GUIDELINES FOR RECOGNITION AND ASSESSMENT OF PAIN IN OLDER ADULTS

Preamble

Pharmacists have the opportunity to improve the quality of life for senior patients by promoting the recognition, assessment and adequate treatment of pain. The senior care pharmacist has access to seniors, their caregivers, and other healthcare providers. The pharmacist is often the first healthcare provider the community-dwelling senior will contact for their pain problem.

The purpose of this document is to encourage senior care pharmacists to better recognize and assess pain in older adults and to provide guidance to help achieve these goals.

Background

Pain is an unpleasant sensory and emotional experience. Unrecognized and untreated pain is a serious problem in the United States. Sixty-two percent of nursing home residents have pain1 and 25-50% of community dwelling seniors suffer significant pain problems.2 Pain is the most common reason for visits to physicians, healthcare clinics and pharmacies. Certain conditions that can cause chronic pain are more prevalent in older people, but the presence of pain is always abnormal.

The consequences of chronic pain among elderly individuals include depression, decreased socialization, sleep disturbances, impaired ambulation, deconditioning, gait disturbances, falls, slow rehabilitation, polypharmacy, malnutrition, increased healthcare utilization and costs and decreased quality of life.
Because there are no objective markers of pain, the most accurate evidence of pain and its severity is the patient’s self-report. Thorough assessment is crucial. Pain management is most successful when the underlying cause of pain is identified and treated definitively.

There is a multitude of reasons for inadequate pain recognition and assessment. Health professionals have misconceptions about pain in seniors including:

- Pain perception decreases with age
- Pain is normal with aging
- Persons that don’t complain of pain are not experiencing pain
- Medications to treat pain have side effects that make them dangerous to use in the elderly
- Those that say they are in pain often do so just to get attention
- If treated, patients will become addicted to the pain medication.

Seniors themselves also have misconceptions about pain:

- It is a sign of personal weakness to acknowledge pain
- Chronic pain is punishment for past actions
- It is an inevitable part of aging
- It means death is near
- It means there is a serious disease
- It will result in the need for painful, expensive tests
- It will result in the loss of independence

Effective identification and management of pain in older adults requires that health professionals understand the challenges and barriers and implement strategies to overcome them. These guidelines contain information to assist in this process.

**Guidelines**

1. **Health professionals should be alert to signs or symptoms of pain whenever contact occurs with an older adult.** Pain evaluation should also be part of measurement of vital signs (i.e. fifth vital sign).

Symptoms or indications of pain in an older adult may include:

- Crying
- Increased frustration
- Changes in sleep or eating habits
- Withdrawal from friends, family, or favorite activities
- Agitated or aggressive behaviors

2. **When pain is identified, a comprehensive assessment should be conducted.**

The components of a thorough pain assessment can be described through the use of the mnemonic PQRST.³
P—Provocation and Palliation

What causes or precipitates the pain? What makes the pain better? What makes it worse?

Q—Quality

What is the nature or type of pain? How can it be described (e.g. burning, stabbing, shooting, tingling, etc.)?

R—Region and Radiation

Where is the pain located? Does the pain radiate or spread to other parts of the body?

S—Severity

How severe is the pain? Does it interfere with activities or functioning? On a scale of 1 to 10, how bad is the pain?

T—Temporal relationship

Is the pain constant or does it come and go? Is the pain onset sudden or gradual? How often does the pain occur? How long does it last? Does it occur most often at a particular time of day (e.g. morning)? Is the pain associated with meals (before or after)?

To help identify underlying causes of the pain, and strategies for treatment, additional elements of the initial assessment should include:

• Diagnoses and past medical history (e.g. diabetes, arthritis, recent surgeries or fractures)
• A complete medication history including:
  --Duration and frequency of use
  --Reason for use
  --Perception of efficacy
  --Social drug use, including alcohol
  --What worked, how well it worked, what did not work
  --Side effects
  --Allergies
  --Non-prescription drug use
  --Complementary and alternative therapies
• Assessment of psychosocial status. – e.g. depression, dementia, anxiety, substance abuse
• Assessment of functional status, including activities of daily living (ADLs)
• Patient expectations for pain relief
3. **Obstacles to a thorough pain assessment should be identified and overcome.**

**Table 1—Overcoming Barriers to Effective Pain Management**

<table>
<thead>
<tr>
<th>BARRIERS</th>
<th>STRATEGIES</th>
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<tbody>
<tr>
<td>1. System problems: Lack of commitment to pain issues, high turnover of direct care staff, lack of coordination of care team*</td>
<td>1. CEO commitment to pain issue, appoint pain management coordinator, educate facility staff</td>
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<td>2. Lack of pain management tools and staff training*</td>
<td>2. Provide pain assessment and monitoring forms and inservice education to staff</td>
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<td>3. Co-morbid conditions and multiple medication use (e.g. depression and other conditions may affect perception or interpretation of pain)</td>
<td>3. Provide thorough and focused pain assessment</td>
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<td>4. Cognitive impairment</td>
<td>4. Use simple pain scales, more frequent assessment; observe patient for non-verbal pain expressions</td>
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<td>5. Communication problems: speech impairment, different language</td>
<td>5. Involve all caregivers in pain assessment</td>
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<td>6. Patient perception: patient may not recognize the problem as “pain”</td>
<td>6. Use a variety of terms when inquiring about pain: discomfort, aching, hurting, soreness, etc.</td>
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<td>7. Social/cultural barriers: Differences in race, ethnicity, gender</td>
<td>7. Assess patient in different settings, at different times of day, etc.; involve family or friends of same culture to assist in evaluating patient about pain</td>
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* These barriers apply primarily to patients residing in institutions or long-term care settings.
4. **Evaluation of pain severity should be conducted with an appropriate assessment tool.** Once chosen, the same assessment tool should be used throughout therapy to ensure consistent evaluation and measurement of pain status.

A variety of pain assessment tools are available, with various features, advantages and disadvantages. The selection of a measurement tool should be based on the setting of care, patient characteristics (e.g. presence of dementia), and other relevant considerations.

5. **The Senior Care Pharmacist should assist in identification of pain in older adults, and educate patients, caregivers, and other health professionals about pain management issues.**

The senior care pharmacist can provide a valuable educational service to patients, caregivers, and other health professionals. Opportunities include:

- Provide brochures or information to older adults, caregivers, and family members
- Provide presentations to adult day service centers, home health agencies, and community centers or organizations
- Provide inservice education to employees of nursing facilities, assisted living, or other long-term care settings
- Provide information and assistance in accessing pain tools, forms and other resources
- Participate on pain management teams with other health professionals

**Pain Assessment Resources**

1. ASCP Pain Management Resource Page, at: 
   http://www.ascp.com/public/pr/pain
4. Pain Assessment and Monitoring forms are available from Med-Pass, Inc. 
   Contact Med-Pass at: 800-438-8884.

**References**

1. Ferrell BA et al. Pain evaluation and management in the nursing home. 

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