

Quality Pain Care for All Older Adults: Progress & Future Directions

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Conflict of Interest Disclosure

- ▶ No Conflict of Interest
- ▶ Funding in past 12 months
 - National Institutes for Health
 - The Mayday Fund
 - American Hospice Foundation

My Goals

- ▶ Discuss current state of pain care for older adults
- ▶ Key challenges and future directions

Why do we care?

- ▶ Aging of Society
 - **65+ Population Will Nearly Double by 2030**
 - 1 in 8 > 65 in 2007 (13% population)
 - 1 in 6 > 65 in 2020 (20% population)
- ▶ Increased presence in health care
 - 38% of emergency medical services responses
 - 46% of patients in critical care
 - 50% of hospital days
 - 50% of specialty ambulatory care visits
 - 60% of adult primary visits
 - 70% of home health services
 - 90% of residents in nursing facilities

Pain Prevalence in Older Adults Across Care Setting

Setting	Prevalence of pain
Nursing Home (551 OA/6 NHs) (Reynolds et al., 2008)	51.4% intact 47.7% impaired
48–83% Present Pain	
Home Care (2779 OA) (Maxwell et al., 2008)	48% daily pain
Hospice (738 OA with cancer/16 hospices) (Herr et al., 2012)	83% pain present 40% pain at admission and 43% pain controlled on analgesics

Prevalence and impact of pain among older adults in the United States: Findings from the 2011 National Health and Aging Trends Study

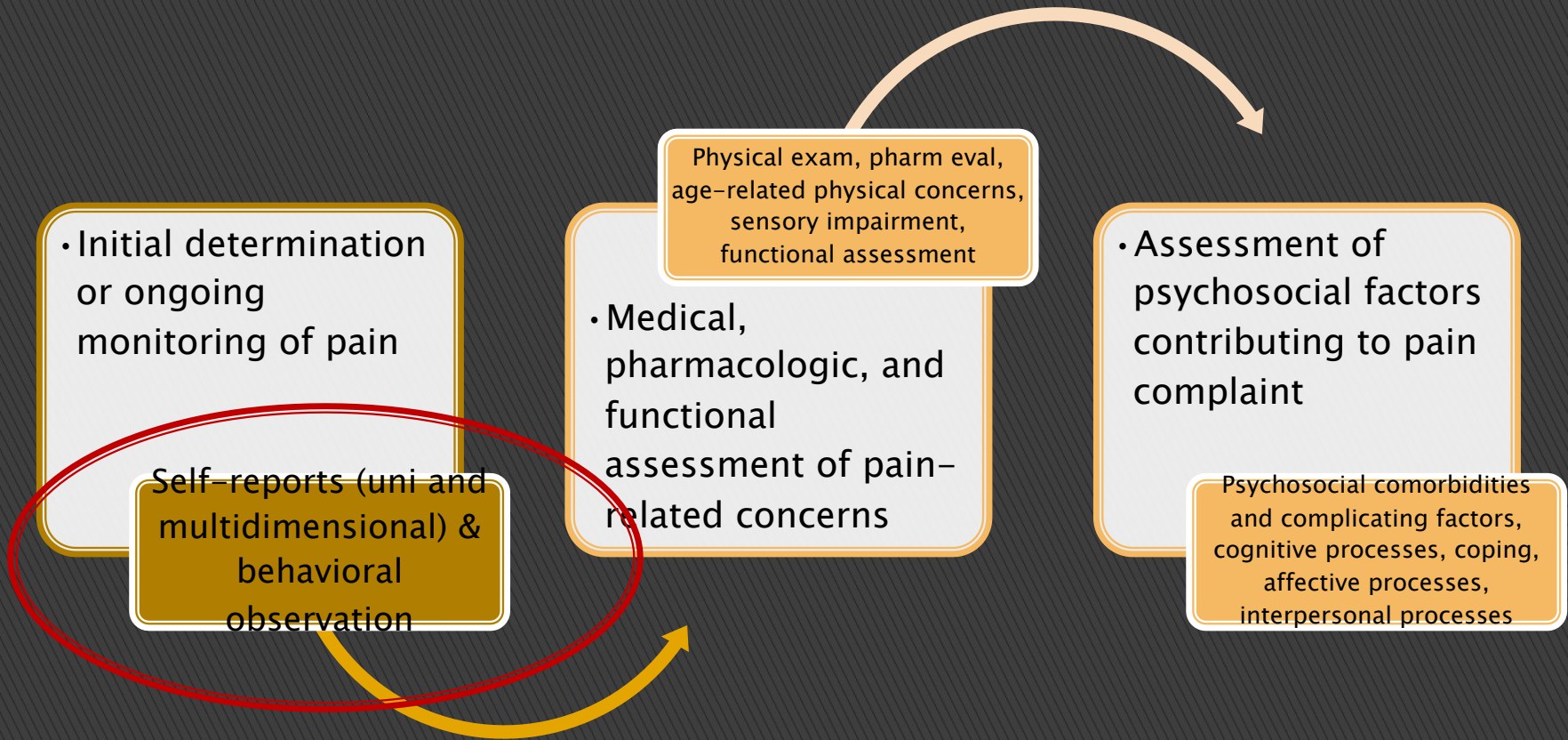
Kushang V. Patel^a  , Jack M. Guralnik^b, Elizabeth J. Dansie^a, Dennis C. Turk^a

