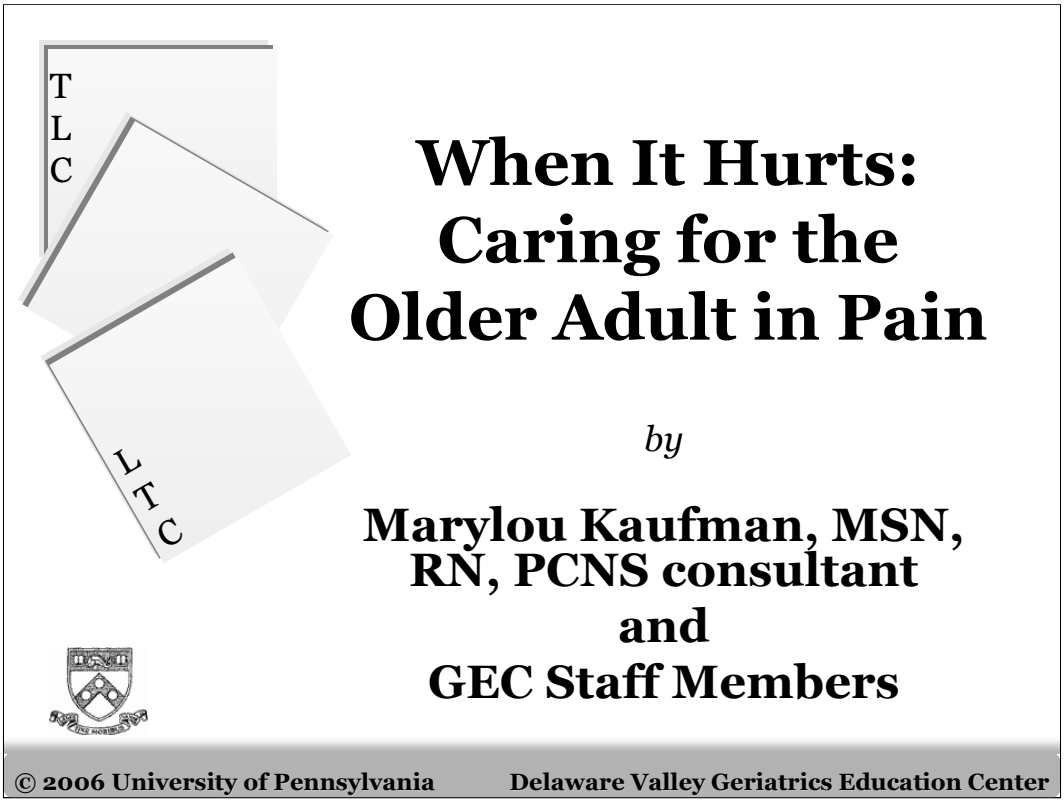


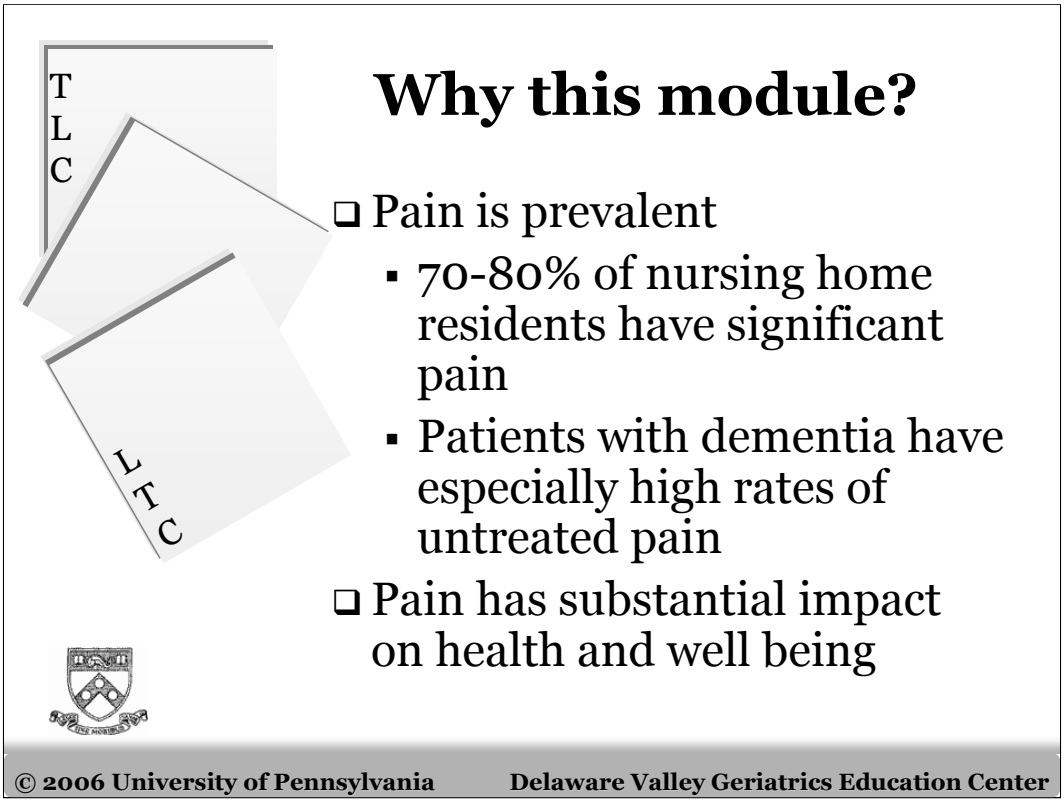
Note to Instructor:

Most of the content in this module (see slides 1 – 49) is appropriate for all levels of staff in long term care, including direct care staff. However, additional content appropriate to licensed nurses in included in slides 51- 66 to make the module more adaptable to this broader audience.

The content in the slides for licensed nurses has been designed to address the following learning objectives:

At the end of the Licensed Nurse Slides, participants will be able to:

1. Recognize and describe pain to other professionals.
2. Understand different scales that can be used to measure the intensity of pain.
3. Describe drug therapy for mild, moderate and severe pain.
4. Understand side effects and non-pain discomfort

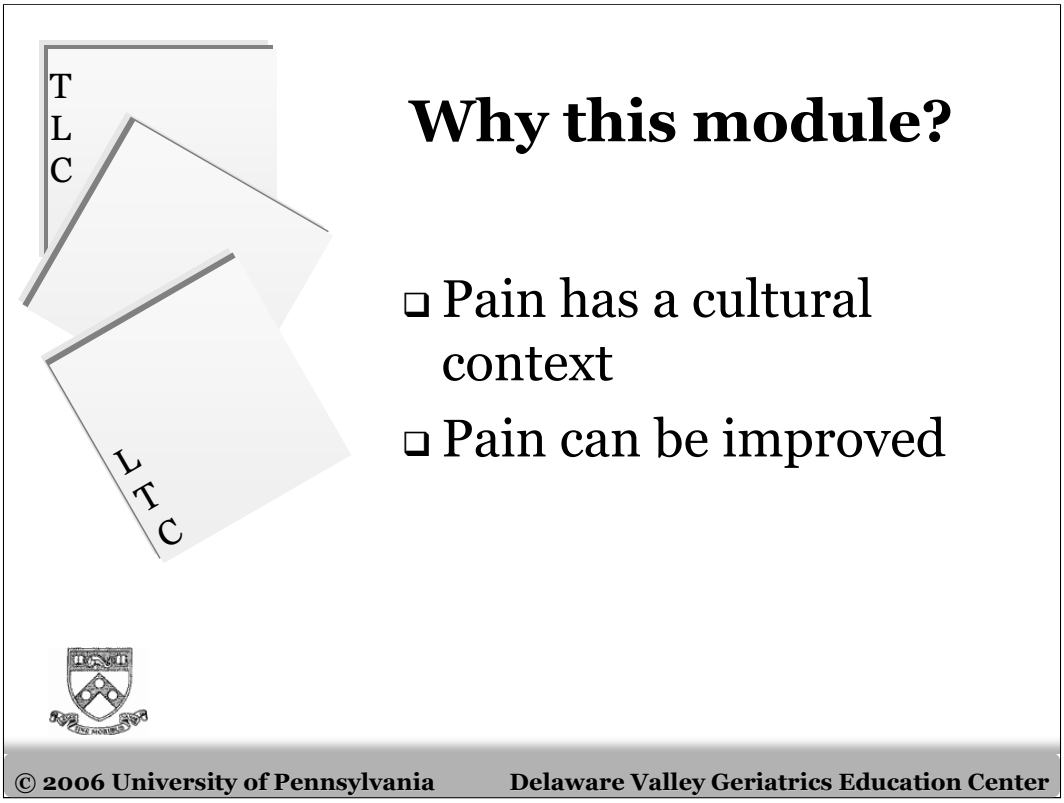


Pain is a common problem for older adults, especially the frail older adult

- For older adults living in the community, 45-70% report significant daily pain.
- In nursing home residents, 70-80% report significant pain.
- Nursing home residents with cognitive impairment have high rates of unreported pain, when carefully questioned and observed.

Understanding and being able to identify pain is important

- For diagnosis, since pain is often a signal of illness.
- For function and ability to care for oneself since pain may reduce a person's strength and agility, and may also affect the ability to focus or concentrate.
- For quality of life since pain has a negative effect on many aspects of life quality.

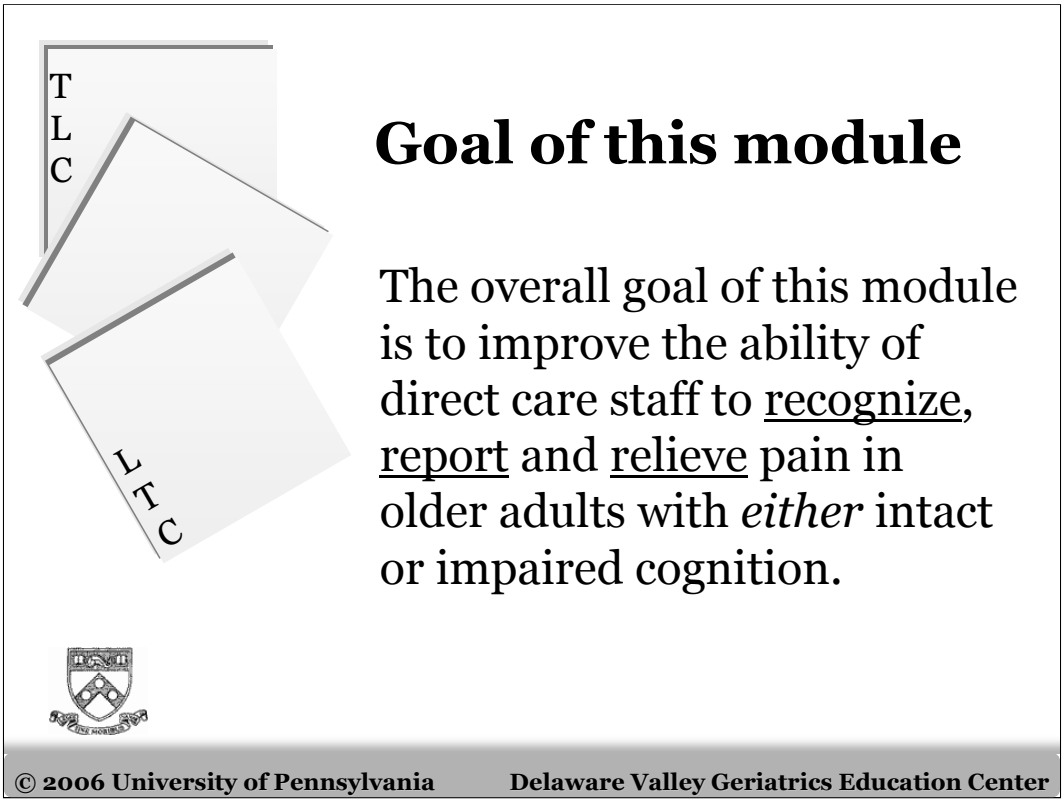


Pain in Cultural Context

- Our society is rapidly growing more diverse.
- The experience of pain and our reactions to it may be quite different depending on our cultural background.
- For caregivers this means that it is important to be aware of our own beliefs and practices about pain and how they may shape our response to pain in the older persons we care for.

Proper attention to the recognition and treatment of pain is now an indicator of quality of care in all settings.

- Performance evaluations for ambulatory and home care sites.
- MDS criteria in long term care settings.



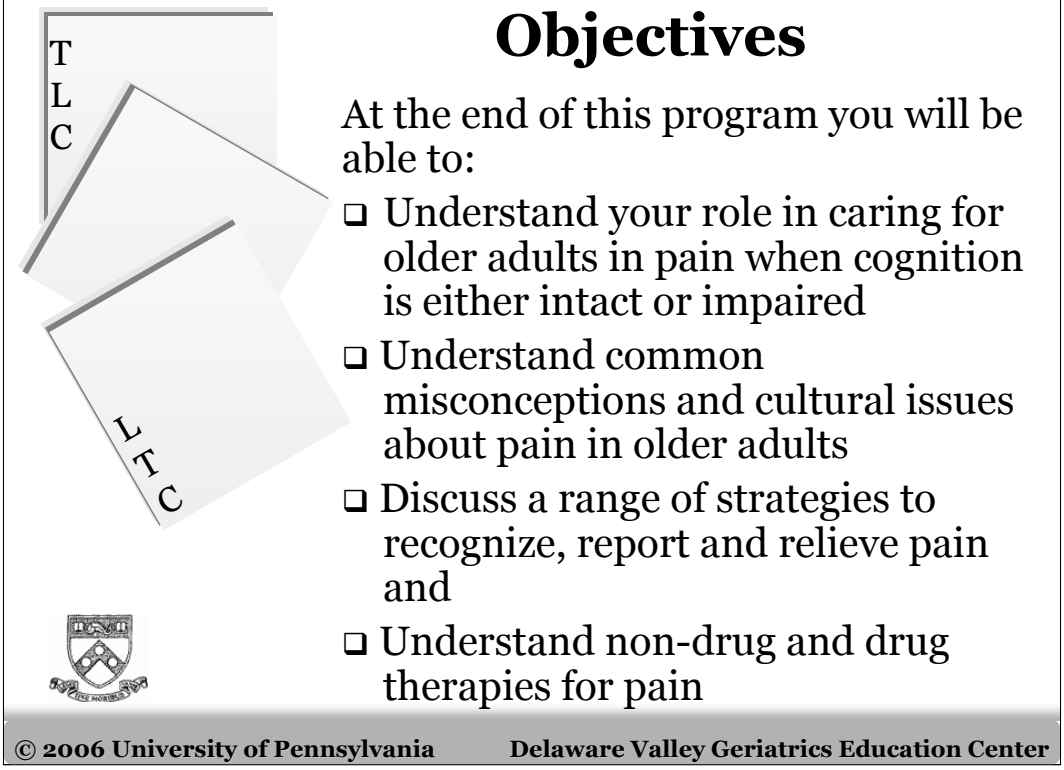
The overall goal of this module is to improve the ability of direct care staff to recognize, report and relieve pain in older adults.

Direct Care Staff need to be able to identify pain in older adults under their care. While the cognitively intact older adult can tell us when he/she is experiencing pain, the confused older adult may communicate pain in non-verbal ways such as increased agitation or combativeness, grimacing or withdrawal.

A change in behavior may be the way the older adults communicates pain to the caregiver. Direct Care Staff may be the first to identify the change. Recognizing and responding to the pain of older adults can be an important factor in developing a trusting and caring relationship.

Nursing staff need to listen to the team member who has identified pain and be able to make appropriate timely decisions about the older adult in pain.

You will need somewhat different knowledge and skills depending on whether the older person has intact mental abilities or impaired cognition, as happens with conditions such as dementia and delirium.



At the end of this program, you will be able to:

- Understand your role in caring for older adults in pain when cognition is either intact or impaired.

  Your role is an important one since you have the most opportunity to observe and interact with persons in your facility or program.

- Understand common misconceptions older adults and staff make in thinking about pain.

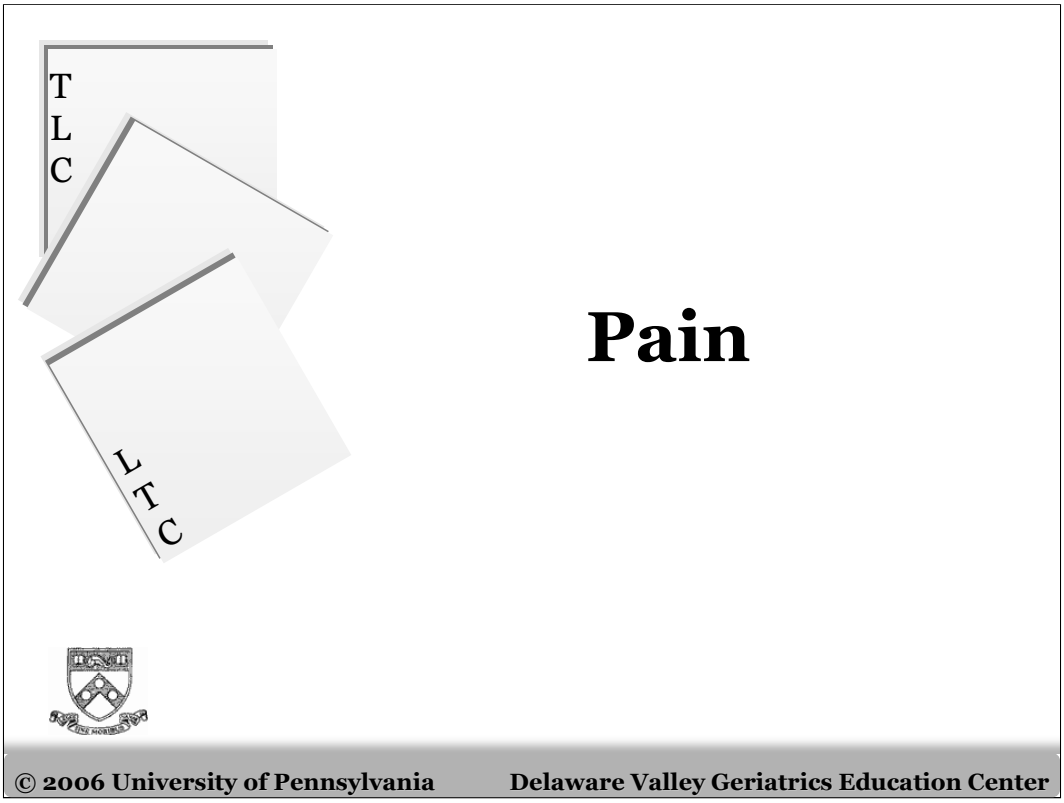
  These are often based on widely accepted myths; other differences in perceptions and reactions to pain may have to do with culture.

