

Pain Management in Older Adults: A Scoping Review on Various Self-Care Interventions

Laura Caradonna (BScN candidate)

Objectives

- ❖ To educate older adults about strategies to successfully manage and cope with their pain independently.
- ❖ To recognize barriers in accessing and facilitating pain self-management.
- ❖ To promote independence and improve patient outcomes in older adults experiencing chronic or persistent pain.
- ❖ To educate older adults on the various non-pharmacological therapies and supports available within the community.

Background Information

❖ Pain is defined as “an unpleasant sensory and emotional experience” (Tracy & Morrison, 2013, p. 23) that may impede mobility and daily functioning. Often times the pain experience is subjective and varies from person to person making it difficult to assess and treat which may result in pain being underreported and under treated in older adults (Tracy & Morrison, 2013). In treating and developing ways to effectively self-administer pain management interventions, quality of life can be greatly improved and independence can be maintained (Canadian Psychological Association, 2006).

❖ Pain is not considered a normal part of aging, however it becomes more common as people get older due to increased prevalence of pain-causing diseases or injuries. Common pain experienced in older adults includes arthritis, back and leg pain, pain following a stroke, cancer pain, and post-polio syndrome (Canadian Psychological Association, 2006).

❖ Pain in older adults often goes under assessed and undertreated by healthcare professionals, especially among persons with cognitive impairments (e.g. dementia), who may not be able to effectively communicate their pain (Canadian Psychological Association, 2006).

❖ Research suggests that pain treatments and therapies are often most effective when several methods are combined, such as combining conventional and alternative therapies (Canadian Psychological Association, 2006).

❖ Benefits of treating pain include: improved physical function and activity levels; maintained independence; increased energy levels; better social involvement and relationships; improved mood, sleep, and appetite; and overall improvement in quality of life and well-being (Canadian Psychological Association, 2006).

Methods

Research Question

What is known from the existing literature about self-care interventions for pain management in older adults?

Search Strategy

- ❖ The study was a scoping review searching the CINAHL database. MeSh terms were used to search key words which included: (Pain management) AND (seniors OR older adults OR elderly).
- ❖ Google was used to search grey literature and included Canadian Psychological Association, The Arthritis Society, and RAO Best Practice Guidelines: Assessment and Management of Pain (3rd edition).
- ❖ The search limits applied were “peer reviewed,” “English language,” and “adults 65+”, yielding 69 results.
- ❖ Saturation was achieved after eleven articles were reviewed and are included into the literature review.
- ❖ Of the eleven articles reviewed, five of them were secondary sources retrieved from references of the articles from the initial search.
- ❖ Articles were excluded if: (a) they were not methodologically rigorous; (b) did not address approaches to self-management or; (c) were not specific to the population 65+ years of age.
- ❖ Articles used in this scoping review included reviews and studies from various countries such as Australia, United Kingdom, China, and the United States.