- ▶ In person interviews national sample 7601 adults > 65 yrs
- ▶ Bothersome pain in last month = 52.9%
 - No change across age group accounting for cognitive performance, dementia, proxy report, residential care status
 - Highest in women, obese, musculoskeletal conditions, depression
- ▶ 74.9% multiple sites of pain
- ▶ Associated with decreased physical function

Key Questions: Assessment

- ▶ Do we have reliable and valid pain assessment tools for cognitively intact and impaired older adults?
- ▶ Are tools integrated into practice to identify and monitor pain in older adults across care settings?
- ▶ What are key issues related to existing pain assessment tool use in older adults?

Domains of Comprehensive Pain Assessment in Older Adults



Hadjistavropoulos et al., 2007. Interdisciplinary expert consensus statement on assessment of pain in older persons. Clin J Pain, 23(1):S5

Reliable & Valid Pain Intensity Tools for Older Adults?

Clinical Journal of Pain 23(1) 2007; S1-S43

ORIGINAL ARTICLE

An Interdisciplinary Expert Consensus Statement on Assessment of Pain in Older Persons

Thomas Hadjistavropoulos, PhD, Keela Herr, PhD,† Dennis C. Turk, PhD,‡ Perry G. Fine, MD,§
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John T. Chibnall, PhD,§§ Kenneth D. Craig, PhD,|||| Betty Ferrell, PhD,¶¶ Bruce Ferrell, MD,##
Roger B. Fillingim, PhD,*** Lucia Gagliese, PhD,††† Romyne Gallagher, MD,‡‡‡
Stephen J. Gibson, PhD,§§§ Elizabeth L. Harrison, PhD,||||| Benny Katz, MBBS,¶¶¶
Francis J. Keefe, PhD,### Susan J. Lieber, MS,†† David Lussier, MD,****
Kenneth E. Schmader, MD,†††† Raymond C. Tait, PhD,§§ Debra K. Weiner, MD,‡‡‡‡
and Jaime Williams, MA,§§§§*

- ▶ Number of tools evaluated in older adults
- ▶ Further support in recent years

Selected Pain Intensity Scales for Older Adults

(Gagliese et al., 2005; Herr et al., 2007; Lukas et al., 2013;
Personen et al., 2009; Wood et al., 2010)

Simple VDS

- 0 = None
- 1 = Mild
- 2 = Moderate
- 3 = Severe

(Closs et al., 2004)

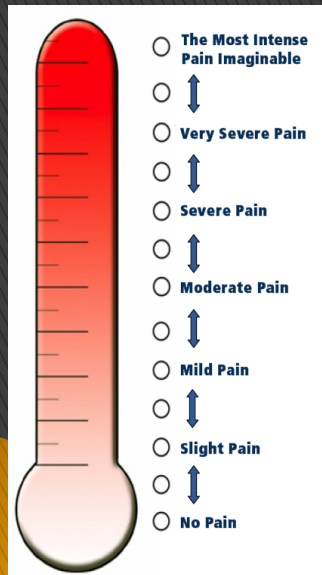
Verbal Descriptor Scale (VDS)

- Most Intense Pain Imaginable
- Very Severe Pain
- Severe Pain
- Moderate Pain
- Mild Pain
- Slight Pain
- No Pain

McGill Present Pain Inventory (PPI)

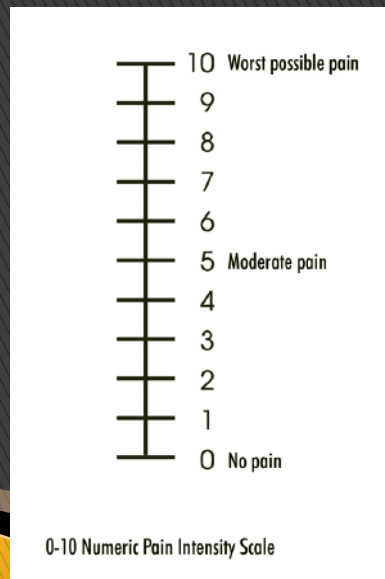
- 0 = No pain
- 1 = Mild
- 2 = Discomforting
- 3 = Distressing
- 4 = Horrible
- 5 = Excruciating

Iowa Pain Thermometer



NRS

(Herr et al., 2004)



(Melzack & Katz, 1992)

Faces Pain Scale–Revised



(Hicks et al., 2001)

(Herr et al., 2007)