- Discuss a range of strategies to recognize, report and relieve pain.

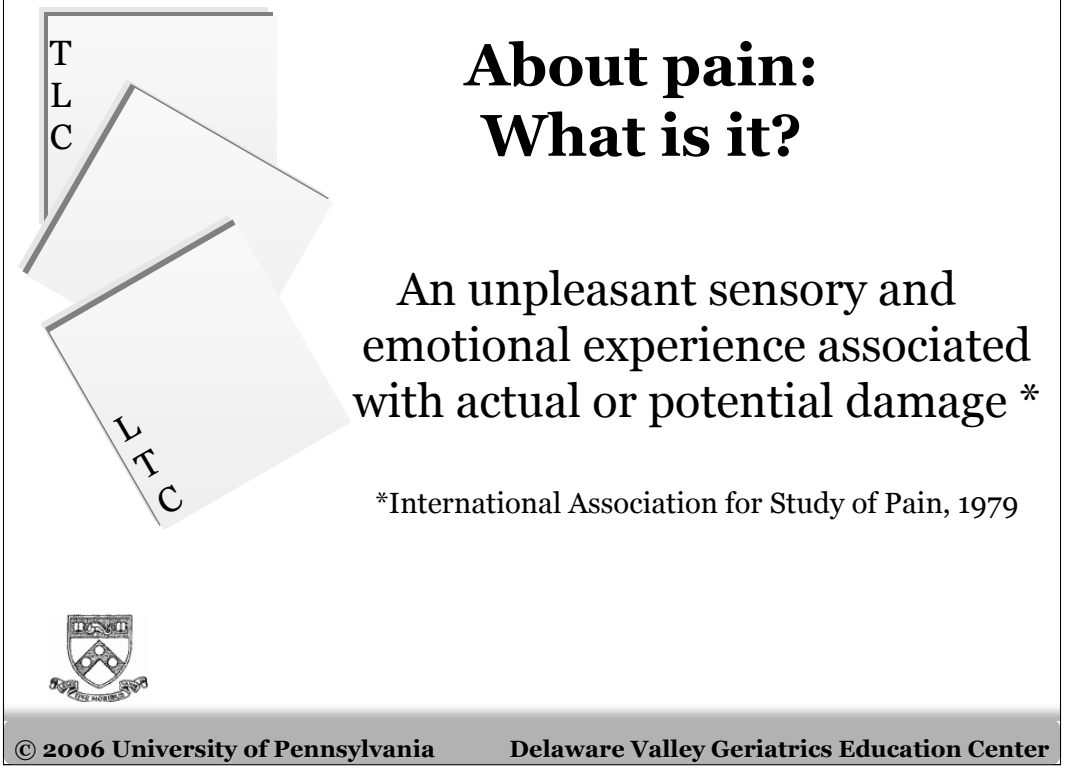
  Ways to assess pain vary depending on the ability of the person experiencing pain to describe, remember, and talk about pain.

- Understand non-drug, drug and adjunct therapy.

  Non-drug therapies can be very effective in reducing pain in older adults.



First we will look at what pain is and its definition.

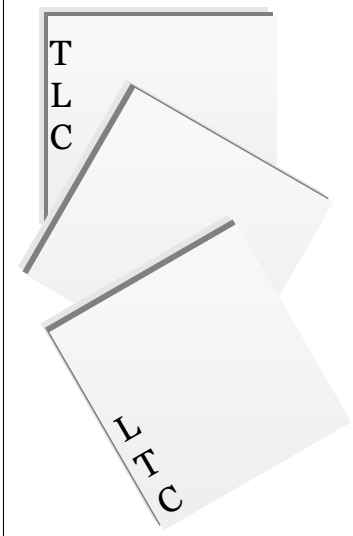


Notice the elements:

Pain is an unpleasant experience.

Pain is emotional as well as physical.

Pain may be signaling something that is about to happen; there may not be a visible problem.



About pain: It is subjective

The subjective nature of pain has been defined:

"pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does".*

*McCaffery and Beebe

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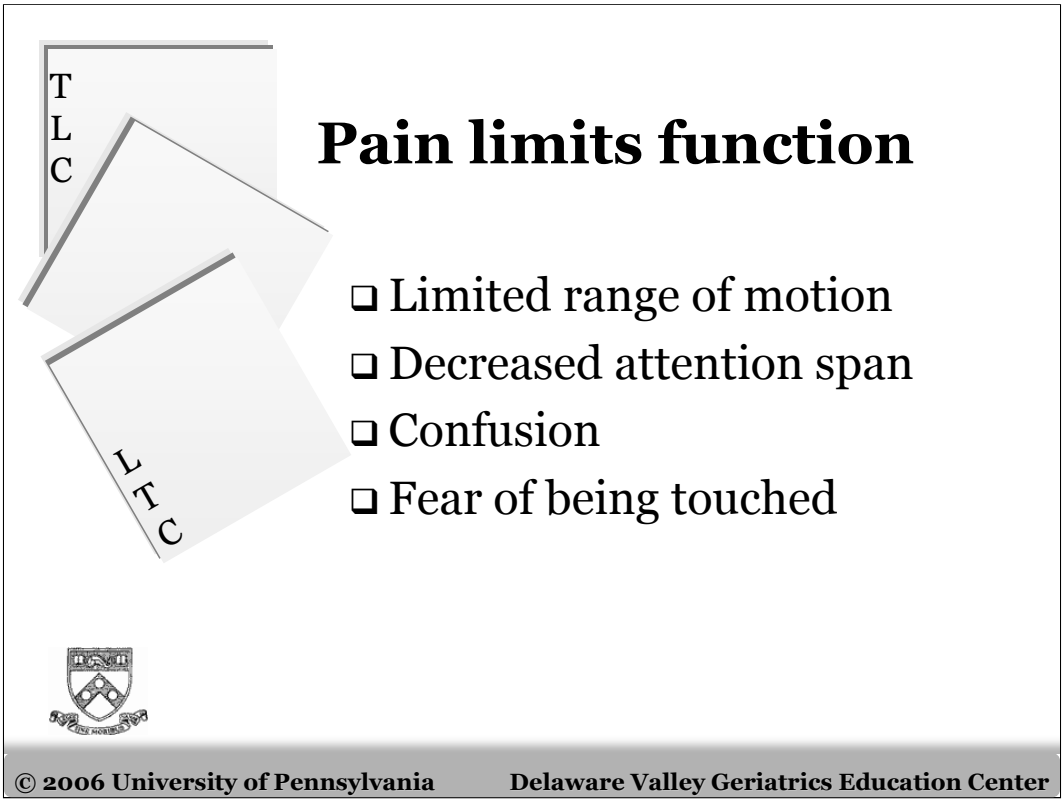
Pain is subjective. It is best known and described by the person who experiences it.

The best way to know that someone is in pain is by their own report of **discomfort**. The greatest barriers to managing pain well are

- the absence of communication about pain or
- poor communication.



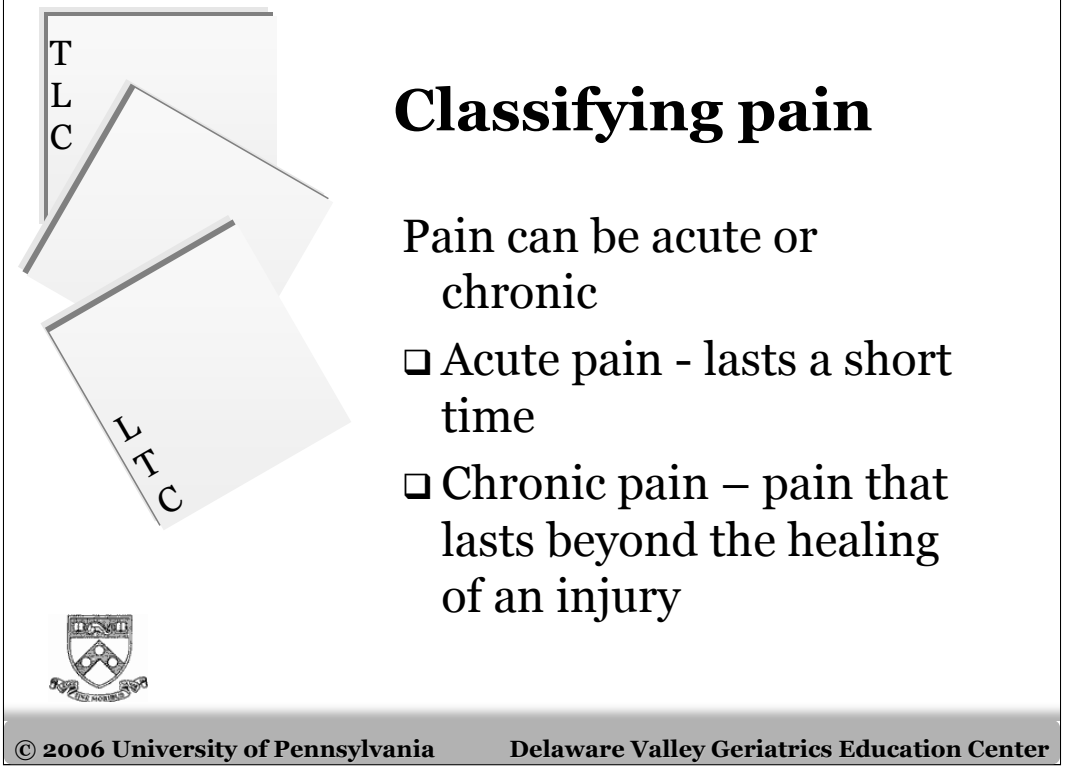
Pain or fear of pain limits the functional abilities of older adults in a variety of ways.

- Pain limits the range of motion of joints or body parts. This limitation makes independence in dressing and mobility difficult.
- Older adults in pain have limited attention span to focus on tasks.
- Especially in non-verbal older adults, confusion may be the first symptom of pain.
- Fear of pain may limit staff efforts to assist older adults.

Effective pain relief can improve compliance with rehabilitation regimens that will also reduce long term needs for medications.

Effective pain relief of chronic conditions can allow for activities and family interactions which are highly valued by patients.

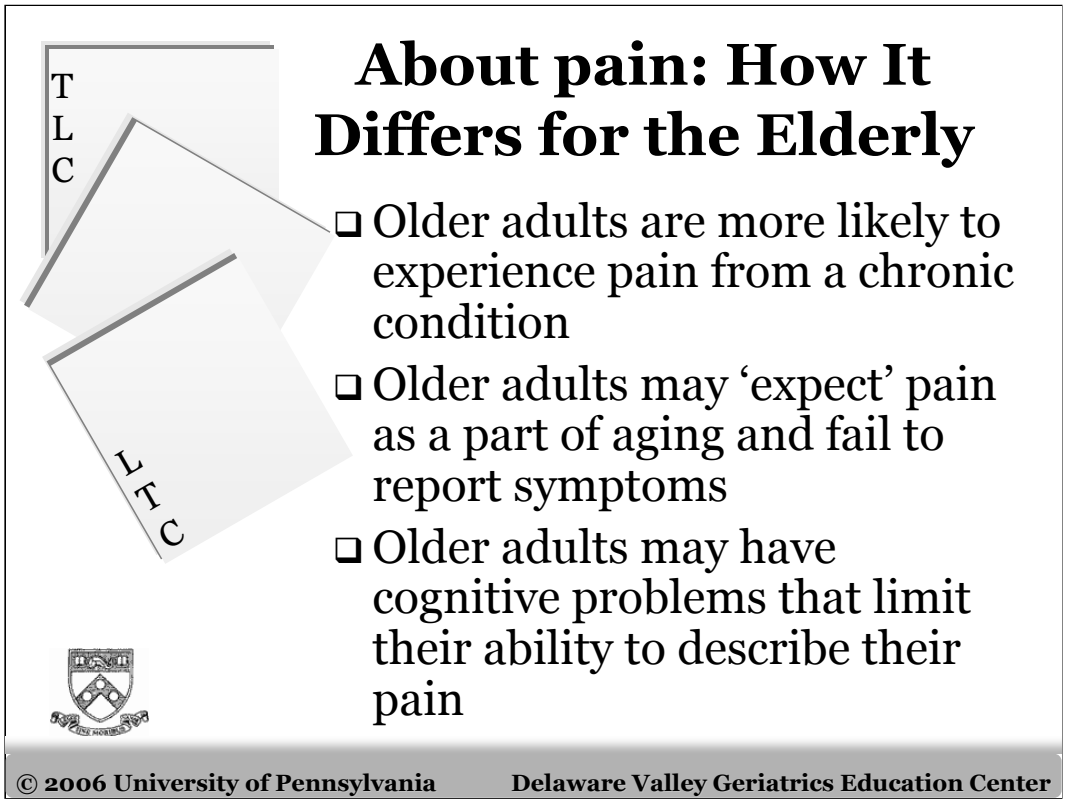
Because pain has an impact on the quality of life for the older adult, improvement in pain control will often lead to improvements in function.



Pain can be acute or chronic.

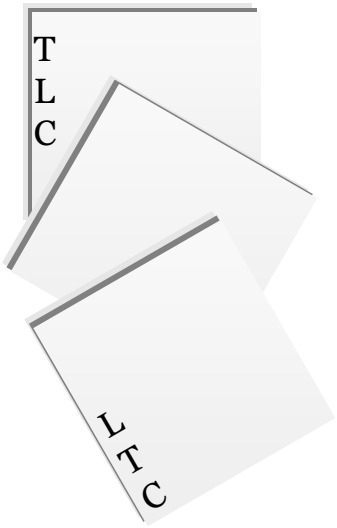
Acute pain lasts a short time, or is expected to be over soon. The time frame may be as brief as seconds or as long as weeks. Common causes of acute pain are injuries, infections, or surgery.

Chronic pain may be defined as pain that lasts beyond the healing of an injury, continues for a period of several months or longer, or occurs frequently for at least months. Common causes of chronic pain in older adults are: arthritis, poor blood flow (ischemia), or nerve damage (neuropathy).



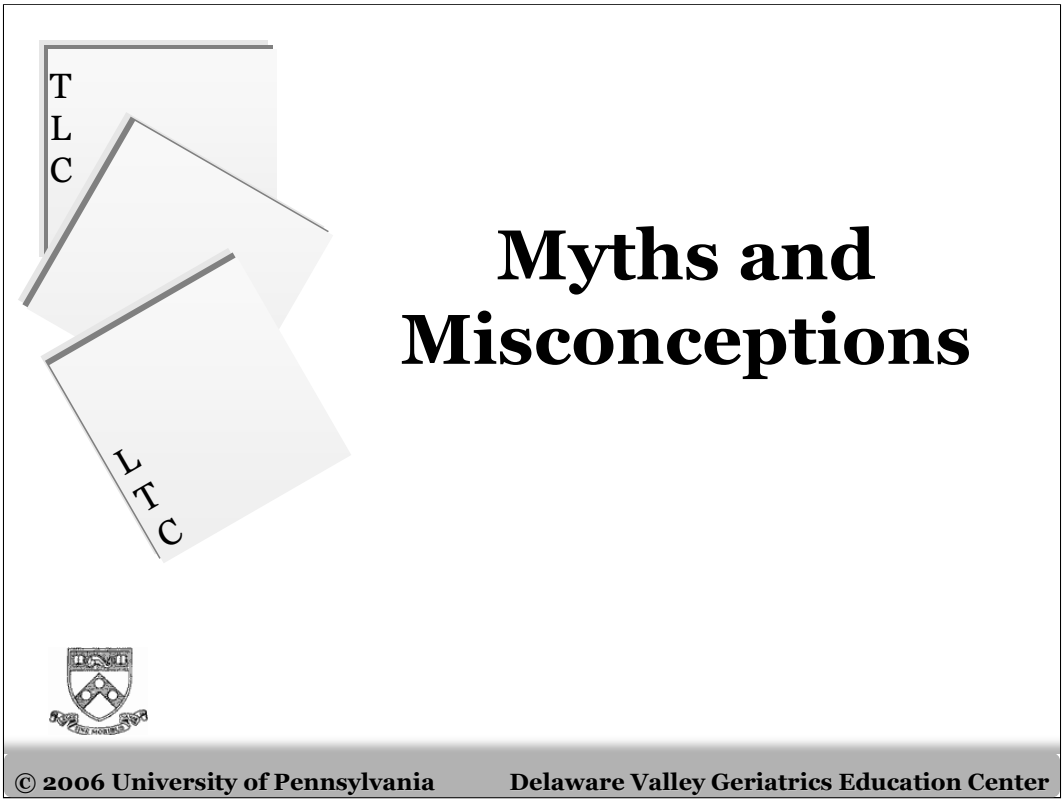
Older adults often differ from younger persons in:

- The causes of their pain: older adults are more likely to experience pain from a chronic condition such as arthritis, poor blood flow (ischemia), or nerve damage (neuropathy) from diabetes or shingles (herpes zoster).
- Expectations about pain: older adults may 'expect' pain as a part of normal aging. They may fail to report pain unless specifically asked. Expectations about pain may differ significantly by cultural background. For example, persons from some backgrounds may assume that pain is inevitable and they should endure it stoically while others expect that everything possible should be done to avoid pain. The best way to understand the influence of cultural background on pain perception is to ask. Persons from similar cultural backgrounds may still vary considerably in their response to pain and illness.
- Mental or cognitive status: Older adults may have changes in their mental or cognitive ability to identify and report on pain: those with dementia or other illnesses that impair mental abilities can be limited in their ability to find the right words to describe their discomfort.

