory function
- Constipation
- Confusion
- Hyper-algesia
Role of the healthcare provider

- Advocate for adequate pain treatment
- Avoid “chasing” the pain
- Frequently assess and treat pain
- Be aware of adverse effects of the pain management
- Communicate effectively with the family and members of the healthcare team
- Time interventions appropriately.
It is extremely important to continually evaluate the resident’s response to pain interventions so modifications can be made to treatment regimen.
Poorly Managed = Poor Outcomes

- When pain symptoms are under-treated it can cause:
  - Delayed healing
  - Altered immune function
  - Increased stress and anxiety
  - General physical and psychological decline
Summary

- Recognize resident’s pain
- Complete an assessment
- Implement pain management strategies with provider and care team
- Continuous reassessment to adjust to needs