Assessing Pain in Older People With Persistent Pain: The NRS Is Valid But Only Provides Part of the Picture

Bradley M. Wood,* Michael K. Nicholas,* Fiona Blyth,*[†] Ali Asghari,*[‡]
and Stephen Gibson^{§,¶}

Largest study (800) community elders attending tertiary pain clinic

- NRS as valid and reliable tool for measuring pain intensity and distress;
- Sign
- Failu

**CANNOT RELY
SOLELY ON NRS**

Journal of
Clinical Nursing

The diagnostic value of the numeric pain rating scale in older postoperative patients

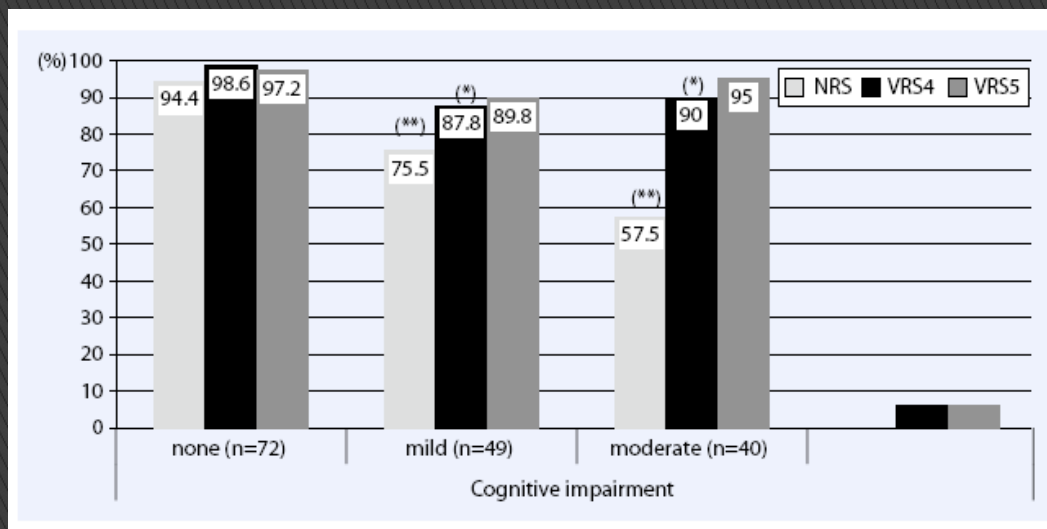
Jacqueline FM van Dijk, Teus H Kappen, Albert JM van Wijck, Cor J Kalkman and Marieke J Schuurmans

75% over 75 yrs with reported 'painful but bearable' equated NRS 4, 5, 6 this category

Question standard cut-offs?

Do we have reliable and valid pain intensity tools for use with cognitively impaired older adults?

- ▶ Geriatric hospital, 178 pts (Lukas et al, 2013)
 - Good cross tool correlations; Lower @ rest, than movement
 - Most stable tool with increasing CI: **VRS**
 - Level of impairment for inability to use (MMSE 10)



- Study of 153 NH residents in 4 NHs
 - ✓ 60% able to complete self-report (Cohen-Mansfield, 2008)

Role of Pain Assessment Tools

- ▶ Priority initial and ongoing assessment—
pain intensity
- ▶ Fastest way to identify pain presence
 - Consistent approach and communication
 - NRS, VDS, Faces, Thermometer
- ▶ But, is current clinical approach of emphasizing pain intensity BEST?

Can we improve our clinical assessment approach?

- ▶ Pain intensity—5th Vital Sign
 - Backlash from patients related to repetitive assessments that don't fully capture their experience
 - More patient-centered approach?
- ▶ Pain impact scales—**too time consuming?**
 - Brief Pain Inventory—SF and adapted
 - Pain Disability Index
 - Geriatric Pain Measure—Short Form (GPM-12)
- ▶ Interview—**lack consistency?**
 - Informal questioning—underestimates pain (Lorenz et al 2009; van Dijk et al; 2012)
 - Pain Question phrasing (McGuire et al., 2009)
- ▶ Emphasis on impact/tolerability/satisfaction with treatment plan?