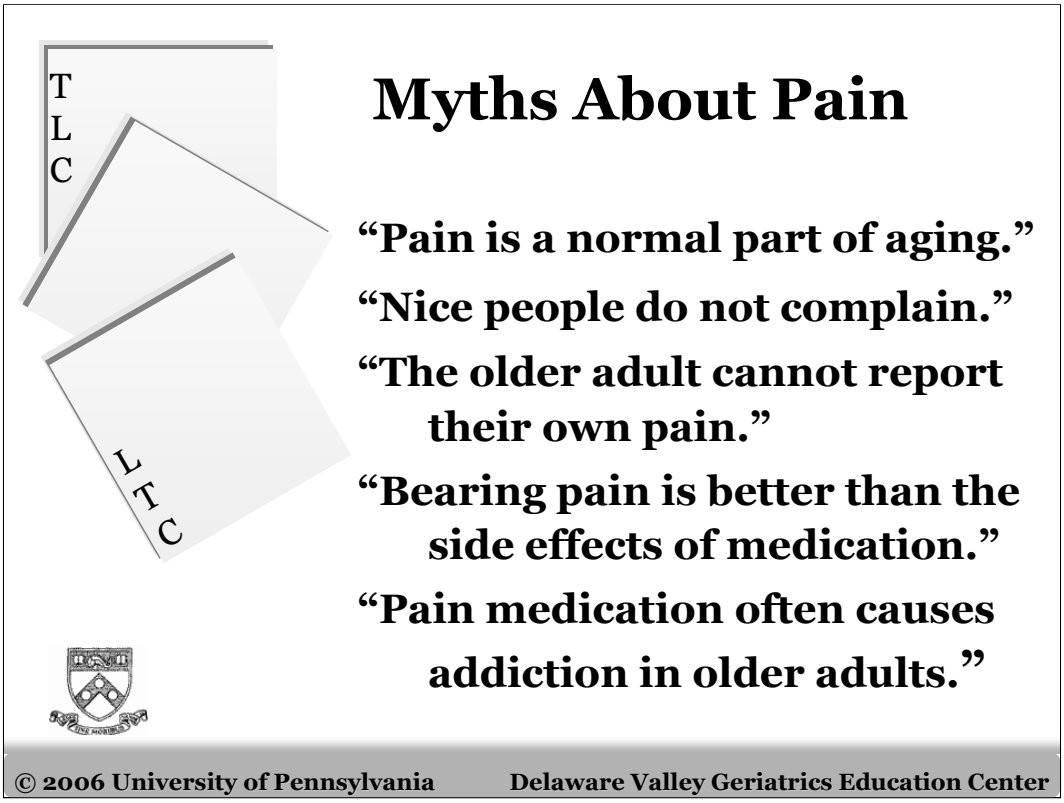


Summary of pain

- Pain is what the patient says it is
- Pain may be acute or chronic
- Older patients have more conditions that are painful and may be chronic



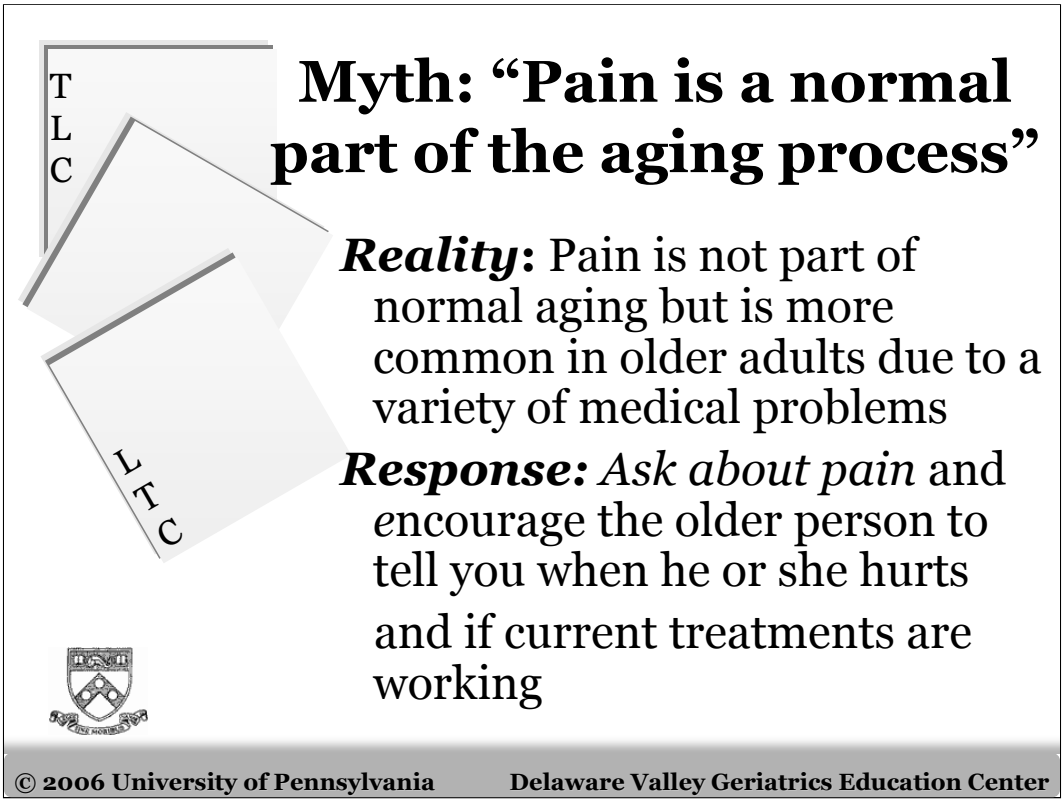
Pain is often under-recognized and under-treated. One reason is the many myths and mistaken common beliefs about pain. Myths about pain may be shaped differently across cultures.



We'll discuss five common myths about pain in more detail including what the reality is and what response is called for. Ask yourself, "Which of these myths have I believed?"

Myths/Common Beliefs about Pain (for discussion):

- Pain is a normal part of the aging process.
- Nice people do not complain.
- The older adult cannot report pain.
- Bearing pain is better than the side effects of medication.
- Pain medication can often cause addiction in older adults.

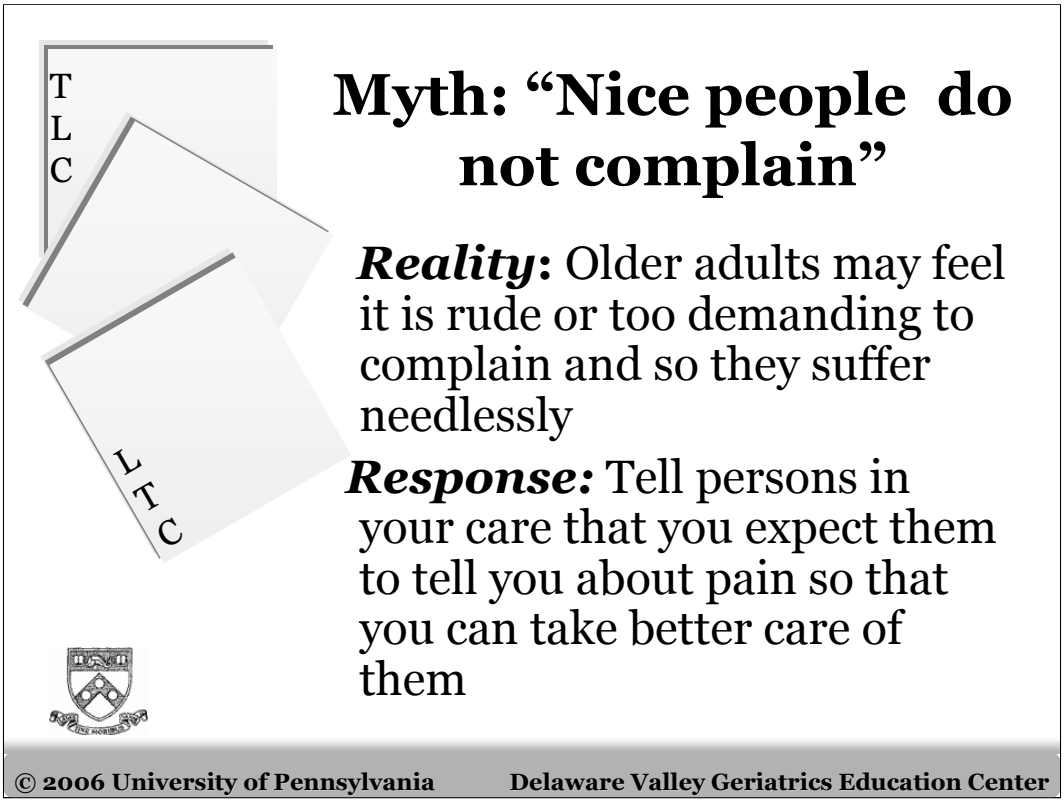


Older persons share many of the same cultural understandings as the rest of us. They may believe that their pain is normal – the "aches and pains of old age" and that therefore there is no help for pain and no point in asking for help. It is just to be expected as an effect of age itself.

In fact, pain is not normal at any age and age itself does not cause pain. However, pain may be more common among older persons because they are more likely to have illnesses like arthritis or diabetes that cause pain.

Staff must periodically ask about any pain, especially pain that is new or different. Pain can be an important symptom of new or worsening disease and should be carefully assessed.

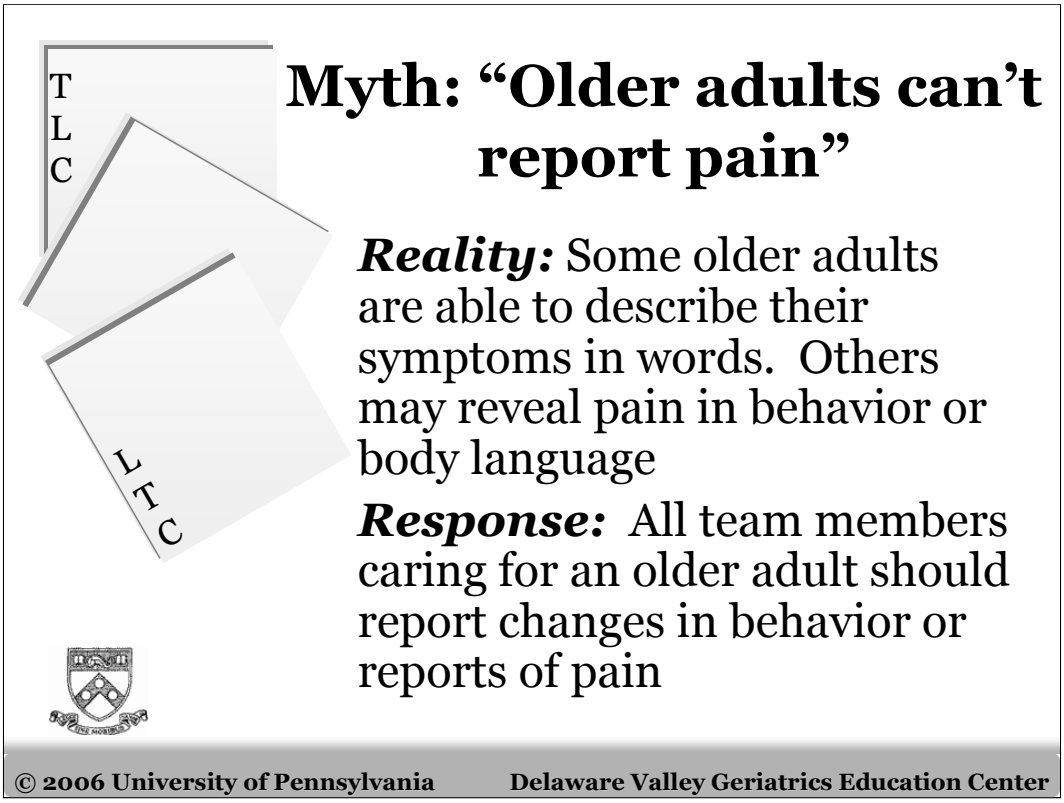
In order to do this consistently, staff may need to examine their own cultural beliefs about pain. Do such beliefs get in the way of conversations about pain with older persons in your care?



Help break down cultural and social barriers to talking about pain with gentle, but repeated invitations to the older person and his or her family to let you know if they have pain or if pain is getting worse. Reassure the person that you do not see them as "complaining" or as a "bad person"/"bad patient" because they report pain.

Staff who do not encourage older persons to talk about pain may, unintentionally, cause those in their care to suffer unnecessarily.

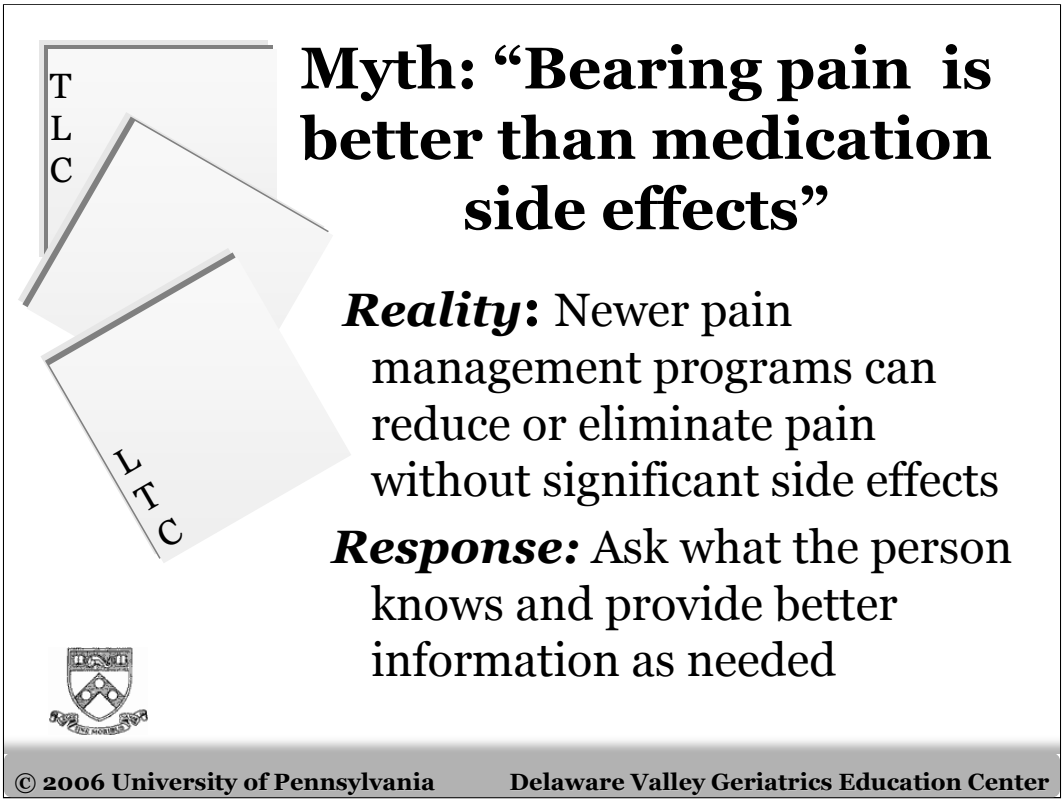
In many societies and cultures, people are respected and admired if they endure pain without complaint. So it is not surprising that many older persons would be reluctant to complain or seek relief. To get past barriers like these, you may need to invite the person you care for to tell you about pain gently. Repeatedly reassure the person that you do not see them as "complaining" or as a "bad person/bad patient" because they report pain.



Many older persons in your care will be able to tell you about their pain. We will discuss methods to assess that pain shortly.

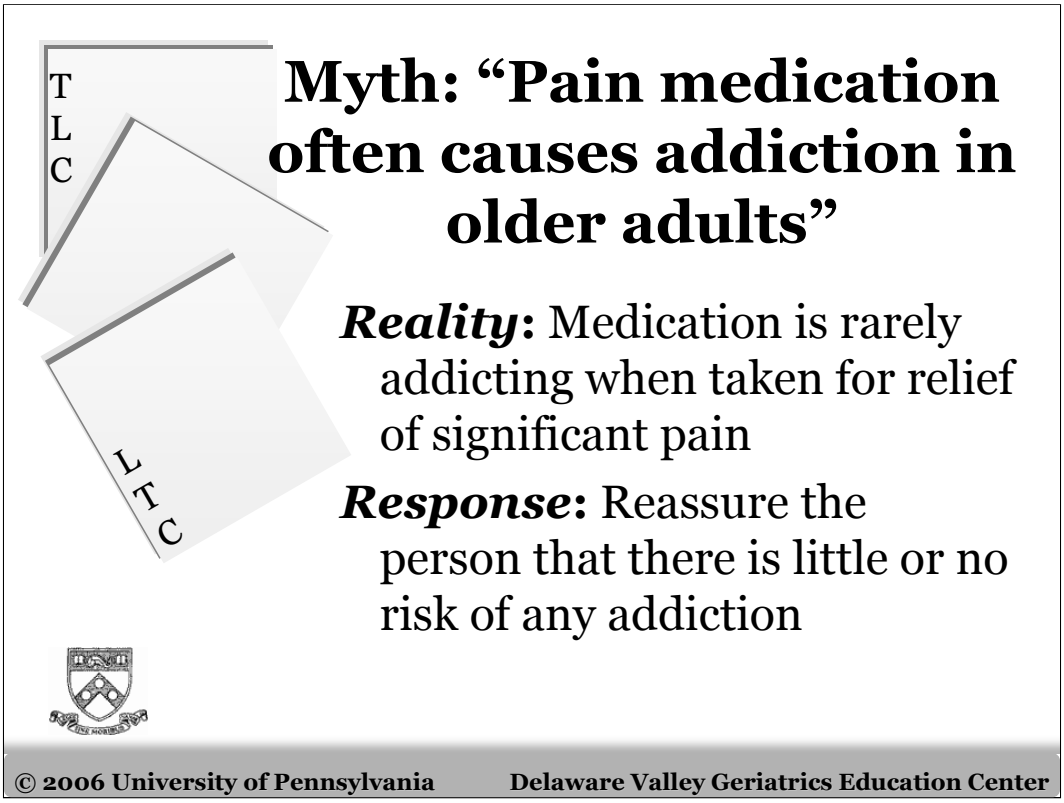
Other older persons, especially those with more advanced dementia, can no longer use words to describe their pain. They may communicate their discomfort with sounds such as cries, moans or grimaces, by changes in facial expression or tears, by body movement, or by behavior such as agitation.

Everyone involved with caring for an older adult should report changes in pain or behavior for assessment.



People you care for may be unfamiliar with newer medications that have fewer or milder side effects. They might be unaware of what can be done to ease those side effects. They may have experienced side effects in the past. They may have known someone taking pain medications to suffer badly from nausea or constipation. They may not realize that it is possible now to have relief of pain without these problems.