Results

Themes	Key Findings	Author(s)
Grey Literature		
Living with Pain & How to Cope	<ul style="list-style-type: none"> ❖ Living with pain often makes daily activities such as dressing, washing, and brushing hair very challenging. ❖ Strategies to cope with fatigue brought on by pain during the day include creating a list of priority activities, pacing yourself, planning in advance, and maintaining proper posture to conserve energy and is easier on joints. ❖ Techniques to manage pain include distraction, muscle relaxation exercises, reduce stress with deep breathing or guided imagery. ❖ Applying heat (i.e. heat packs or warm bath) to painful areas can help relax tight muscles ❖ Applying a cold compress can help reduce inflammation, from arthritis for example. ❖ A variety of techniques and strategies often provide the best outcomes as they can consider biological, psychological, spiritual, and cultural factors that may affect the person. 	<p>The Arthritis Society (2015). Managing chronic pain. Retrieved from https://arthritis.ca/manage-arthritis/living-well-with-arthritis/managing-chronic-pain</p> <p>RNAO Best Practice Guidelines. (2013, December). Assessment and management of pain (3rd ed.). Retrieved from http://mao.ca/sites/mao-ca/files/AssessAndManagementOfPain_15_WEB_FINAL_DEC_2.pdf</p>
Scholarly Literature		
Alternative/Non-Pharmacological Therapies	<ul style="list-style-type: none"> ❖ Patients with osteoarthritis often have greater difficulty achieving pain relief and have impaired joint mobility. ❖ Complementary and alternative medicine (CAM) are safe and effective methods of pain relief and regaining joint mobility. ❖ Recommended to begin with non-pharmacological therapies and pharmacological treatments in increments. ❖ Weight loss may be effective in relieving pain and improving joint mobility by reducing the exerted load on the joints. ❖ Assistive devices, such as a walker or scooter may be helpful in performing daily tasks. ❖ Therapies such as hyaluronic acid, acupuncture, mindfulness-based stress reduction (MBSR), chiropractic, and tai chi all have evidence of effectiveness in pain relief. ❖ MBSR involves focusing on the mind and body to change how pain is perceived; found to be as effective as morphine in some cases. 	Dillard, J. N. (2011). Use of complementary therapies to treat the pain of osteoarthritis. <i>Chronic Pain Perspective</i> , 59(9), S43–S49.
Barriers & Facilitators to Accessing Treatment	<ul style="list-style-type: none"> ❖ Barriers identified by older adults in seeking self-management services or strategies include: interference of disabling pain; fear of injury; believe medication as only method of pain relief; depression and stress; methods are not tailored to their needs; lack of social supports. ❖ Relief of depression and social supports are reported as facilitators to pain self-management practices. ❖ Transportation was among the most common barrier in accessing non-pharmacological therapies. ❖ Common barriers faced when accessing these types of therapies include limited resources; failure of healthcare providers to recommend non-pharmacological treatments; poor communication with healthcare providers; transportation, depression, lack of knowledge and understanding, pain of fear, fatigue, or previous injuries from exercise/physical treatment, embarrassment or feeling self-conscious, lack of motivation, difficulty resuming previous exercise regime, or lack of faith in effectiveness of these treatments. ❖ Common facilitators to accessing non-pharmacological therapies include social support and positive attitude toward pain management. 	<p>Bair, M. J., Matthias, M. S., Nyland, K. A., Huffman, M. A., Stubbs, D. L., Kroenke, K., & Damush, T. M. (2009). Barriers and facilitators to chronic pain selfmanagement: A qualitative study of primary care patients with comorbid musculoskeletal pain and depression. <i>American Academy of Pain Medicine</i>, 10, 1280–1290. doi:10.1111/j.1526-4637.2009.00707.x</p> <p>Park, J., Hirz, C. E., Manotas, K., & Hooymann, N. (2013). Nonpharmacological Pain Management by Ethnically Diverse Older Adults With Chronic Pain: Barriers and Facilitators. <i>Journal Of Gerontological Social Work</i>, 56(6), 487-508. doi: 10.1080/01634372.2013.808725</p>
Preferred Coping Strategies in Older Adults	<ul style="list-style-type: none"> ❖ Many older adults prefer management strategies they can self-administer, convenient, inexpensive, easy to access, and does not require major lifestyle changes. ❖ Self-administered strategies may be massage or topical creams, applying heat, dietary modifications, such as taking vitamins. ❖ Strategies that were least preferred include conventional treatments such as medications, exercise, and physiotherapy. ❖ Chronic pain is one of the most common ways independence becomes sacrificed and additional interventions are needed. ❖ Promoting well-being through social outings, visiting neighbours, listening to music, prayer, or using humour were all preferred cognitive strategies. 	Sofaer, B., Moore, A. P., Holloway, I., Lamberty, J. M., Thorp, T. A. S., & Dwyer, J. O. (2005). Chronic pain as perceived by older people: A qualitative study. <i>Age and Ageing</i> , 34(5), 462-466. doi:10.1093/ageing/af1139
Taking Ownership of Self-Management Strategies	<ul style="list-style-type: none"> ❖ Pain management in older adults is more complex from various age-related diseases and the increased risk of cognitive and physical impairment. ❖ Musculoskeletal pain is most common form of pain in older adults. ❖ Persistent pain self-management (PPSM) is any activity or action taken by the individual experiencing pain to control or reduce the impact of pain on daily life and improves the use of health resources available. ❖ Core self-management skills include problem solving, decision making, resource utilization, care provider relationships, adoption of actions to manage the health condition. ❖ Most successful when individual initiates, participates, and develops their own methods of symptom control. ❖ Other pain management strategies include educating yourself of pain management, joint sparing exercises (such as walking), balance and fall prevention tips, and emotional and cognitive skills. 	<p>Stewart, C., Schofield, P., Elliott, A. M., Torrance, N., & Leveille, S. (2014). What Do We Mean by 'Older Adults' Persistent Pain Self-management? A Concept Analysis. <i>Pain Medicine</i>, 15(2), 214-224. doi: 10.1111/pme.12251</p> <p>Dillard, J. N. (2011). Use of complementary therapies to treat the pain of osteoarthritis. <i>Chronic Pain Perspective</i>, 59(9), S43–S49.</p>
Pharmacological Therapies	<ul style="list-style-type: none"> ❖ Understanding the physiological changes in the body that occur with aging is important when considering medications and/or other interventions for pain management. ❖ Typically these changes result in a loss or decline in normal functioning. ❖ There are numerous tools to measure levels of pain in older adults, however self-reports are the most reliable and accurate to assess the pain experience. When medications are being taken for pain management, patients should be frequently reassessed and adjusted when necessary. ❖ World Health Organization (WHO) has guidelines recommending starting any opioids at a low dosage and gradually increasing as needed. ❖ Complementary and alternative medicine (CAM) may also be effective in managing pain or in combination with analgesic medications 	<p>Kirksey, K. M., McGlory, G., & Sefcik, E. F. (2015). Pain Assessment and Management in Critically Ill Older Adults. <i>Critical Care Nursing Quarterly</i>, 38(3), 234-244. doi:10.1097/CNQ.0000000000000071</p> <p>Tracy, B., & Morrison, R. S. (2013). Pain Management in Older Adults. <i>Clinical Therapeutics</i>, 35(11), 1659-1668. doi:10.1016/j.clinthera.2013.09.026</p>
Adapting to Life with Pain	<ul style="list-style-type: none"> ❖ It is not always realistic to completely eliminate the pain altogether, acceptance helps to cope with living with chronic pain. ❖ Not accepting the pain may lead to tirelessly trying to obtain relief, exhausting yourself physically and mentally. ❖ Volunteering or helping others who are worse off may give a sense of well-being, promote quality of life, and give an opportunity to socialize. ❖ Payer within the home or church can console, add comfort, and be a way to cope with pain. ❖ Keeping up appearances help people feel “normal” and lessen the stigma of living with pain. 	Sofaer, B., Moore, A. P., Holloway, I., Lamberty, J. M., Thorp, T. A. S., & Dwyer, J. O. (2005). Chronic pain as perceived by older people: A qualitative study. <i>Age and Ageing</i> , 34(5), 462-466. doi:10.1093/ageing/af1139