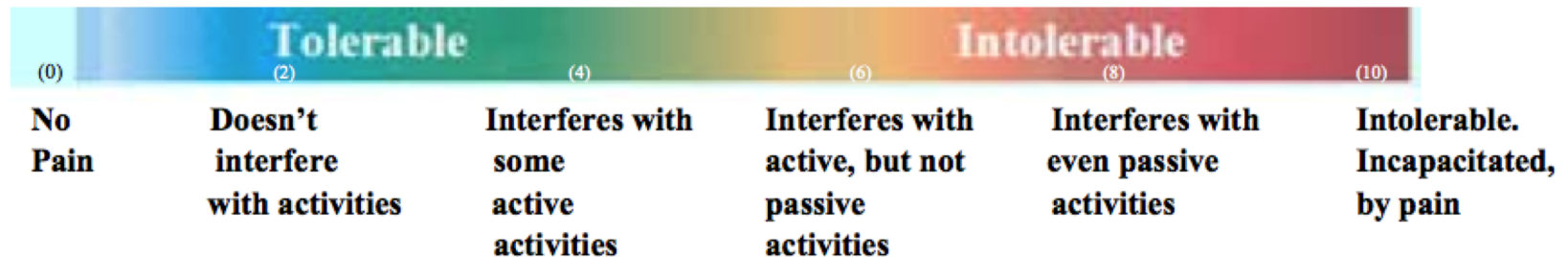
Other Approaches

Journal of the American Medical Directors Association (JAMDA) 2001 May-Jun; 2(3): 110-4.

The *Functional Pain Scale*: Reliability, Validity, and Responsiveness in an Elderly Population

F.M. Gloth, III, MD, CMD, A.A. Scheve, MS, RN-C, C.V. Stober, BS, Selina Chow, Jane Prosser, BS

Functional Pain Scale



Active activities : usual activities or those requiring effort (turning, walking, etc)

Passive activities: talking on phone, watching TV, reading

Patient's Pain Experience—More than a Number

Table 1. CLINICALLY ALIGNED PAIN ASSESSMENT (CAPA) QUESTIONS

QUESTION	RESPONSES
Comfort	<ul style="list-style-type: none"> • Intolerable • Tolerable with discomfort • Comfortably manageable • Negligible pain
Change in Pain	<ul style="list-style-type: none"> • Getting worse • About the same • Getting better
Pain Control	<ul style="list-style-type: none"> • Inadequate pain control • Effective, just about right • Would like to reduce medication [why?]
Functioning - for the usual things you need to do	<ul style="list-style-type: none"> • Can't do anything because of pain • Pain keeps me from doing most of what I need to do • Can do most things, but pain gets in the way of some • Can do everything I need to
Sleep - is the pain waking you up? Yes? No?	<ul style="list-style-type: none"> • Awake with pain most of the night • Awake with occasional pain • Normal sleep

CAPA is a process of gathering specific assessment information during the course of natural conversation

- ❖ Patients preferred over NRS by 5:1
- ❖ Nurses preferred CAPA by 3:1
- ❖ Classifying clinical pain—42% to 81%
- ❖ Improved Press Ganey scores on How well pain was controlled from 18% to 95%

Used with permission, Gary Donaldson, PhD, University of Utah Hospital & Clinics/Department of Anesthesia

Clinically valid, physiological measure of pain for dementia?

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

An fMRI-Based Neurologic Signature of Physical Pain

Tor D. Wager, Ph.D., Lauren Y. Atlas, Ph.D., Martin A. Lindquist, Ph.D., Mathieu Roy, Ph.D., Choong-Wan Woo, M.A., and Ethan Kross, Ph.D.

Biomarkers–
neuropeptides

www.plosone.org

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PLoS one

Towards a Physiology-Based Measure of Pain: Patterns of Human Brain Activity Distinguish Painful from Non-Painful Thermal Stimulation

Justin E. Brown^{1,2,3}, Neil Chatterjee^{1,4}, Jarred Younger¹, Sean Mackey^{1,2*}



Hierarchy of Pain Assessment Techniques

- ▶ Patient self report
- ▶ Potential causes of pain (acute and chronic)
- ▶ Pain behaviors
- ▶ Surrogate report and behavior change
- ▶ Response to analgesic trial

Reliable and Valid Tools for Pain Behavior Assessment in Severely Impaired Older Persons?

- ▶ Now over 35 nonverbal pain tools
- ▶ Reviews
 - Corbett et al., (2012). *Rev Neurol*, 8:264
 - Herr et al., (2010). *J Geron Nsg*, 36:18
 - Cohen–Mansfield (2008), *Alzh Dis Assoc Disord*, 22(1): 86
 - Aubin et al. (2007). *Pain Res Manag*, 12:195
 - Van Herk et al. (2007). *Nurs Res*, 56:34
 - Herr et al., (2006). *J Pain Symptom Manage*, 31:170
 - Zwakhalen et al. (2006). *BMC Geriatr*, 6:3
- ▶ No single best tool for all settings

Position Statement

Pain Assessment in the Patient Unable to Self-Report: Position Statement with Clinical Practice Recommendations

■ ■ ■ Keela Herr, PhD, RN, AGSF, FAAN,*
Patrick J. Coyne, MSN, RN, APRN, FAAN,†
Margo McCaffery, MS, RN, FAAN,‡
Renee Manworren, PhD, RN, CB, APRN, PCNS-BC,§
and Sandra Merkel, MS, RN-BC¶

REVIEWS

Assessment and treatment of pain in people with dementia

Anne Corbett, Bettina Husebo, Marzia Malcangio, Amelia Staniland, Jiska Cohen-Mansfield, Dag Aarland and Clive Ballard