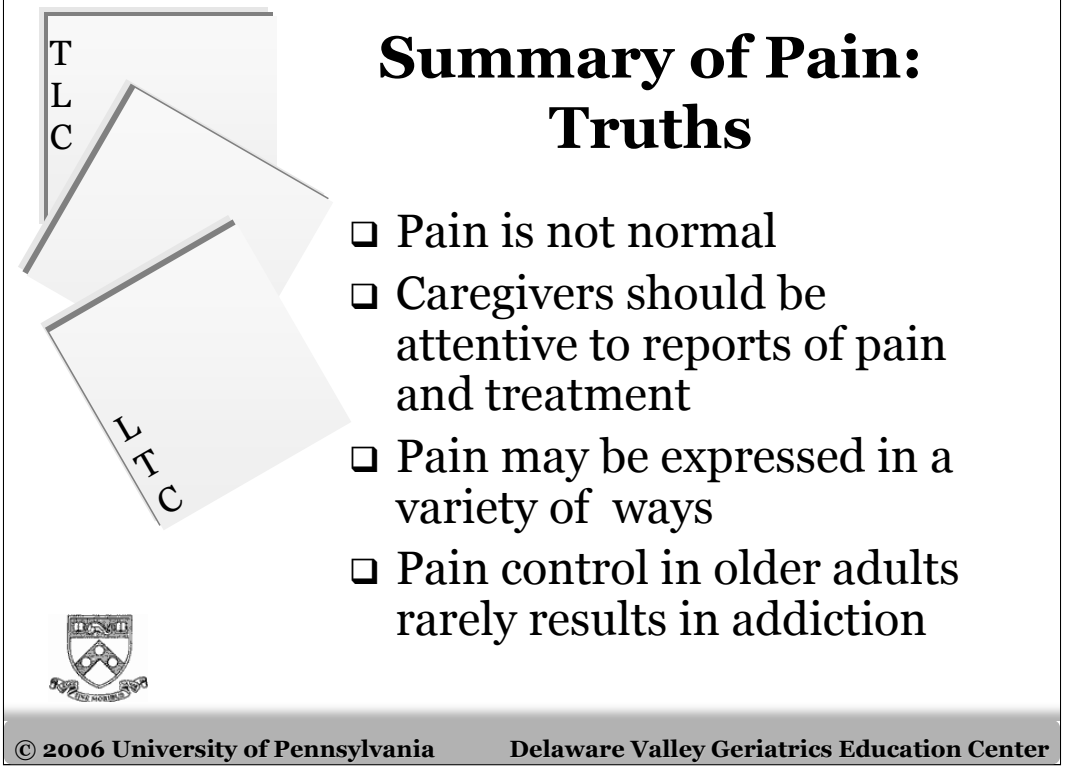
Again, asking is important. What side effects is the older person afraid of? What have they experienced in the past? You may be able to help relieve their fears or give other members of the team the information that they need to offset anxiety about side effects.



Addiction to pain medicine in older patients is *extremely rare* when that medicine is used for relief of acute or chronic conditions.

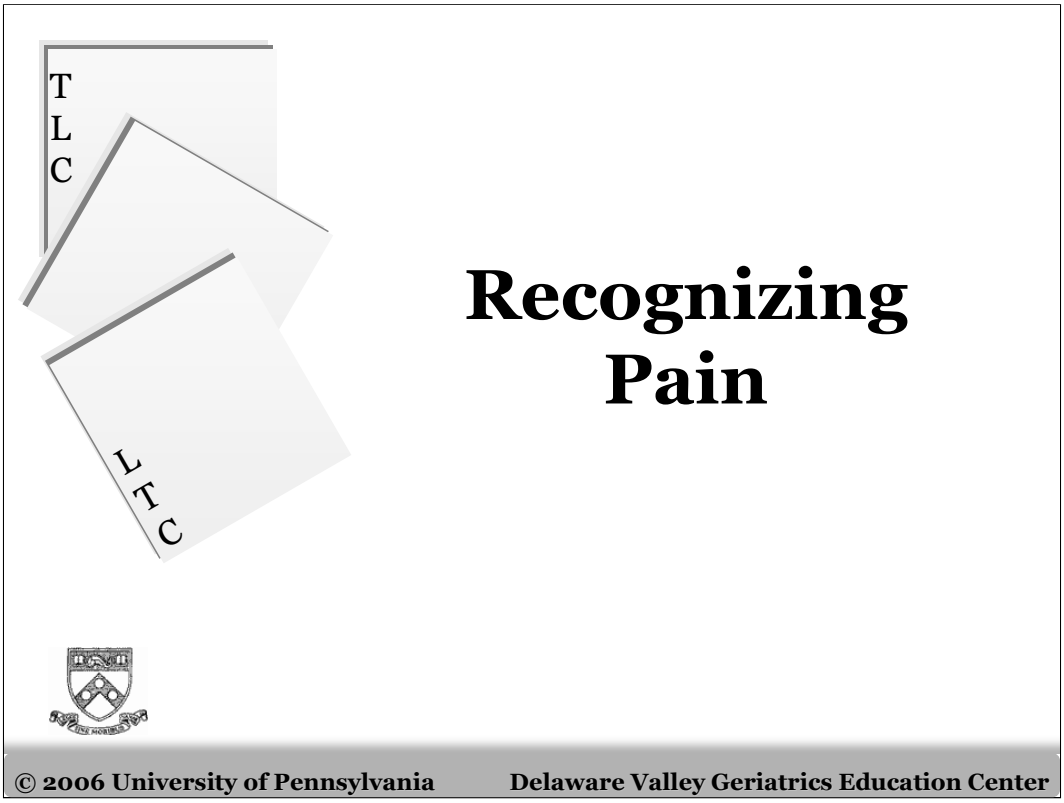
Pain medications *can* be misused in any population, **but** *treatment of significant pain is appropriate* and *not a misuse*.

Prompt, effective relief of pain can actually reduce the long term pain in many conditions.

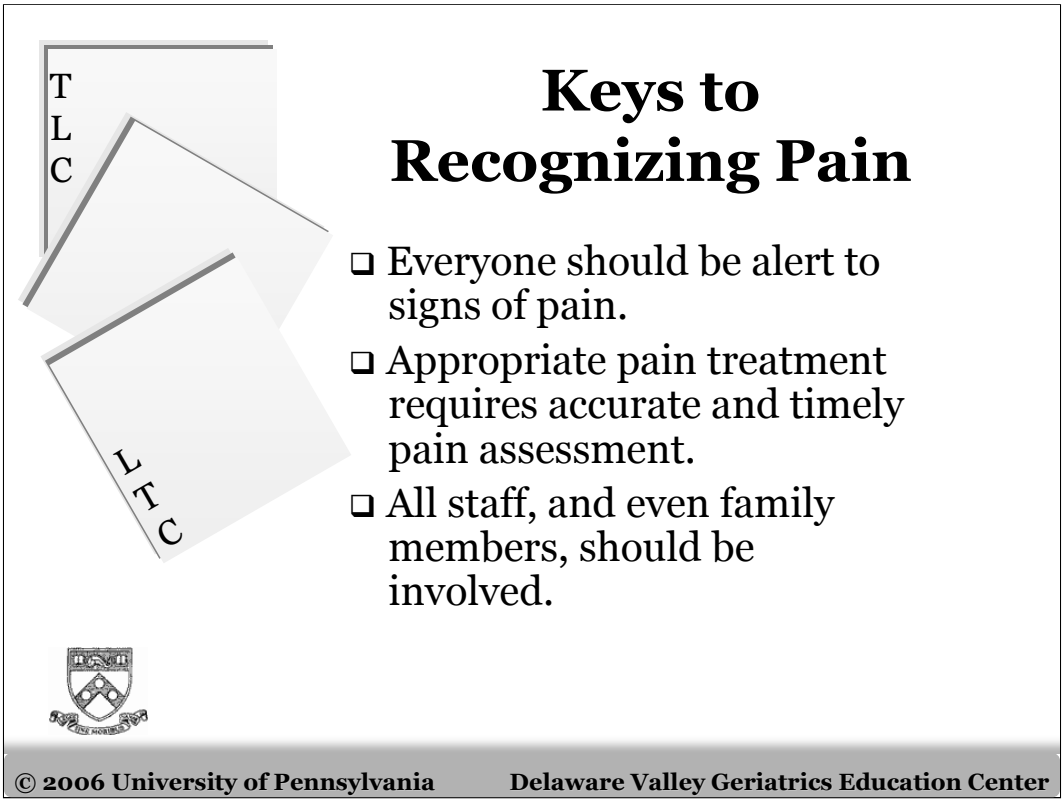


Now we can replace the myths about pain in older adults with the truths:

- Pain is not normal.
- Caregivers should be attentive to reports of pain and its treatment.
- Pain may be expressed in a variety of ways, in verbal and body language.
- Pain control in older adults rarely results in addiction.

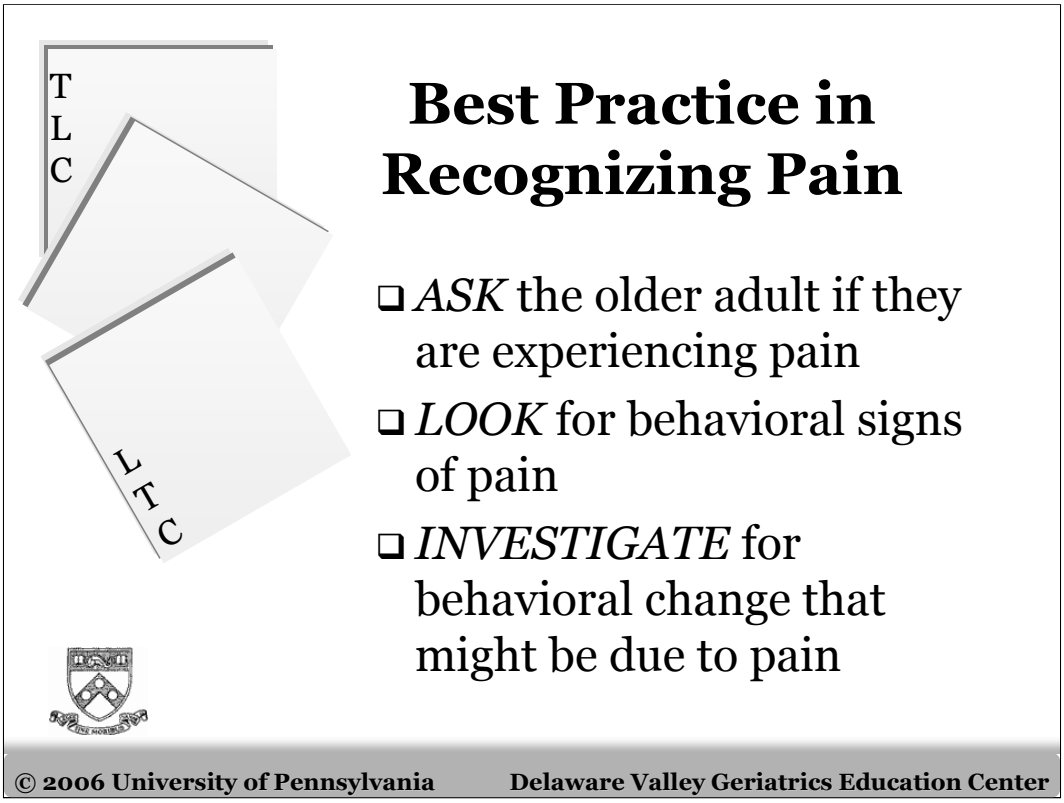


Now we will discuss the various ways to recognize pain in older persons.



All staff, and even family members, should be involved in the identification of pain and in assessment of the effectiveness of treatment to control pain. When evaluating older adults, an interdisciplinary assessment may be especially helpful in identifying all potential contributors to the pain.

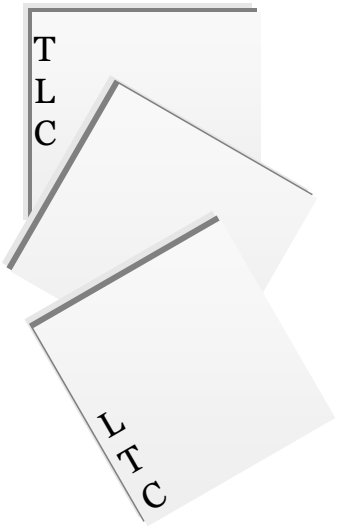
Family members are suggested because they may be aware of how an older person has experienced and responded to pain in the past and be helpful in interpreting any relevant cultural issues.



The careful assessment of an older adult for pain has three parts:

- Asking patients about pain.
- Observation of the patient, especially of any changes from the normal appearance of that person.
- Investigation of any changes in behavior that might be related to pain. This is especially important in the person with dementia or confusion.

Again, family members may be helpful. They can report what the older person shares with them about their discomforts. They may be especially able to recognize significant differences in appearance and behavior.



Ask about pain

Ask the person if he/she is experiencing pain

- Use yes or no questions
- Try other words besides pain such as “hurt”, “ache”, or “sore”

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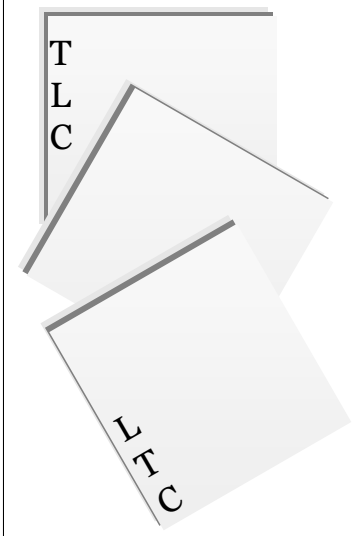
- Remembering that some older persons are reluctant to complain of pain on their own, caregivers should ask about the presence of pain.
- How often we ask will depend on the situation of the older person. Ask more often for the person who:
  - Is already using medications for pain
  - Has a change in activity or mood
  - Is withdrawn
- Offer a variety of words which might mean pain
  - Are you sore?
  - Does anything ache?
- An accepting and respectful response to answers about pain can make a great deal of difference in the person’s willingness to speak up.



Ask about Pain: Is the treatment working?

Check on effects of treatments

- Medication dose/frequency
- Personal preferences

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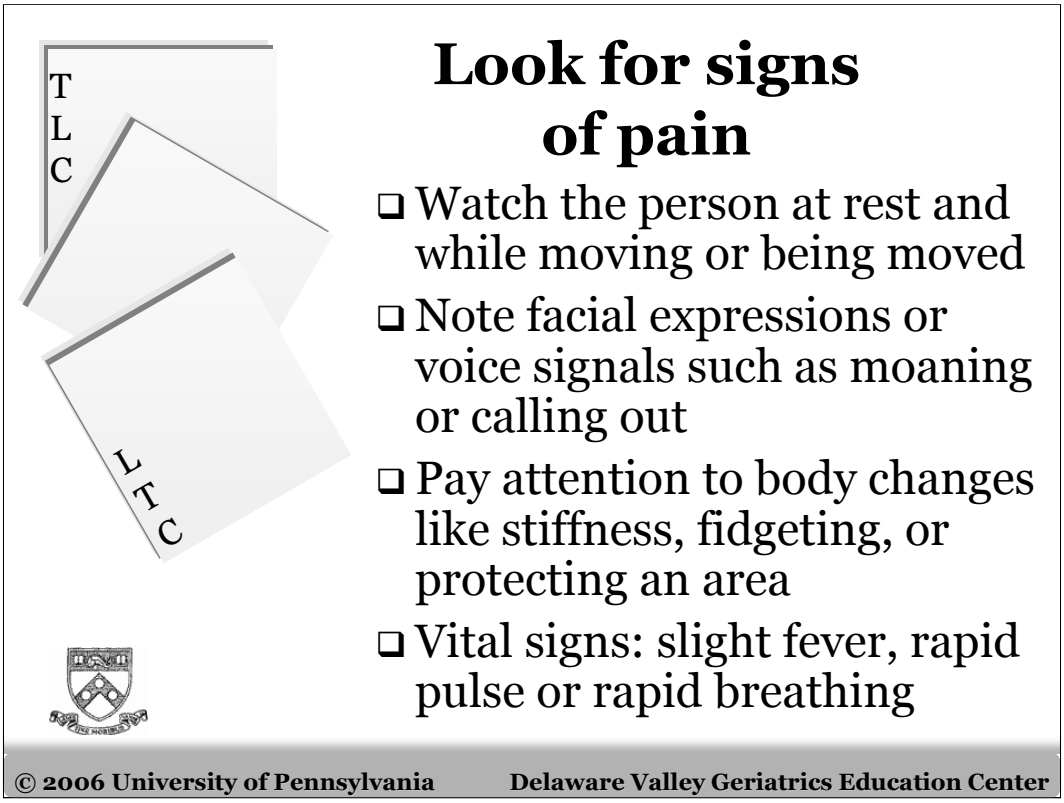
Once someone is being treated for pain, it is important to ask how effective the treatment is.

Questions you might use are:

- For Medications
  - Is it strong enough to ease pain completely?
  - Does the medication wear off before the next dose?
- For Environmental/physical preferences
  - Are you more comfortable in this position?
  - Are you resting better with soft music or is it irritating?

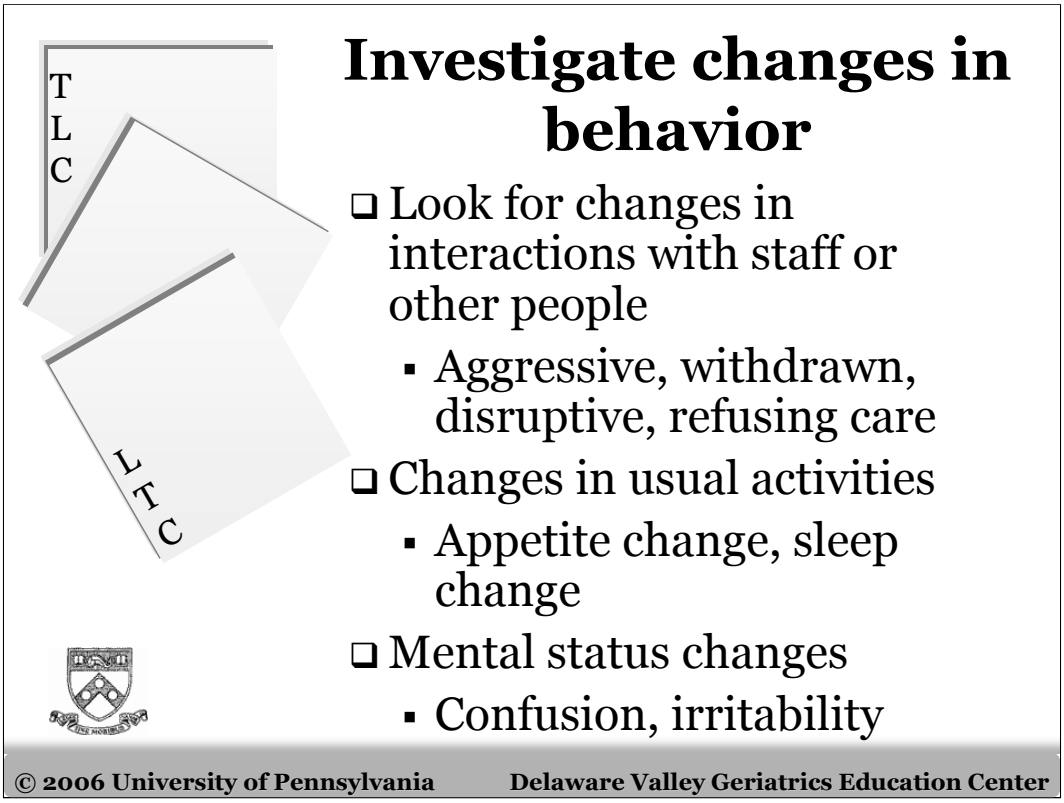


Some persons especially those with confusion or dementia, may show pain in non-verbal ways. Knowledge of the person over time is helpful in detecting changes from baseline. These may include:

- Changes in behavior when they are resting, or changes when transferring or standing. A small change may reflect a big problem. For example, the only sign of a hip fracture may be a refusal to stand.
- Pain may cause a person to grimace, moan or just call out for no obvious reason.

