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Nurses Improving Care for Healthsystem Elders

NICHE Section

Pain in the older adult: Affects on patient outcomes and the nurses' responsibility to treat

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ABSTRACT

Pain is one of the most widely cited symptoms underlying disability among older adults in the United States. It significantly impacts quality of life of older adults and, in addition, can interfere with sleep, lead to social isolation, depression, and inactivity. Nurses are instrumental in improving the care of older adults with pain and must be equipped with the knowledge, skills, and attitudes to treat them. Nurses play an important role in pain assessment, ensuring adequate pain relief measures are implemented, and advocating for those in pain.

According to the United States Census Bureau (2017), it is projected that, by 2030, all baby boomers will be older than age 65, outnumbering children for the first time in U.S. history.¹ With a projected number of U.S. residents 65 and older expected to be 78 million by 2035 and pain being a major reason people seek healthcare, it is essential for healthcare providers to understand the complexity of pain in the older adult.¹ Pain is a component of many chronic conditions like diabetes, degenerative joint disease, and some neurological conditions. Pain management can become more complex when individuals have multiple chronic conditions such as these. In addition, conditions such as vision, hearing loss, and dementia, can limit communication about pain (Table 1).

Although our nation is in the midst of a public health crisis as a result of opioid misuse and overdose, it is a priority, now more than ever, to understand how pain impacts our older, medically complex, population. Pain management is not only essential for improving quality of life in older adults with acute and chronic pain, but affects patient outcomes. One of the goals of Healthy People 2020 is to decrease the prevalence of adults having high impact chronic pain.² Healthcare professionals play an important role in pain assessment, ensuring adequate pain relief measures, and advocating for those in pain.

Studies have shown that chronic pain is reported in up to 80% of nursing home residents, 50% of community dwellers, and 20% of

hospitalized patients.^{3–6} In the National Health and Aging Trends study (2011) that involved over 7000 adults 65 and over, nearly a third of older adults reported back pain and a quarter reported knee pain.⁷ Other common pain sites included shoulder, hip, foot, hand, and neck, with nearly 75% of older adults having multiple sites of pain.⁷ It is important for nurses to assess and advocate for adequate pain management across all patient care settings, including making recommendations to providers about adjusting pharmacologic treatments and working with families to incorporate non-pharmacological treatments. The impact of pain on the older adult can be significant, affecting not only function and quality of life, but can interfere with initiating and maintaining sleep, lead to social isolation, depression, and increases financial and care giving burdens.^{8,9} Pain is one of the most widely cited symptoms underlying disability among older adults, with 16% of adults 85 and older having high impact chronic pain, pain limiting life or work activities on most days or every day in the past 6 months.¹⁰ Older adults limiting their activity due to pain can lead to a decline in physical activity, impaired function, decreased socialization, and may ultimately worsen chronic conditions.¹¹

Nurses are instrumental in improving the care of older adults with pain. Understanding that pain severe enough to impact function is not a normal part of aging is vital. A timely and thorough physical exam, including the use of appropriate pain scales and assessment of nonverbal pain behaviors is key. The Evidence-Based Geriatric Nursing Protocols for Best Practice is a great NICHE resource that contains evidenced based guidelines and protocols on pain management

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Table 1
Pain assessment tools.

Tool	Description	Use
Numerical Rating Scale (NRS)	Intensity of pain* is rated on a scale from 0 to 10	<ul style="list-style-type: none"> • Widely used in hospital settings. • Participant must be able to discriminate pain intensity • May not be as reliable in adults >81 years old • Specifically recommended for use in older adults
Verbal Descriptor Scale	Measures pain intensity by asking participants to select a word that best describes their current pain*	<ul style="list-style-type: none"> • Found to be reliable and valid in older adults • Useful in cognitively impaired participants.
Faces Pain Scale (FPS)	Initially developed as a pain assessment tool for children. Utilizes facial expressions of pain, ranging from least pain to worst possible pain.	<ul style="list-style-type: none"> • May be more appropriate than other pictorial scales as the faces are not age, gender, or race specific. • Useful in cognitively impaired participants.
Pain Assessment in Advanced Dementia (PAINAD)	Used to assess pain in participants with dementia by observing for behaviors suggestive of pain (breathing pattern, facial expressions, body language, vocalization, consolability)	<ul style="list-style-type: none"> • Useful for older adults with behavioral symptoms suggestive of pain (guarding, moaning, crying, etc).
Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC)	Used to assess pain in participants with dementia or other cognitive impairment with limited ability to communicate. It is based on behavioral observations of the participant during activity or movement.	<ul style="list-style-type: none"> • Useful for older adults with behavioral symptoms suggestive of pain (guarding, moaning, crying, etc).

* During your assessment, remember that “pain” can be used synonymously with discomfort, aches, and soreness.

(chapter 18), including pain assessment and appropriate interventions.¹² In an effort to reduce the amount of medications needed to treat pain, non-pharmacological strategies like physical therapy, exercise, massage, heat or cold applications, and relaxation should be implemented.¹² The use of opioids may be considered as part of the treatment plan, however in recent years increases in opioid prescriptions has been a major factor in opioid addiction or accidental overdose. In 2017, opioid prescribing was highest among older age groups, with 27% of people 65 and older having filled at least one prescription for an opioid.¹³ In the wake of our current opioid epidemic in the U.S., there have been significant increases in drug overdose death rates in adults 55 and older.¹⁴ The use of opioids have an impact on overall health, including risk of cardiovascular events, risk for falls, impaired cognition, and possible compounded adverse effects due to the use of multiple drugs, not to mention that there has been studies that show that the use of opioids may not be superior to non-opioids for managing many forms of pain in this population.^{15,16}

Pain management is essential for improving the quality of life of patients with acute and chronic pain. With the rapidly growing aging population, it is important now more than ever to equip nurses with the knowledge, skills, and attitudes needed to treat older adults in pain, as they play a key role in their care. There are great educational resources from NICHE and other organizations for nurses and other members of the healthcare team. Additionally, involvement of family and caregivers can assist in meeting the needs of this vulnerable population. Encouraging nurses to obtain advanced gerontological training and certification to provide them with the tools they need to impart better care and outcomes for older adults related to pain is vital.

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