Caregiver or informant rating

- Abbey Pain Scale (Abbey) (Abbey et al., 2004)
- Pain Assessment for the Dementing Elderly (PADE) (Villaneuva et al., 2003)
- Pain Assessment in Noncommunicative Elderly Patients (PAINE) (Cohen-Mansfield, 2006)
- Pain Assessment for the Communicatively Impaired Elderly (PACI) (Kaasalainen et al., 2011)

Observational rating

- Algoplus (Rat et al., 2011)
- Discomfort Scale for Dementia
- Checklist of Nonverbal Pain Indicators
- CNA Pain Assessment Tool (CPAT)
- Doloplus 2 (Wary, B. and the Doloplus 2)
- Elderly Caring Assessment 2 (ECA-2)
- Mobilization-Observation-Behavior-Intensity-Dementia Pain Scale (MOBID-2) (Husebo et al., 2011)
- Nursing Assistant-Administered Instrument to Assess Pain in Demented Individuals (NOPPAIN) (Snow et al., 2004)
- Pain Assessment in Advanced Dementia (PAINAD) Scale (Warden et al., 2003)
- Pain Assessment Checklist for Seniors with Severe Dementia (PACSLAC) (Fuchs-Lacelle et al., 2004)
- Pain Assessment Checklist for Seniors with Severe Dementia-Dutch (PACSLAC-D) (Zwakhalen, Hamers & Bergen, 2007)
- Rotterdam Elderly Pain Observation Scale (REPOS) (van Herk et al., 2009)

Domains

1. Facial Expression
2. Verbalizations & Vocalizations
3. Body Movements
4. Changes in Interpersonal Interactions
5. Changes in Activity Patterns & Routines
6. Changes in Mental Status

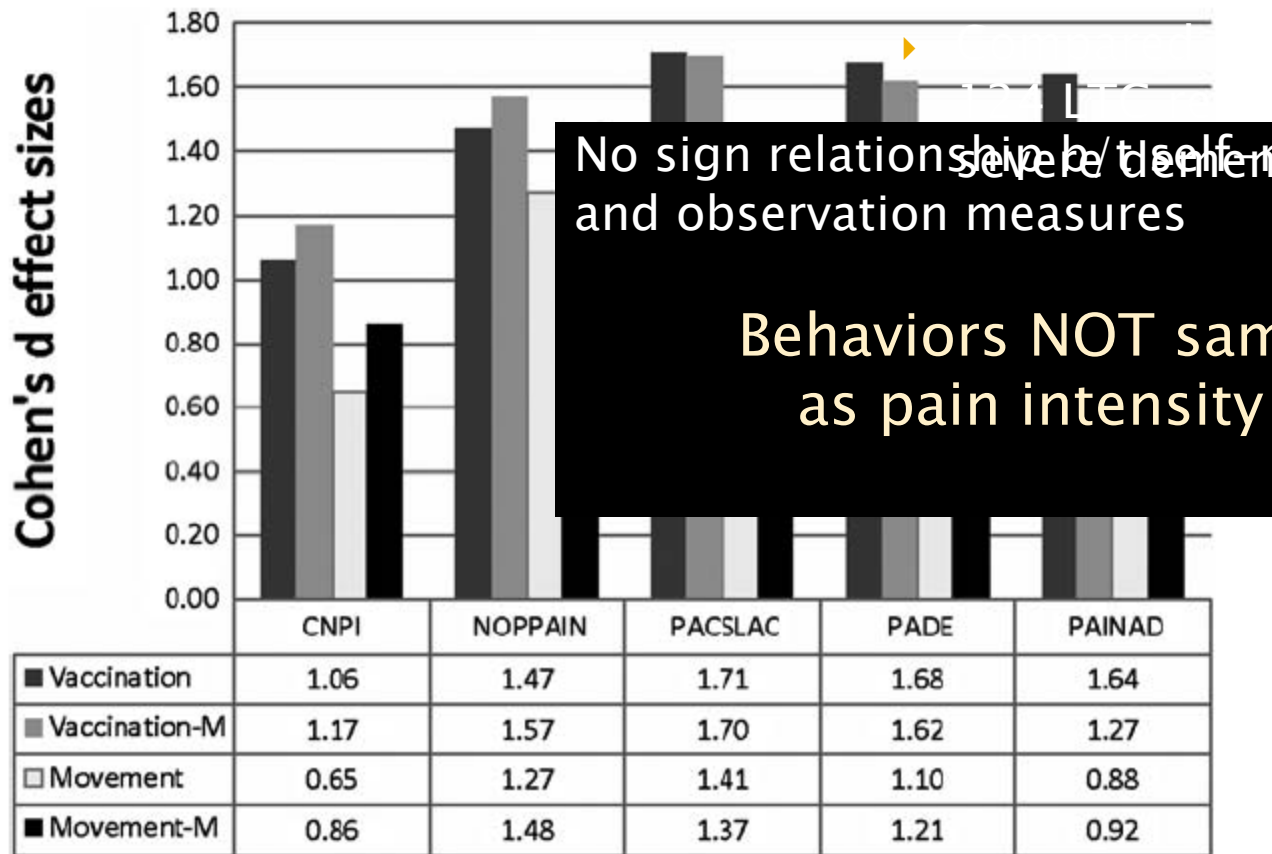
Comprehensive Behavior Tool vs Brief Direct Observation?