Behavioral indicators in persons with dementia may include yelling, swearing, agitation, hitting, and resistance to care.

- An elder may be unusually restless or hold very still as though protecting an area or the whole body.
- Vital signs may change with pain
    - Rapid pulse or breathing may be seen
    - A slight fever is not uncommon
- Not everyone will respond in the same way. Those who are culturally very restrained in their expression may be reluctant to show discomfort even when in great distress. Ask yourself, "How do people in my culture express being in pain? How is that different from what I see in the persons I care for here?"



Again, in some persons, especially those who are confused, pain may be the cause of a change in behavior.

These changes may be seen in the way an older person interacts with companions or with staff:

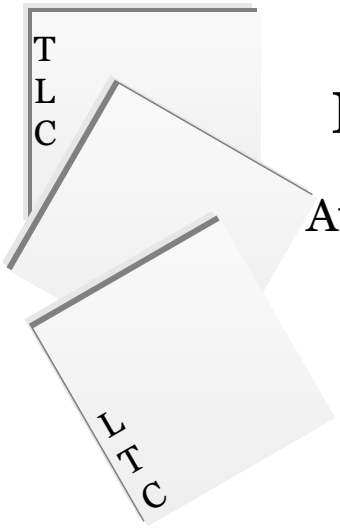
- Pain may cause aggressive behaviors like pushing or hitting
- Persons may withdraw from activities they like
- Elders may refuse care, especially if the care activity makes them uncomfortable (e.g. bathing or dressing).

Other changes can be seen in usual activities:

- A person may be less independent so that they now require help with toileting, dressing or eating
- S/he may be unable to fall asleep or stay asleep.

Changes in mental status such as:

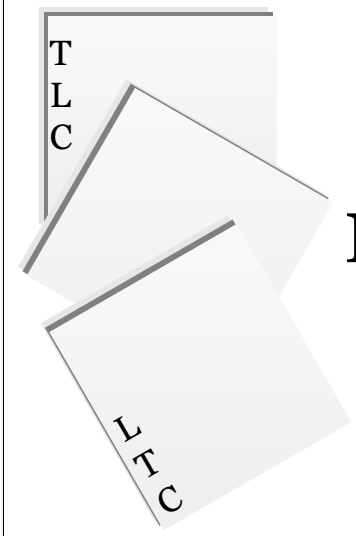
- More confusion, more irritability.



Summary: Recognizing pain

At regular intervals, staff need to:

- Talk with older adults about their pain
- Look carefully at residents for signs of pain
- Be aware that changes in behavior may signal pain, especially in confused persons



Pain Management: Contributions of Different Professionals

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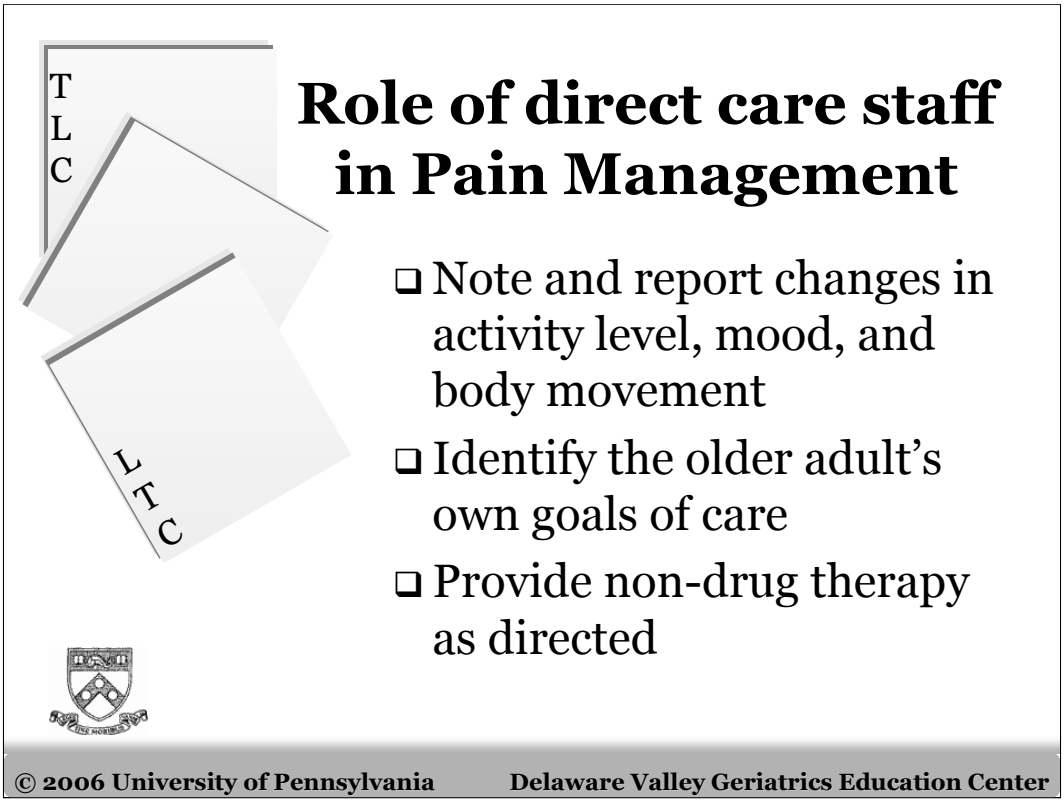
Everyone in contact with the older person in pain can help in assessment and management. We'll discuss the roles of direct care staff and various professionals.

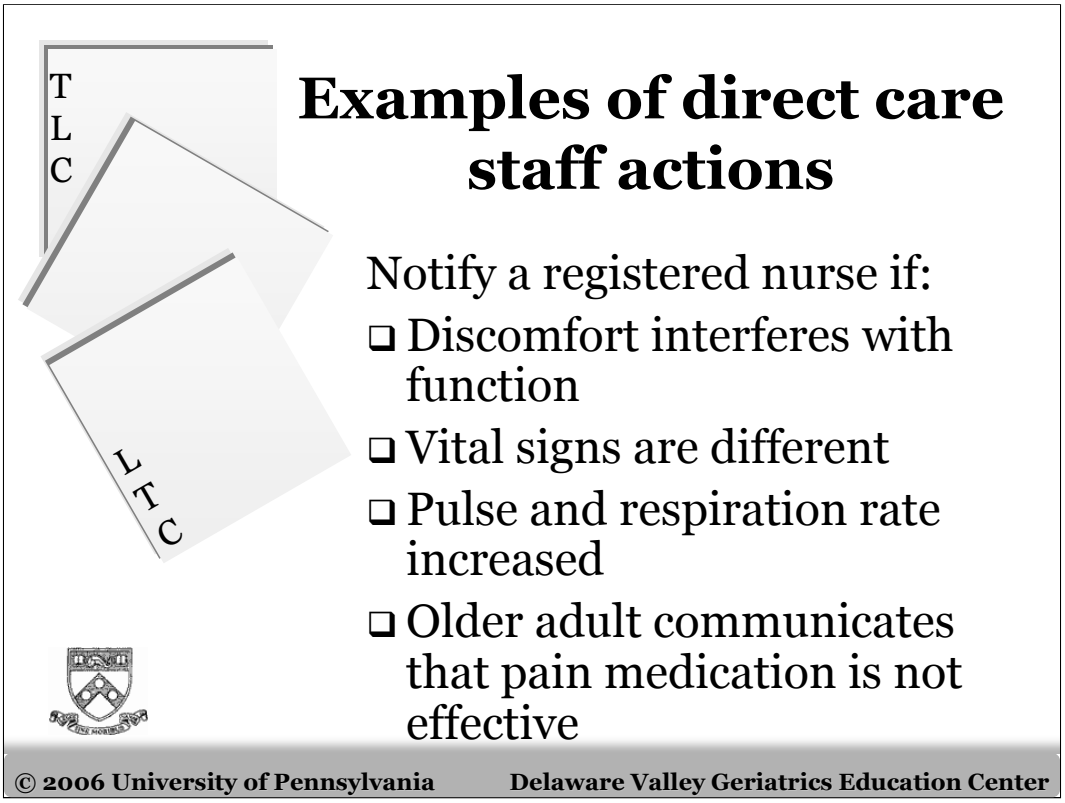


Direct Care Staff see older persons in care more often, more regularly and for more time than other team members. They may be the first to realize that the older adult is in pain. Staff may recognize or be aware of changes in activity level, mood and body movement. Such changes may be indicative of pain. Direct Care Staff should collect information and notify the RN/supervisor of the changes.

Ask the older adult about his/her goals of care for the day. These goals could include:

- 'getting a good night's rest'
- 'being awake and alert with my family', or
- 'take care of myself without pain.'

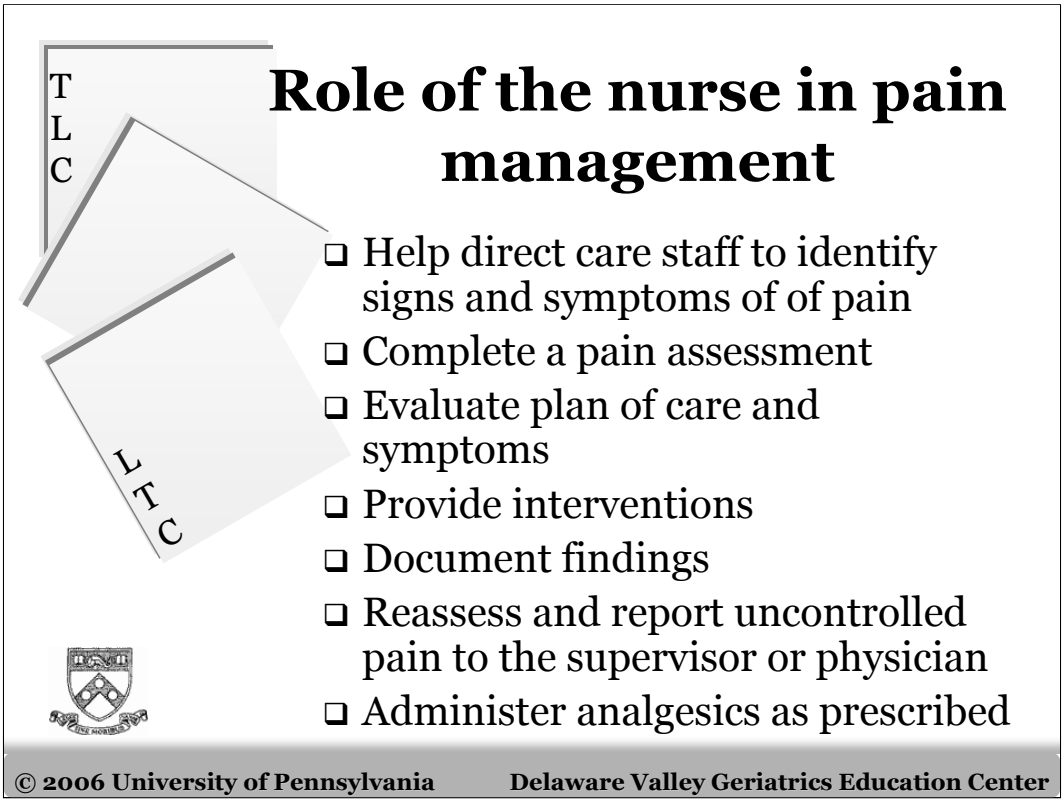
In keeping with the policies in your facility or program, be prepared to adjust the care environment or provide comfort.



Direct Care Staff should document changes in activity level, mood and body movement and notify the RN/supervisor immediately if:

- Discomfort interferes with function
- Vital signs are different from usual
- Pulse and respiration rate are increased
- Older adult communicates that pain medication is not effective.

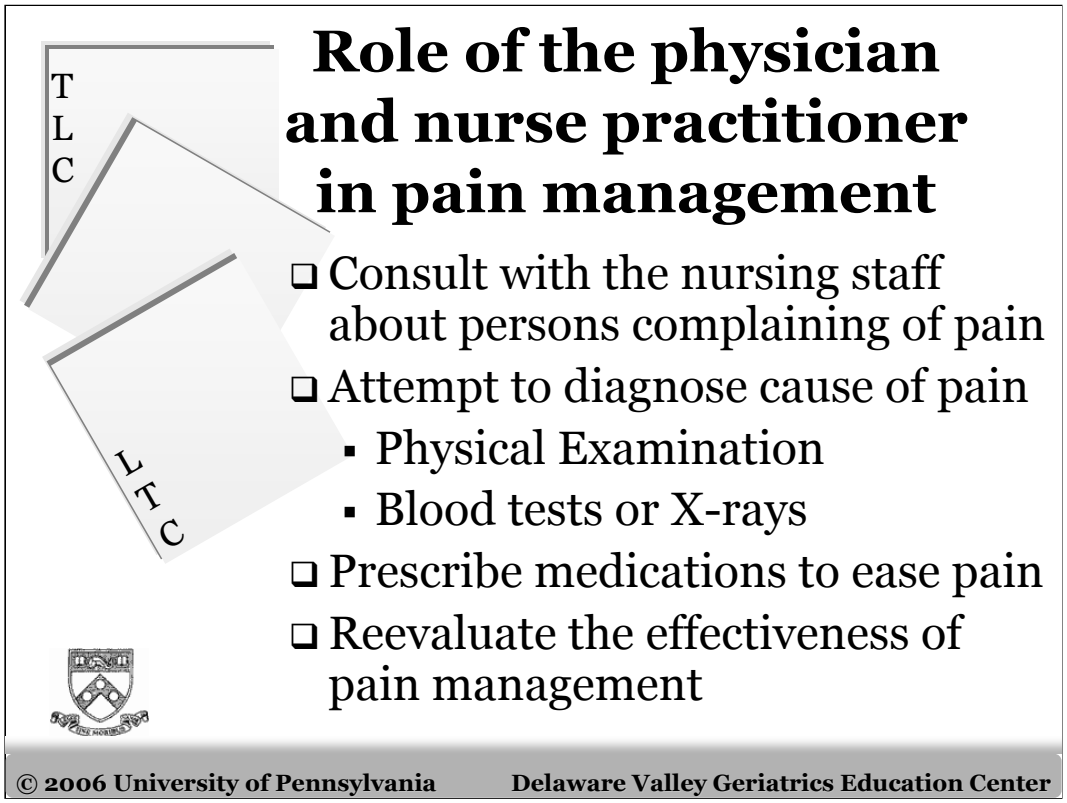
Mr. Johnson is usually able to walk and perform some activities of daily living. Today Mr. Johnson is curled up in a ball in bed. He has a temperature of 100 and is sweating. He is not his usual cheerful self. He is not verbally communicating to you but he is moaning and rubbing his stomach. What should you do?



This is a review of the responsibilities of the nurse in management of pain.

The nurse needs to be able to collect all information and to be able to communicate it clearly to other members of the team. When pain is not relieved or controlled, the nurse should document the pain, then review and make recommendations to change the plan of care (POC). A full assessment needs to be completed and decisions should be made immediately. When changes in the POC are made, the entire team needs to be made aware.

The social worker can identify the negative impact of pain on social and psychological function. A social worker plans with the team to reduce these effects. Social workers also provide emotional support and serve resources about available care options. They can teach coping techniques for the person in pain, for family members and for direct care staff.



Physicians and Nurse Practitioners (NP) may find pain during their periodic visits with older persons, or be made aware of pain issues in consultation with staff.

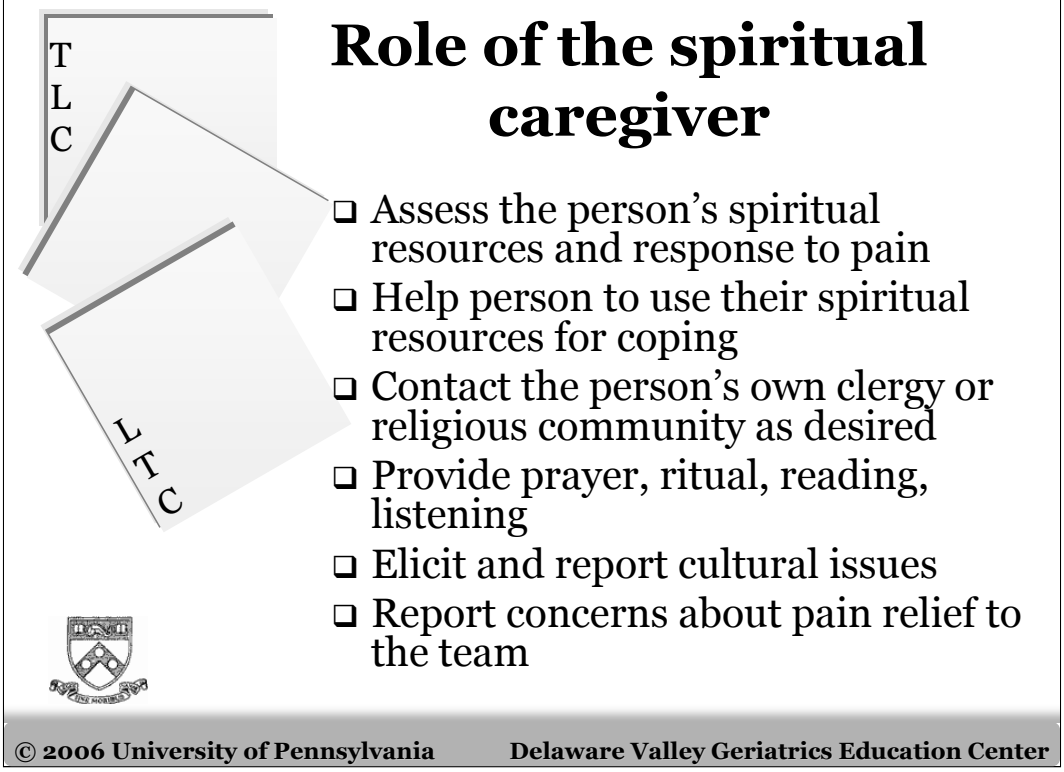
They document their findings to share with other team members.

Physicians and NPs should try to diagnose the cause of the pain. They may:

- Use descriptions of pain from the older person or from staff observations
- Perform a physical examination
- Order and review tests such as blood work or X-rays.

Once a diagnosis is suspected, medications can be ordered to help ease pain. Non-drug measures may also be ordered.

