PAIN MANAGEMENT IN THE GERIATRIC PATIENT

Key Teaching Points for EM Faculty

Treating elderly patients with chronic pain or an acute exacerbation of this chronic pain in the ED remains challenging. Older adults may present with limited medical history or records of past treatment regimens & the presence of comorbidities & medications that ↑ risk of drug-drug or drug-disease interactions with the addition of a new pain-control regimen. Consequences of untreated pain can include poor life quality; depression; anxiety; cognitive impairment; sleep disturbances.

Introduction

- Pain is underreported & undertreated in the elderly
- Chronic pain affects up to 50% of community-dwelling elderly & 66% of patients in extended care facilities
- Acute pain may be early sign of life-threatening emergency in an elderly patient
- ED physicians regard pain as the 6th Vital Sign, after oxygen saturation
- Elderly less likely to receive any analgesic (49%) & opioid analgesic underutilized in 48% of patients

Types of Pain

Nociceptive Visceral or Somatic Pain

- Result from stimulation of pain receptors by inflammation, injury or ischemia (e.g., arthritis, fractures, abdominal pathology, PVD, malignancy)
- Somatic pain is typically localized & described as aching, stabbing, sharp, throbbing
- Visceral pain as the result of obstruction or compression is cramping, pressure, squeezing in nature
- Rx: Opioid & non-opioid therapy

Neuropathic Pain

- Originates from injured axons or by intact nociceptors that share the innervation of the injured nerve (Ex: diabetic neuropathy, Tic Douloureux, post-herpetic neuralgia)
- Described as burning, shooting, tingling, stabbing, painful numbness
- Rx: Adjutant analgesics (i.e., anticonvulsants, tricyclic antidepressants, µ receptor agonists, local anesthetics, etc.)

Rapid ED Pain Assessment & Instruments

- Visual Analog Scale (VAS) 1-10: Most commonly used pain intensity measuring tool
- McGill Pain Questionnaire Short Form: Useful assessment of pain in the elderly combines VAS to measure intensity of pain & 15 pain descriptors to assess “the sensory & affective dimensions of pain”
- PAINAD (Assessing Pain in Older Adults with Dementia): Scored 0-2 in 5 dimensions for patients without verbal communication skills:
  - Breathing: labored or hyperventilating;
  - Vocalization: moaning or crying;
  - Facial Expression: frowning or grimacing;
  - Body Language: clenched fists or pushing away caregivers;
  - Consolability: inability to comfort.

Pitfall: PAINAD assesses pain-related behavior, not causation.

Barriers to ED Pain Reporting in the Elderly

Older adults may commonly:

- believe pain is a normal part of aging, portends death, creates negative judgment, or think chronic pain has a low priority compared to acute illness;
- fear addiction;
- lack skill in describing pain syndromes or in identifying symptoms as pain;
- have communication deficits, such as aphasia, dementia, delirium, depression

Treatment of Pain in Geriatric Patients

Acute Pain

- Mild (pain rating 1-3): Acetaminophen (Tylenol)(3-4 gms/day); celecoxib (Celebrex); in general, avoid NSAIDs, due to bleeding risk & renal function impairment in the elderly
- Moderate (pain rating 4-6): Tramadol (Ultram), narcotic APAP combinations (e.g., Percocet, Vicodin)
- Severe (pain rating 7-10): Pure opioids (e.g., fentanyl [Fentora], hydromorphone [Dilaudid], morphine, & oxycodone [OxyContin][usually given IV])
  - Potency varies from on narcotic formulation to another (refer to an opioids analgesic equivalencies table: e.g., 5 mg MS IV equivalent to 0.75-1.5mg hydromorphone IV)
- Start low & go slow to avoid respiratory depression & hypotension, but dose to effect
- Treat side effects: nausea, pruritus, CNS depression, constipation, urinary retention
- Constipation is so common that it requires addition of a stool softener & mild stimulant laxative (e.g., docusate [Colace] & senna) if you are sending the patient home with a narcotic Rx
- Adjuncts to analgesics: add lidocaine patches, capsaicin cream, NSAID cream (e.g., diclofenac topical [Voltaren Gel]), celecoxib, acetaminophen (no more than 3-4 gms per 24 hours)

Chronic Pain

- Long acting opiates with immediate release rescue medications preferred, if pain is moderate to severe

References


Revision Date: 1/10/12