- ▶ Tools range from 5 behavioral categories to 60 individual behaviors—
 - rating presence vs intensity
 - Variable use and definition of behaviors
- ▶ Are there key behaviors that will ID pain in most persons with dementia?
- ▶ Need to discriminate pain behavior and behaviors from other causes (Snow & Ersek leading VA study)
- ▶ Goal to identify most specific indicators of pain in nonverbal older persons without missing pain in those with less typical behaviors

ORIGINAL ARTICLE

A Comparative Investigation of Observational Pain Assessment Tools for Older Adults With Dementia

Amanda C. Lints-Martindale, PhD,* Thomas Hadjistavropoulos, PhD,† Lisa M. Lix, PhD,‡ and Lilian Thorpe, MD, PhD§||



All measures differentiated pain and baseline conditions even after delirium-related items deleted. Variable reliability and validity, and effect size.

Having behaviors in more domains

Facial Grimace: Key Pain Behavior?



Clin J Pain - Volume 27, Number 7, September 2011; 593-601.

ORIGINAL ARTICLE

Pain in the Elderly

Validity of Facial Expression Components of Observational Measures

Esther Sheu, BA, Judith Versloot, PhD,*† Rami Nader, PhD,* Deborah Kerr, PhD,*‡
and Kenneth D. Craig, PhD**

- ▶ Compared 6 widely used nonverbal tools on facial expression (Doloplus 2, Abbey, Mahoney, NOPPAIN, PACSLAC, PAINAD)
- ▶ Videos illustrating mild, mod, severe pain and rating on 6 tools
- ▶ Tools with FAU associated with pain yielded greater sensitivity, IRR and validity as pain measure
- ▶ **Best:** Mahoney, then Abbey, PACSLAC and PAINAD

Support of Atypical Pain Behaviors Growing



The American Journal of Geriatric Psychiatry

Available online 20 April 2013

In Press, Corrected Proof — Note to users



The Response of Agitated Behavior to Pain Management in Persons with Dementia

Bettina S. Husebo, M.D., Ph.D.^a, Clive Ballard, M.D., Ph.D.^b, Jiska Cohen-Mansfield, Ph.D., A.B.P.P.^c, Reinhard Seifert, B.Sc.^d, Dag Aarland, M.D., Ph.D.^e

- Cluster RCT 18 NH-352 subjects
- Verbal agitation behaviors and restlessness and pacing responsive to treatment

Pain interventions effective in reducing pain and behavioral symptoms, such as depression, agitation/aggression, anxiety



Ageing Research Reviews

Volume 12, Issue 4, September 2013, Pages 1042–1055



Review

Interventions targeting pain or behaviour in dementia: A systematic review

Marjoleine J.C. Pieper^{a,b}, Annelore H. van Dalen-Kok^c, Anneke L. Francke^{a,d}, Jenny T. van der Steen^a, Erik J.A. Scherder^e, Bettina S. Husebo^f, Wilco P. Achterberg^{a,c}

Cutoffs and Pain Severity?

JAMDA 13 (2012) 384–389



ELSEVIER

JAMDA

journal homepage: www.jamda.com



Original Study

Which Score Most Likely Represents Pain on the Observational PAINAD Pain Scale for Patients with Dementia?

Sandra M.G. Zwakhalen PhD, RN^{a,*}, Jenny T. van der Steen PhD^{b,*}, M.D. Najim MD^c

- ▶ Most tool scores show increase/decrease in behavior or intensity of behavior
- ▶ Cutoff scores: limited evidence, small scale evaluation
- ▶ Challenge for treatment decisions

Guidelines and Position Statements on Pain Assessment in Older Adults

CONCISE GUIDANCE TO GOOD PRACTICE

A series of evidence-based guidelines for clinical management

NUMBER 8

The assessment of pain in older people

NATIONAL GUIDELINES

October 2007



Clin J Pain • Volume 23, Number 1, January 2007 Supplement

ORIGINAL ARTICLE

An Interdisciplinary Expert Consensus Statement on Assessment of Pain in Older Persons