Physicians and NPs participate in the reevaluation of whether the current pain management plan is working.



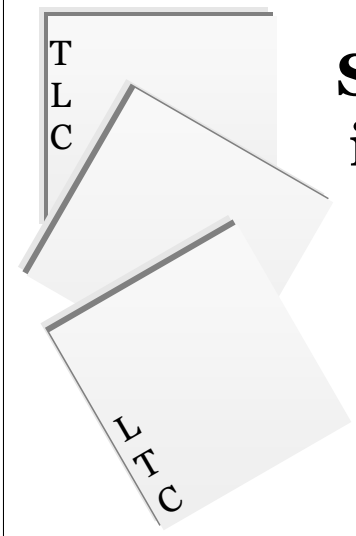
The spiritual caregiver member of the team attends to the person's spiritual needs. This team member helps the person activate spiritual resources such as faith and hope which often help people cope with pain and reduce anxiety.

The spiritual caregiver often provides a supportive relationship in which the older person feels free to share the experience of emotional and physical pain and discuss concerns about obtaining relief of pain.

Activities such as reciting familiar prayers, rituals, and reading of religious texts that are part of the person's own spiritual and religious practices, can provide comfort and reassurance in difficult circumstances.

If pain raises difficult spiritual issues for the older person, the spiritual caregiver can assist with support and counseling.

Many chaplains are trained as spiritual caregivers for health care settings and have skills to provide support to persons of varied religious and cultural backgrounds. They can help report and interpret the individual older person's needs and preferences to the team.



Summary- Team care in pain management

Since pain in older adults is so varied, control is best achieved by a team of health professionals, older adults, and families working together.

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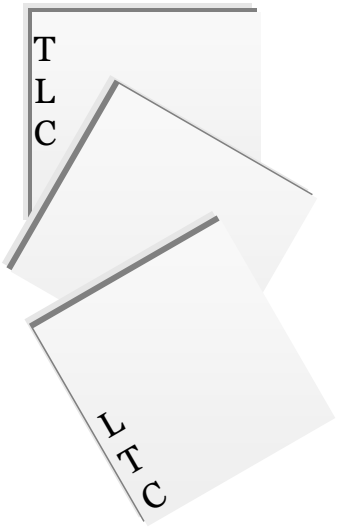
The best results for older persons with pain are achieved when a team of health professionals, families and the elders themselves talk and work together.



Pain Management

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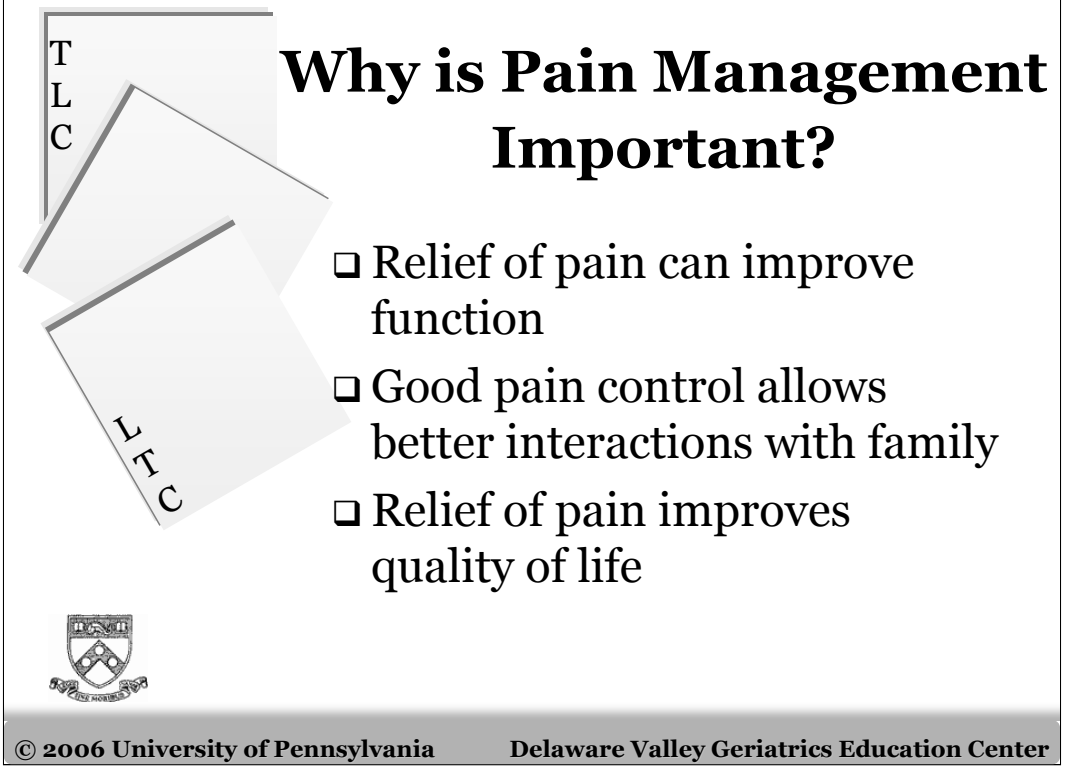
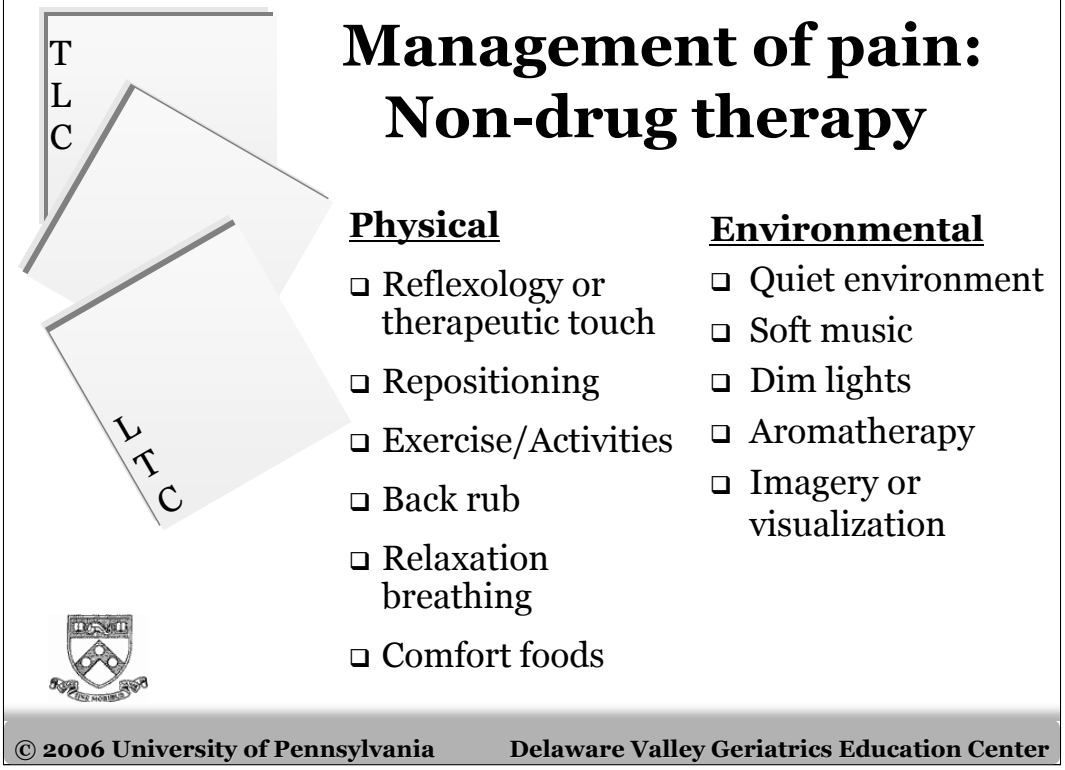


Pain management that leads to reduced or eliminated discomfort has many benefits for older persons including lowered stress and anxiety. Relief of pain may mean that:

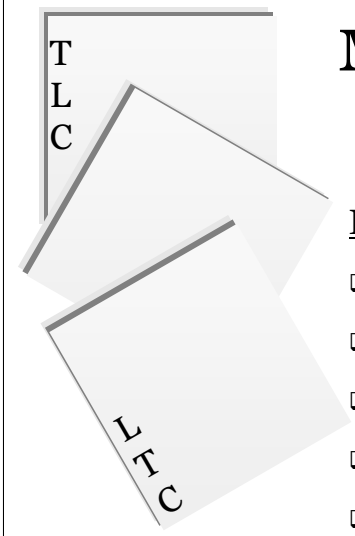
- they are be able to resume physical and social functions and be more independent
- they are better able to relate to staff and family and
- overall quality of life improves dramatically.



There are many ways that Direct Care Staff can help the older adult under their care to lower anxiety and reduce or relieve pain. Activities such as those listed on this slide may help to calm the person and reduce stress. Keep in mind that a technique that works for one person may not be effective for another.

You can, for example,

- Listen for disturbing noises in the environment and reduce them.
- Dim bright lights in the room;
- Play soft music of the person's taste.
- Softly rub the soles of the palms and the feet. This can help reduce stress and is called reflexology or therapeutic touch
- Guide the person in taking slow, deep breaths to relax



Management of pain: Non-drug therapy

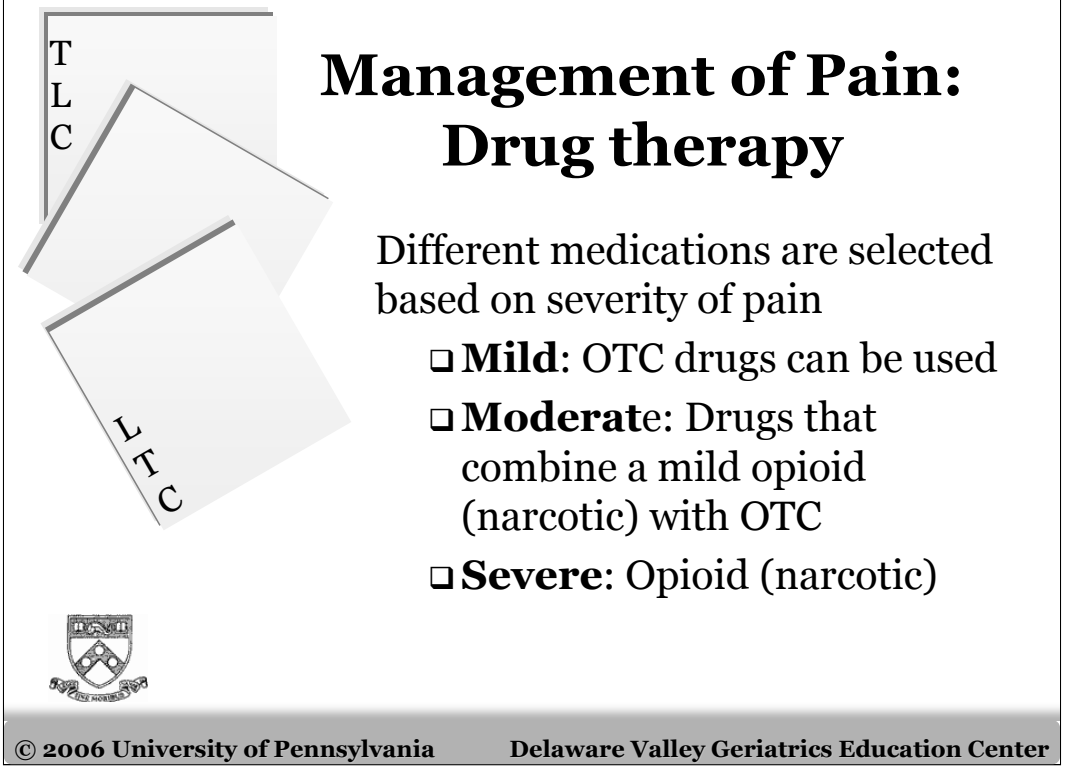
Psychosocial

- Verbal support
- Reassurance
- Distraction
- Visitors
- Imagery
- Visualization

Spiritual

- Prayer or other ritual, spiritual reading as indicated
- Spiritual support and counseling

- Talk softly to the person about other things, or help the person remember pleasant experiences. This may help take the person's mind off of the pain.
- Encourage visits from close friends or family
- Familiar prayers or other spiritual practices may provide comfort and help reduce anxiety. A chaplain or other spiritual caregiver can provide reassurance and support. A person may want to see or hold a treasured religious object.



There are different medications that the physicians or NP can order depending on the severity of pain.

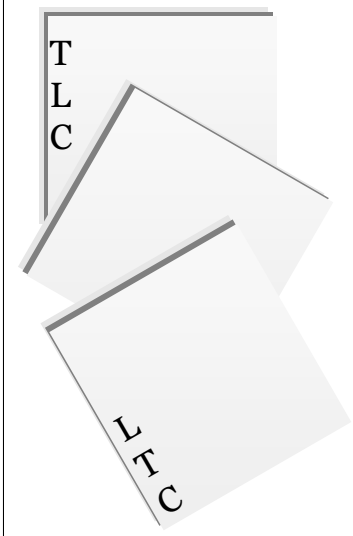
Mild pain can often be relieved by over the counter (OTC) drugs like aspirin, acetaminophen, naproxen or ibuprofen.

- Relief from these drugs varies with each person.
- Side effects like nausea may determine the choice of drug.

Moderate pain usually requires the addition of a mild opioid to the milder drugs. Combination pills like percocet® or tylenol #3® may be useful.

Severe pain should be considered an emergency.

- After assessment, therapy usually begins with elements from either the codeine or morphine families.
- Long acting medications should be used, with short acting drugs used for pain which "breaks through" the long acting agents.



Side effects

- Constipation
- Confusion
- Slowed breathing
- Rash or nausea

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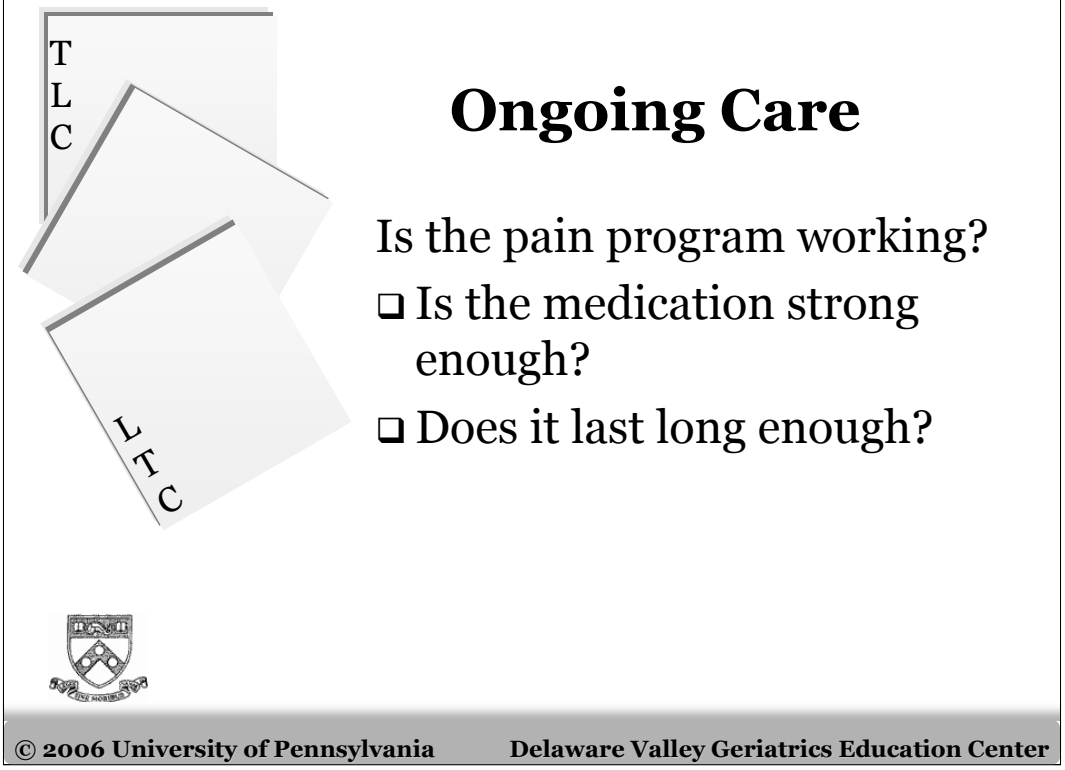
The side effects of pain medications can be distressing to older adults. The distress may cause the older adult to refuse medications and remain in pain.

A bowel regime should be used whenever anyone is taking pain medication as these drugs can be very constipating.

Acute confusion can be caused by pain medications in older adults. This confusion can lead to increased risk of falling.

Over-sedation can lead to slowed breathing.

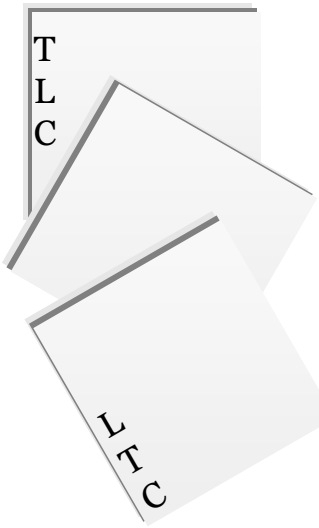
Rash or nausea can usually be controlled with alteration in medications or schedule.