Promising Self-Care Interventions and Practices

- ❖ Learning to manage pain is often the best intervention as it is difficult to medically test for the root cause of pain.
- ❖ Engaging in pain-management strategies at home allows you to tailor the interventions to your personal needs and/or abilities. Some suggestions might be a yoga or tai chi DVD, internet medication programs, or a yoga booklet with pictures displaying each pose.
- ❖ Communicating your pain is the best way for your healthcare provider to assess pain levels and decide the most appropriate and effective intervention. Becoming an active participant can be empowering and increase confidence.
- ❖ Fear of losing independence from loss of mobility can be overwhelming. Making adaptations within your life such as moving to a bungalow with less stairs or using an electric scooter to go groceries allows you to maintain independence and carry on with life as usual.
- ❖ Pain can interfere with mobility and the ability to get around town. Taking advantage of transportation services within the community will enable you to attend any social outings, activities, or appointments easily and independently.

Community Based Resources

- ❖ Arthritis Rehabilitation and Education Program (AREP) - Free client based services and programs available in Ontario to educate those living with arthritis about managing pain, medication updates, exercises, managing fatigue, protecting joints, home adaptations, and etc.
- ❖ Home Instead Senior Care® of Peterborough, ON. - Provide complementary in-home visits to discuss care needs. Types of care include companionship care, personal care, meals and nutrition, transportation, household duties, respite care, and etc. To contact call: 705-400-1595