Thomas Hadjistavropoulos, PhD,* Keela Herr, PhD,† Dennis C. Turk, PhD,‡ Perry G. Fine, MD,§ Robert H. Dworkin, PhD,|| Robert Helme, MBBS, PhD,¶ Kenneth Jackson, PharmD,## Patricia A. Parmelee, PhD,** Thomas E. Rudy, PhD,†† B. Lynn Beattie, MD,‡‡ John T. Chibnall, PhD,§§ Kenneth D. Craig, PhD,|||| Betty Ferrell, PhD,¶¶ Bruce Ferrell, MD,### Roger B. Fillingim, PhD,*** Lucia Gagliese, PhD,††† Romayne Gallagher, MD,†††† Stephen J. Gibson, PhD,§§§ Elizabeth L. Harrison, PhD,||||| Benny Katz, MBBS,¶¶¶ Francis J. Keefe, PhD,#### Susan J. Lieber, MS,†† David Lussier, MD,***** Kenneth E. Schmader, MD,††††† Raymond C. Tait, PhD,§§ Debra K. Weiner, MD,‡‡‡‡ and Jaime Williams, MA§§§§

Position Statement

Pain Mgt Nsg, 2011, 12(4):230-50

Pain Assessment in the Patient Unable to Self-Report: Position Statement with Clinical Practice Recommendations

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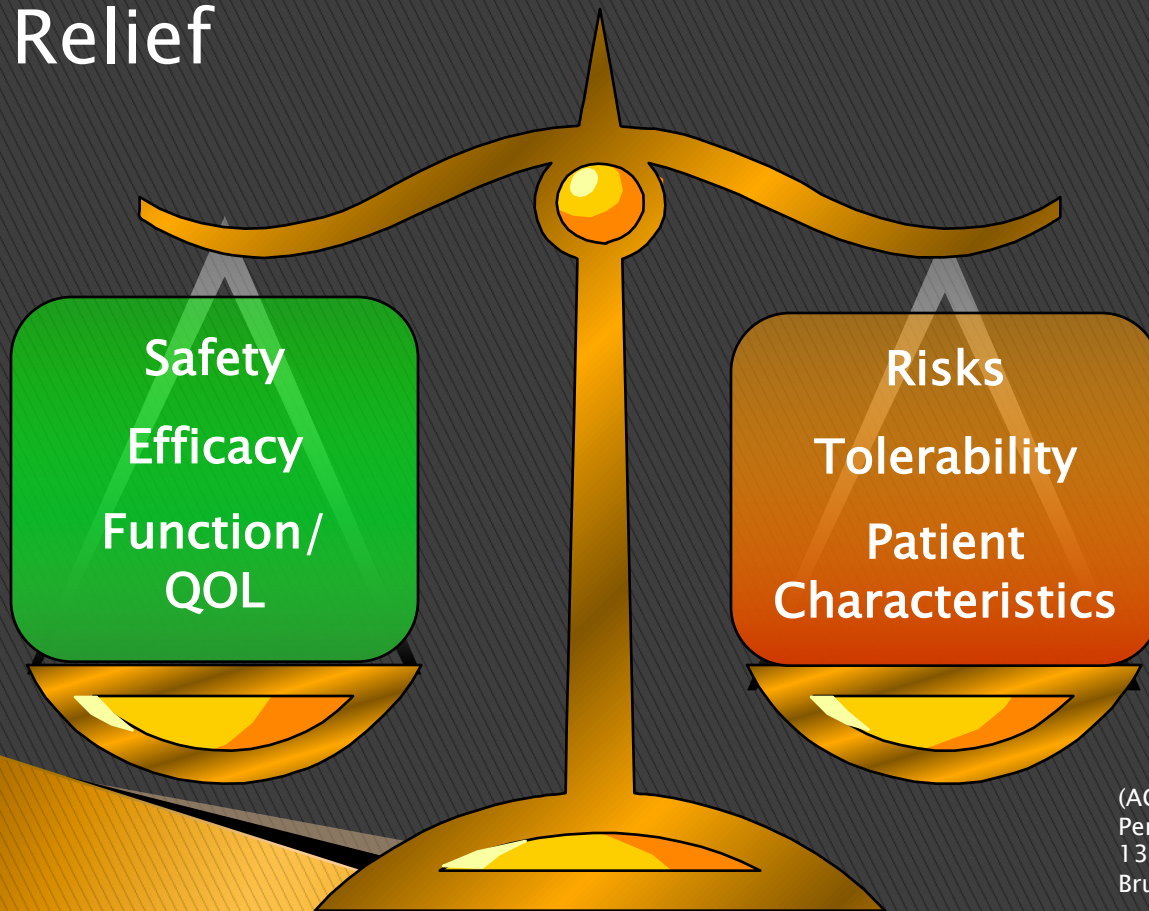
Pain Assessment Practices Across Settings

Setting	Sample	Pain Assessment?
Hospital (Mehta et al., 2010)	100 pts mean age 86 62% hip fracture	33% no objective assessment by nursing
Nursing Home (Jablonski et al., 2010)	Mean age 86 83% pain	15-16% reassess with mod-severe pain Cog impaired—no validated pain behavior tool
Hospice (Herr et al., 2012)	Mean age 78 83% pain	15-16% reassess with mod-severe pain Cog impaired—no validated pain behavior tool