Continuous reassessment of pain and its management is vital for several reasons:

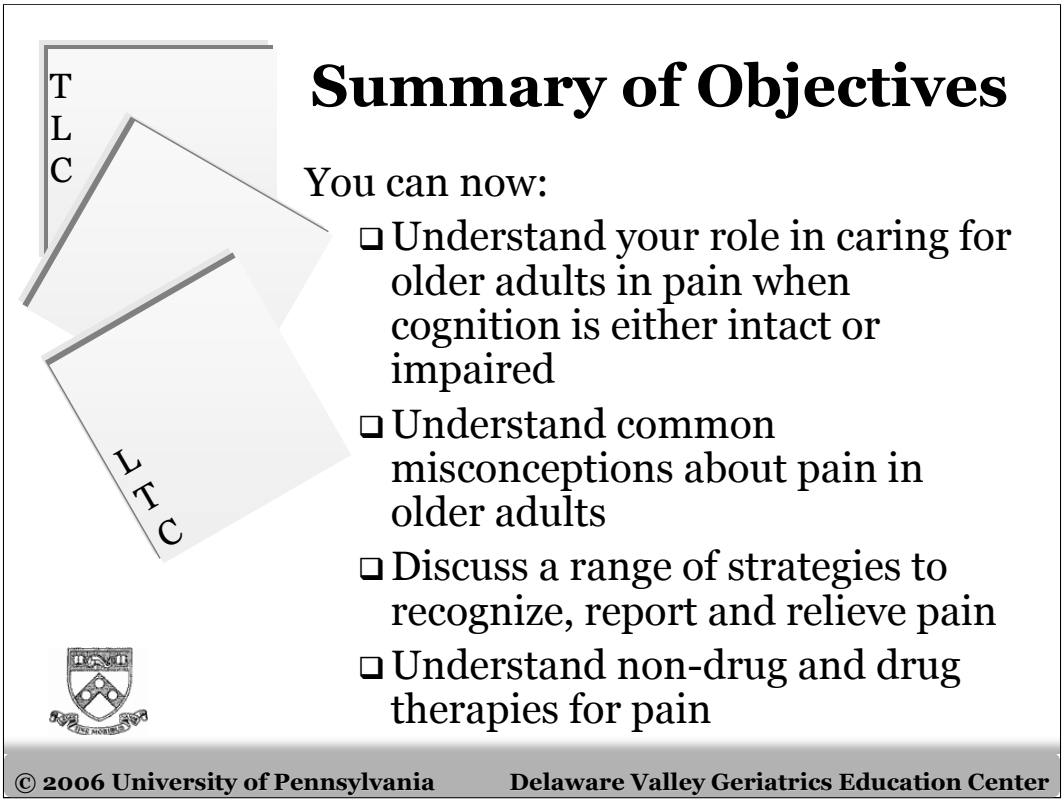
- medicines may become less effective with time,
- the pain itself may change, and
- the person's response to medicine may also change.

With reassessment, the pain management program can be adjusted so that it continues to be effective.



Summary of pain management

- Non drug therapies can be very effective
- Drug management depends on
  - Level of pain
  - Tolerance of individual patient
  - Side effects
- Continuous reassessment is vital



If we have reached our objectives during this program, you should now be able to:

- Understand your role in caring for older adults in pain when cognition is either intact or impaired.
- Understand common misconceptions about pain in older adults.
- Discuss a range of strategies to recognize, report and relieve pain.
- Understand non-drug and drug therapies for pain.

This is the final information slide for Direct Care Staff. For licensed nursing staff, proceed to Slide 47.

References and Resources

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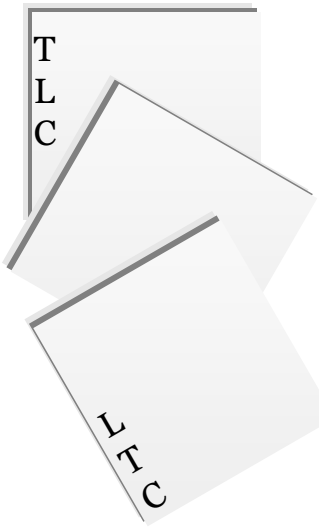

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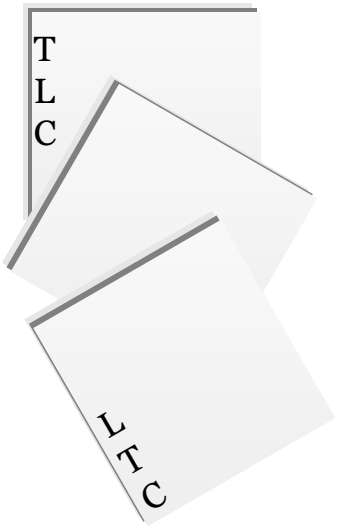

Thank you for your attention!

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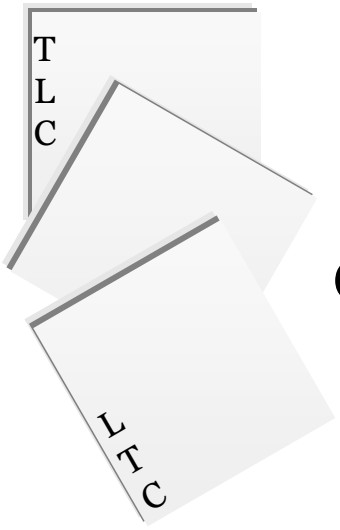
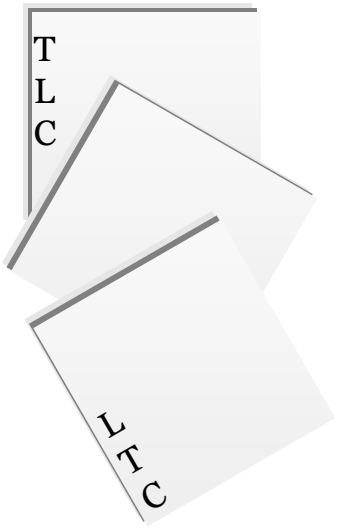


When It Hurts: Caring for the Older Adult in Pain

by

Marylou Kaufman, MSN, RN, PCNS consultant
and
GEC Staff Members

 Delaware Valley Geriatrics Education Center



Licensed Nurse Slides

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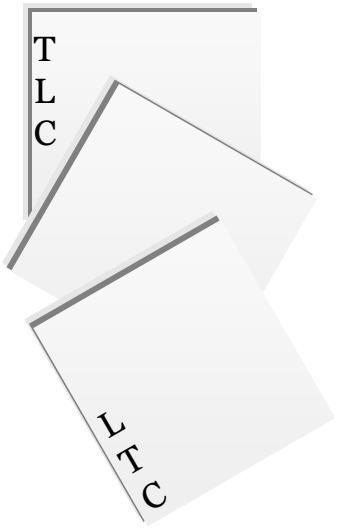

Objectives

At the end of this section you will be able to:

- Recognize and describe pain
- Understand different scales that can be used to describe intensity of pain
- Describe drug therapy for mild, moderate and severe pain
- Understand side effects and non-pain discomfort

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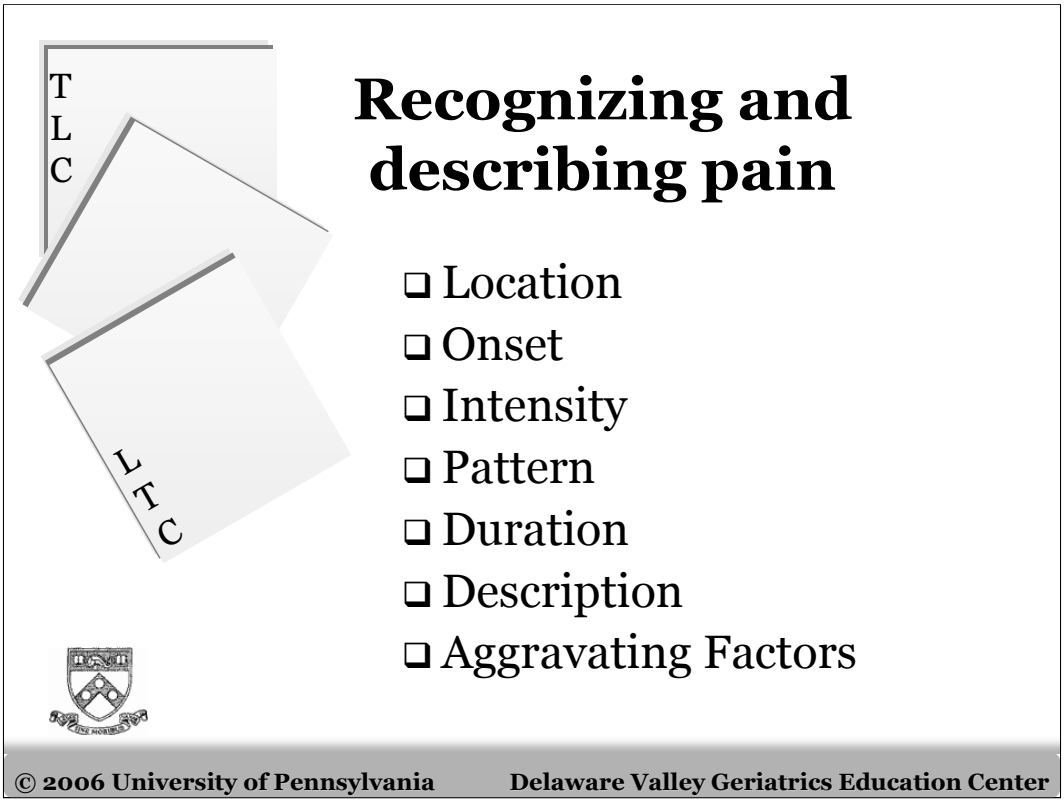


Many older adults will be able to report how they are feeling and provide you with information on the following important qualities related to their pain. For each quality, we'll review several sample questions.

1. LOCATION: Where is the pain? right side of the abdomen? left lower quadrant (LLQ)? radiating from right hip down leg?

2. ONSET: When did the symptom first start? Did it start 3 hours ago, 7 weeks ago or last night?

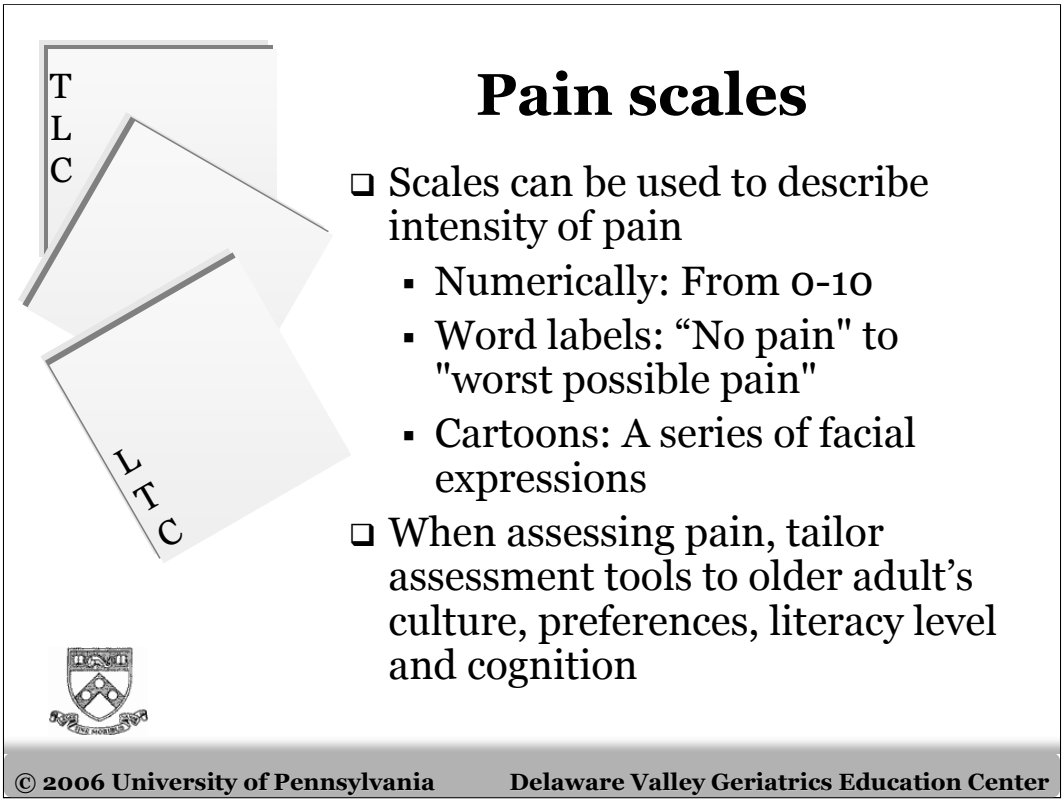
3. INTENSITY: How bad is the pain on a scale from 0-10 with 10 being the worst? (We will discuss this further in the next slide)

4. PATTERN: Is it continuous or intermittent (coming and going)? Do you awaken from sleep with pain?

5. DURATION: How long does the pain last? a few minutes? several hours?

6. DESCRIPTION: What is the quality of the pain. is it sharp? dull? pinching? cramping? burning?

7. AGGRAVATING FACTORS: Is there anything that makes the pain worse (i.e., weight bearing, touch, moving)? Is there anything that relieves the pain?



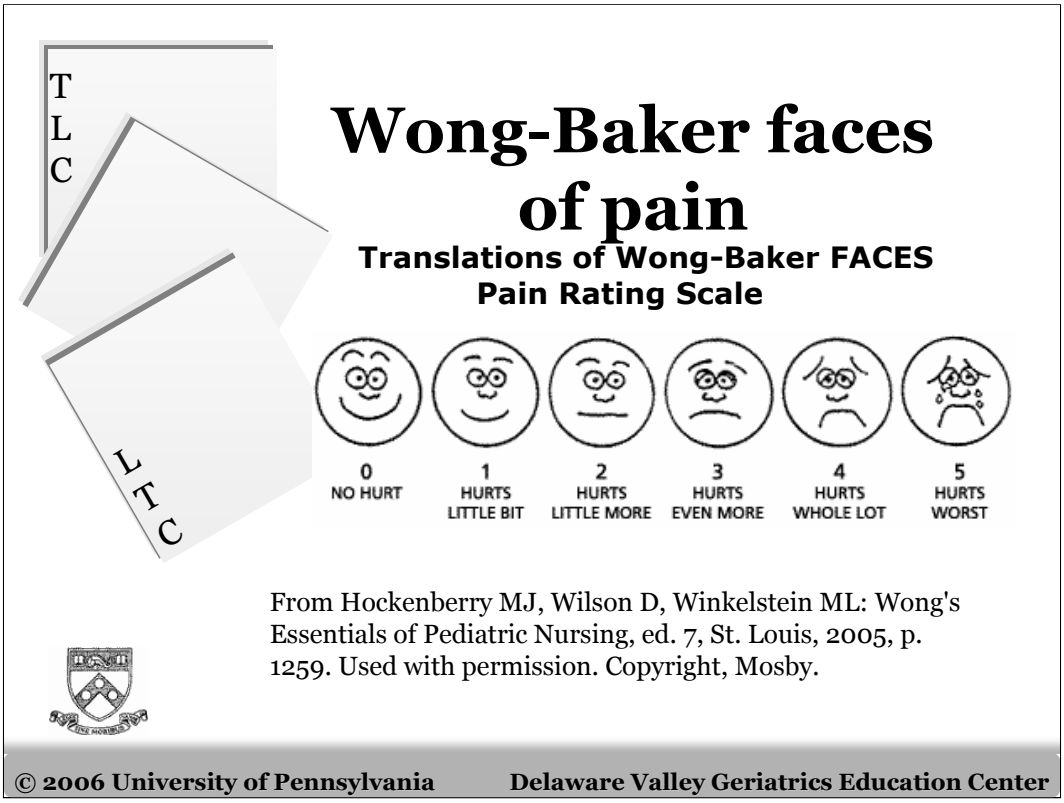
Pain Scales can be used for assessment of intensity of pain in older adults. Older adults are at risk for not receiving an accurate assessment when they are cognitively impaired, confused or unable to speak English.

A variety of scales can be used to describe the intensity of pain:

- Numeric: From 0-10
- Word labels: “No pain" to "worst possible pain"
- Cartoons: A series of facial expressions

When assessing pain, tailor the assessment tools you use to an older adult’s culture, preferences and literacy level.

The intact older adult will be able to communicate to you during your assessment. Older adults with cognitive impairment may signal pain non-verbally.



If using the Wong-Baker faces of pain scale, explain to the person that each face represents a person ranging from one who feels happy because he/she has no pain to one who is sad because he/she has some or a lot of pain.

Face 0 is very happy because he/she does not hurt at all.

Face 1 *hurts just a little bit.*

Face 2 *hurts a little more.*

Face 3 *hurts even more.*

Face 4 *hurts a lot.*

Face 5 *hurts as much as you can imagine, although you do not have to be crying to feel this bad.*

Ask the person to choose the face that best describes how he/she is feeling.

The Pain Assessment in Advanced Dementia (PAINAD) Scale*

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

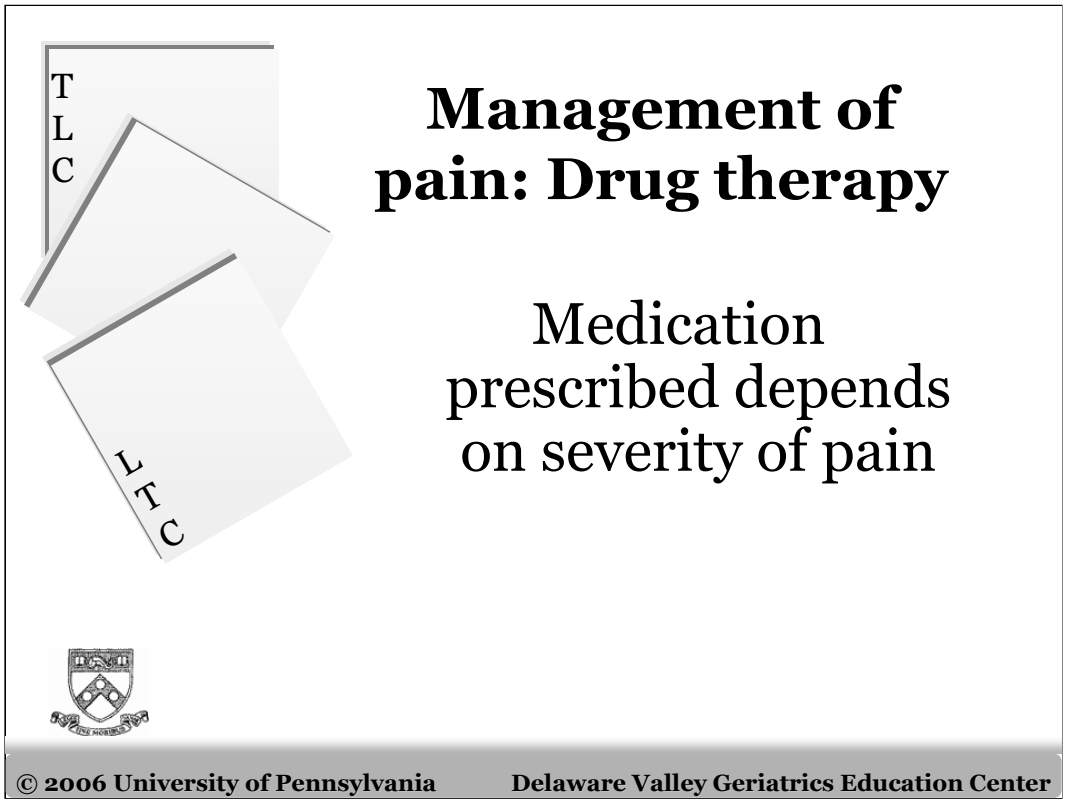
Five item observational Tool

Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0="no pain" to 10="severe pain").

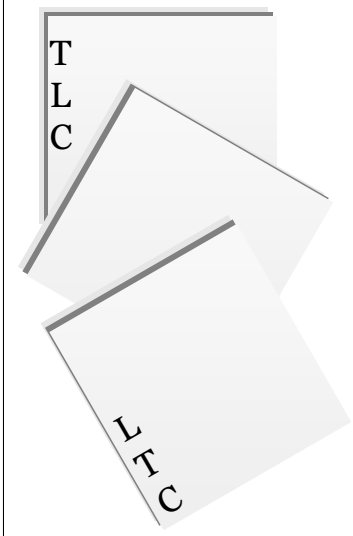
Breathing

1. Normal breathing is characterized by effortless, quiet, rhythmic (smooth) respirations.
2. Occasional labored breathing is characterized by episodic bursts of harsh, difficult or wearing respirations.
3. Short period of hyperventilation is characterized by intervals of rapid, deep breaths lasting a short period of time.
4. Noisy labored breathing is characterized by negative sounding respirations on inspiration or expiration. They may be loud, gurgling or wheezing. They appear strenuous or wearing.
5. Long periods of hyperventilation is characterized by an excessive rate and depth of respirations lasting a considerable time.
6. Cheyne-Stokes respirations are characterized by rhythmic waxing and waning of breathing from very deep to shallow respirations with periods of apnea (cessation of breathing).

Negative vocalization



There are different medications that may be prescribed by the health care provider, depending on the severity of the pain.

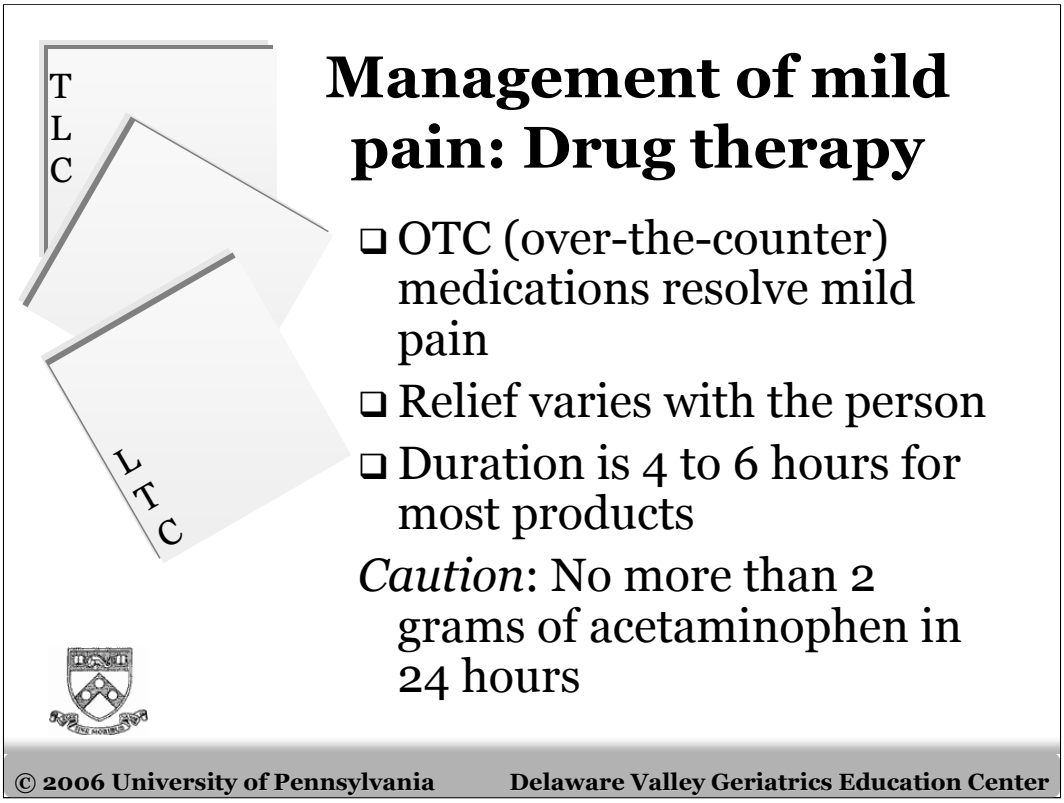


Five rights

- Right person?
- Right drug?
- Right dose?
- Right/best route of administration?
- Right time?

To confirm medication orders, review the 5 rights: person, drug, dose, route and time.

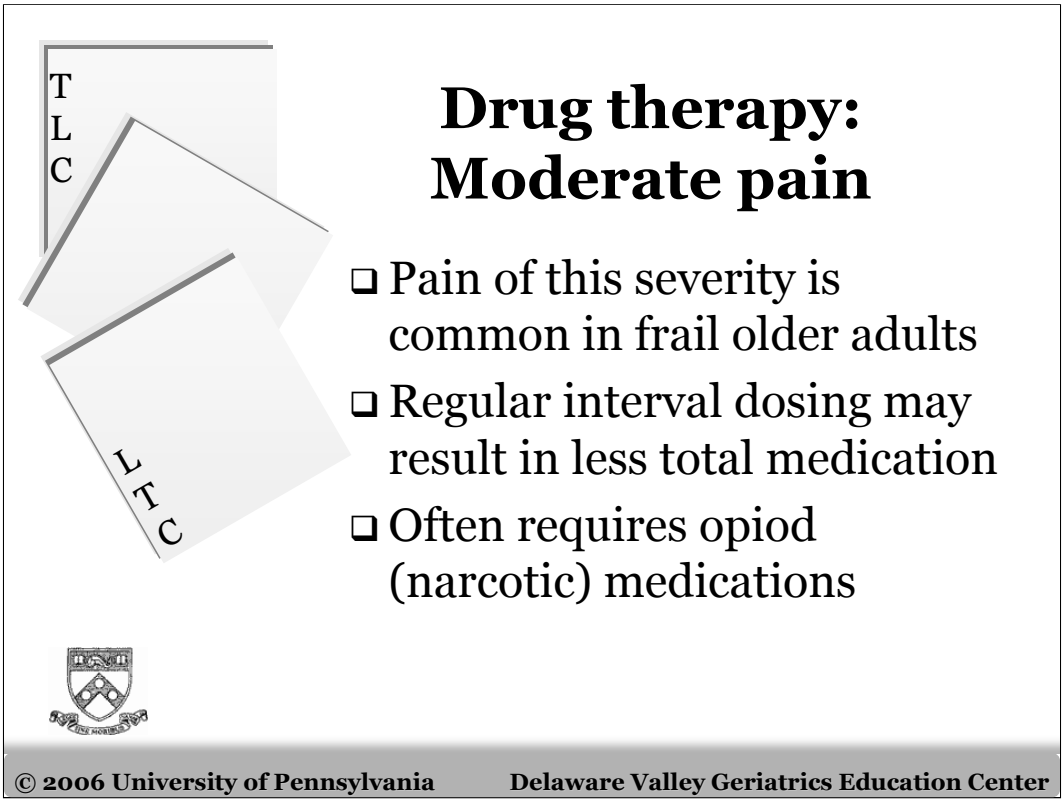
- Is this the right person?
- Is this the right drug?
- Is this the right dose?
- Am I using the best route of administration: oral, injection, patch?
- Is the time between doses correct?



OTC (over-the-counter) medications like aspirin and acetaminophen are given to relieve mild pain.

Relief from over the counter drugs varies with each person. There is no clear benefit of one drug compared to another. Side effects that impact the person may determine choice.

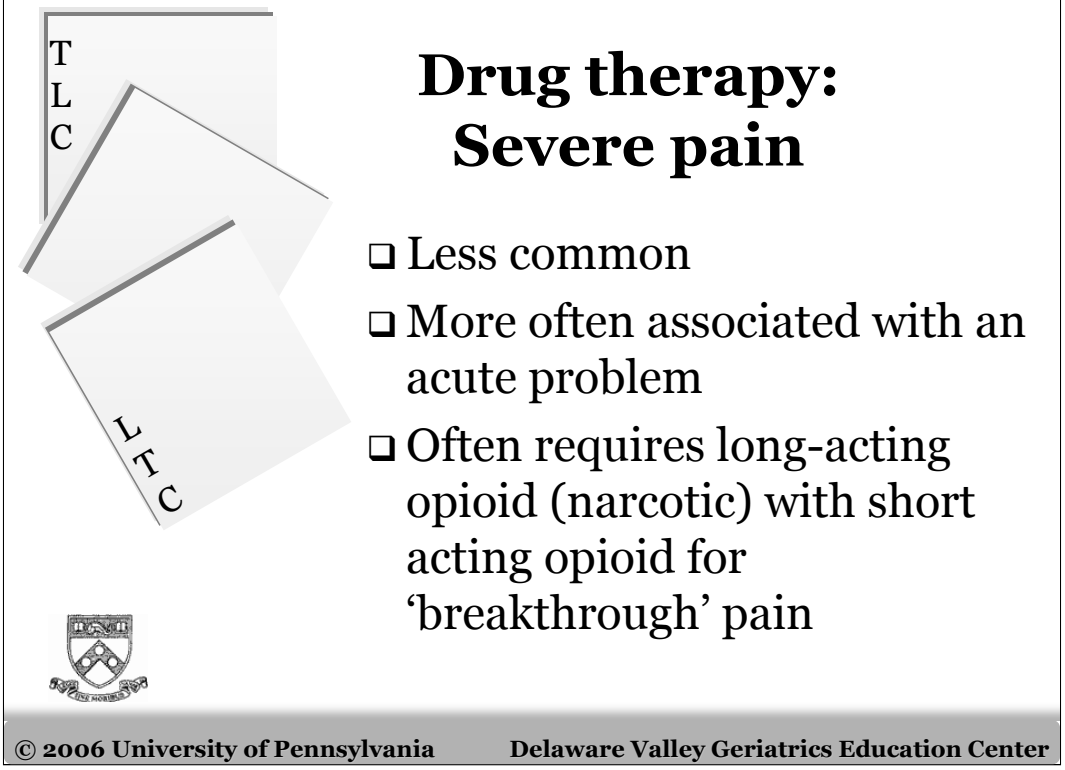
Duration is 4 to 6 hours for both aspirin and acetaminophen. Toxicity may develop in older adults at 2 grams or more of acetaminophen.



Moderately severe pain is common in frail older adults.

Since less medication is required to prevent pain than to relieve pain, regular interval dosing of analgesic medication may result in less total medication for older adults. "Preventative" doses of medication before activities such as PT, dressing or bathing may also allow more participation and better functional outcomes.

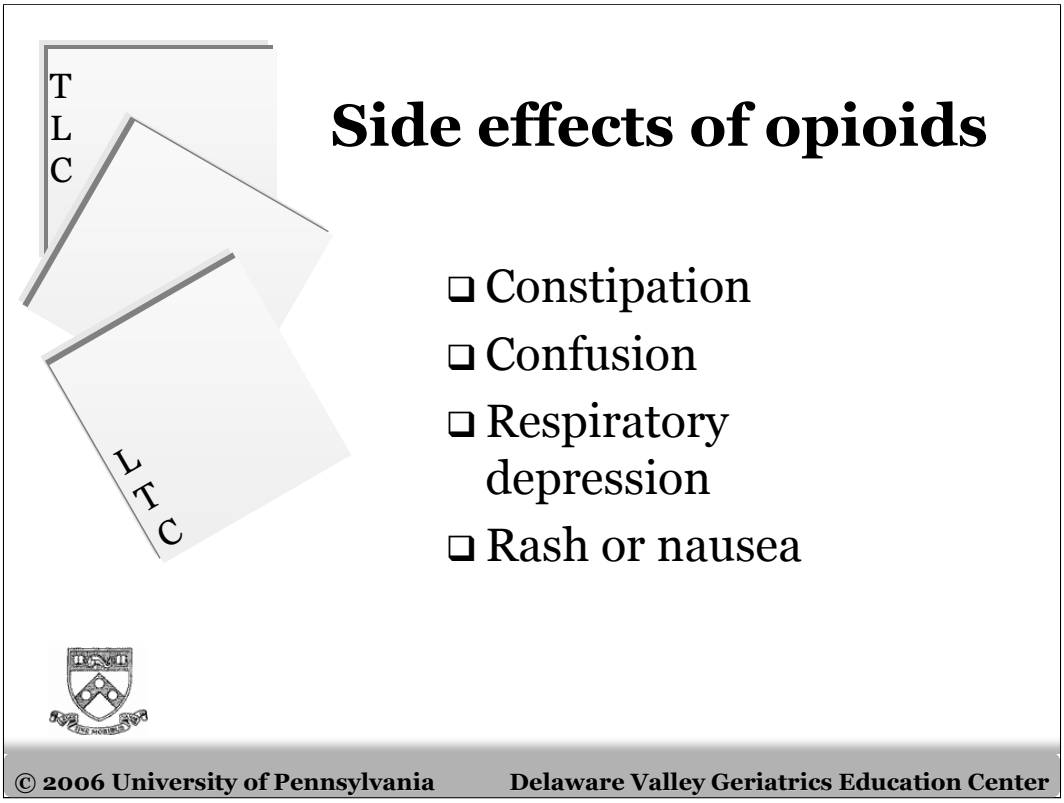
Relief of moderately severe pain often involves opioid (narcotic) medications from the codeine or morphine families in addition to aspirin or acetaminophen. Remember that the total dose of acetaminophen in these combination medications should not exceed 2 grams in older adults.



In older adults, severe pain is less common than mild or moderate pain. Pain of this severity is often associated with an acute problem such as a fracture, bowel obstruction or metastasis.

The management of severe pain will almost always require opioid (narcotic) medication: usually a combination of long-acting (baseline control) with short-acting ('breakthrough'). Although both the morphine and codeine families have members with these durations of action, control is best achieved with long- and short-acting medications from the same family.

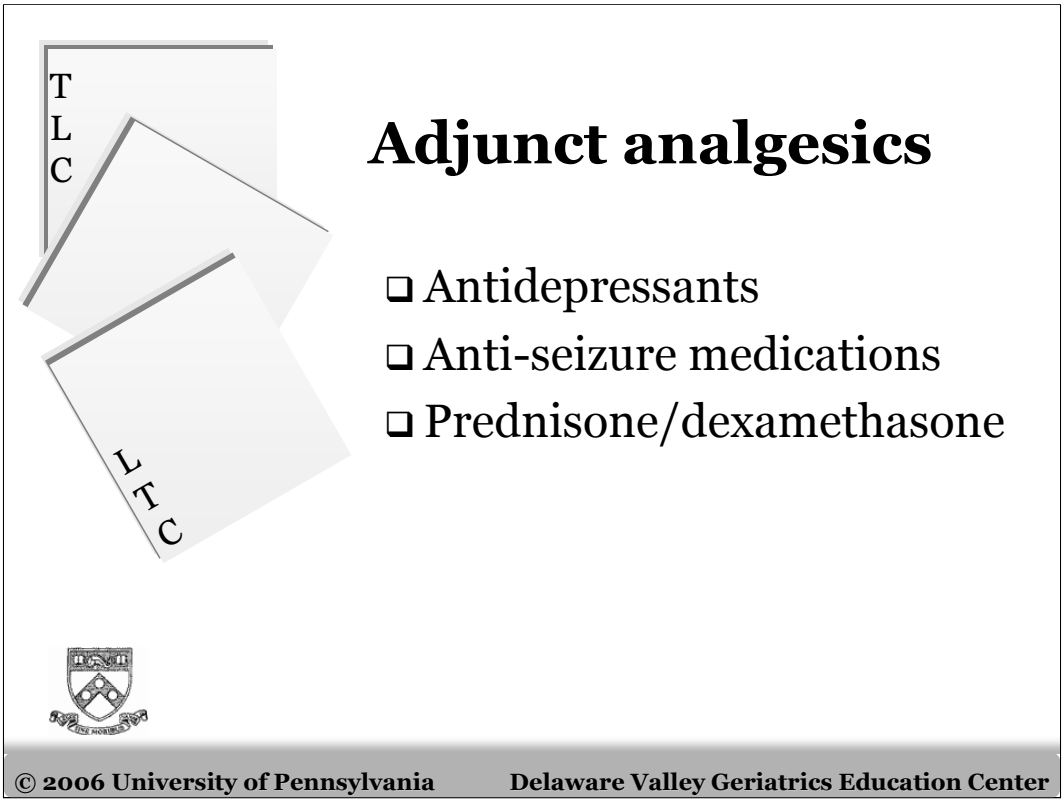
In addition to varying duration of action, drugs can be chosen for route of administration (oral, IV, patch).



For anyone using pain medication, a bowel regime should be instituted to prevent constipation.

Acute confusion can be associated with older adults on pain medications. The risk of falls may increase.

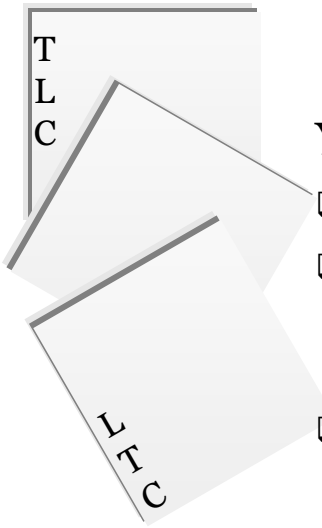
Altered perception, fluid and electrolyte imbalance, slowed respirations, rashes, nausea or loss of autonomy are effects that may require additional interventions.



On occasion, non-narcotic, non-analgesic medications may be used to help treat pain.

Antidepressant medications may reduce pain, especially that due to nerve irritation. You may also see anti-seizure medications like gabapentin (neurontin) used for neuropathic pain.

Prednisone or dexamethasone can be used for pain caused by metastatic lesions.



Summary of objectives

You will now be able to:

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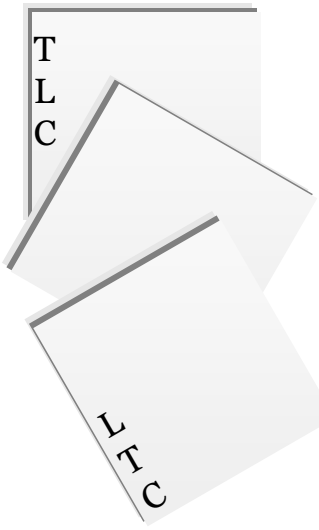

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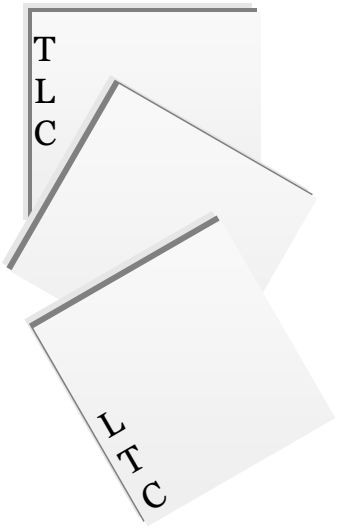

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