**Assessment of Pain with Valid & Reliable Pain Tools
NOT CONSISTENT**

Treatment Considerations for Persistent Pain in Older Adults

Goal: Optimal Pain Relief



*Quality/frequency of assessments

*Optimized nondrug approaches

*Balance risk/benefits and optimize use

*Minimize ADR/misuse/abuse

*Monitor & document outcomes

(AGS Panel on the Pharmacological Management of Persistent Pain in Older Persons. *JAGS*, 2009;57(8):1331-1346; Arnstein & Herr, *J Geron Nsg*, 2013: 39(4):56-66; Bruckenthal P, et al. *Pain Medicine*. 2009;10(S2):S67-S78)

Key Questions: Treatment

- ▶ Do we have evidence to support pharmacologic and nonpharmacologic intervention selection and tailoring for older adults?
- ▶ Are evidence-based pain management practices implemented consistently?
- ▶ Key issues to effective pain management?

Nonpharmacologic Treatment

- ▶ Patient education
- ▶ Exercise (therapeutic, physical therapy, general, yoga, Tai Chi)
- ▶ Self-management programs (acceptance/commitment tx, coping)
- ▶ Cognitive and behavioral therapies (biofeedback)
- ▶ Distraction (music, humor)
- ▶ Relaxation (imagery, hypnosis, massage, meditation)
- ▶ Thermal treatments (heat, cold)
- ▶ Assistive devices (splinting, orthotics, positioning)
- ▶ Energy Field therapy (healing touch, reiki)
- ▶ Acupuncture/acupressure, TENS
- ▶ Aromatherapy and other CAM

(Arnstein, 2011; Bruckenthal, 2010; McCauley et al., 2008; Morone & Greco, 2007; Park & Hughes, 2012; Reid et al., 2008; Shengelia et al., 2013; Tse, Wan & Ho, 2011)

PAIN & AGING SECTION

Review Article





Pain Management Nursing

Volume 14, Issue 4, December 2013, Pages e274–e288



Review Article

Complementary Therapies for Osteoarthritis: Are They Effective?

Rouzi Shengelia, MD*, Samantha J. Parker, AB*, Mary Ballin, GNP-BC, CDE†, Teena George, MBBS*,
M. Carrington Reid, MD, PhD*  

Juyoung Park, PhD, and Anne K. Hughes, PhD†*



PAIN[®] 154 (2013) 824–835

PAIN[®]

www.elsevier.com/locate/pain

Self-management intervention for chronic pain in older adults: A randomised controlled trial

Michael K. Nicholas^{a,*}, Ali Asghari^{a,b}, Fiona M. Blyth^{a,c,d}, Bradley M. Wood^a, Robin Murray^a, Rebecca McCabe^a, Alan Brnabic^c, Lee Beeston^a, Mandy Corbett^a, Catherine Sherrington^f, Sarah Overton^a

The Knee 20 (2013) 106–112



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Contents lists available at [SciVerse ScienceDirect](http://SciVerse.ScienceDirect.com)

The Knee



A physiotherapist-delivered, combined exercise and pain coping skills training intervention for individuals with knee osteoarthritis: A pilot study

Michael A. Hunt^{a,*}, Francis J. Keefe^b, Christina Bryant^c, Ben R. Metcalf^d, Yasmin Ahamed^d, Michael K. Nicholas^e, Kim L. Bennell^d



Commentary

Research on cognitive-behavioral therapies for older adults with chronic pain: In its infancy, but growing

- ▶ Gaps
 - Effectiveness in real world
 - outcomes on pain and function
 - Use in frail and cognitively impaired
 - Guidance in patient selection
 - Techniques and formats
 - Availability—access, technology, funding
 - Preference & Adherence
 - Sustaining effect

Pharmacological Management

SPECIAL ARTICLE

JAGS, 2009, 57:1331-1324

Pharmacological Management of Persistent Pain in Older Persons

American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons

SPECIAL ARTICLES

JAGS 2012

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American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults

The American Geriatrics Society 2012 Beers Criteria Update Expert Panel

Arthritis Care & Research
Vol. 64, No. 4, April 2012, pp 465-474
DOI 10.1002/acr.21596
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SPECIAL ARTICLE

American College of Rheumatology 2012 Recommendations for the Use of Nonpharmacologic and Pharmacologic Therapies in Osteoarthritis of the Hand, Hip, and Knee

MARC C. HOCHBERG,¹ ROY D. ALTMAN,² KARINE TOUPIN APRIL,³ MARIA BENKHALTI,³ GORDON GUYATT,⁴ JESSIE MCGOWAN,³ TANVEER TOWHEED,³ VIVIAN WELCH,³ GEORGE WELLS,³ AND PETER TUGWELL³

Guidelines and Position Statements on Pain Management in Older Adults

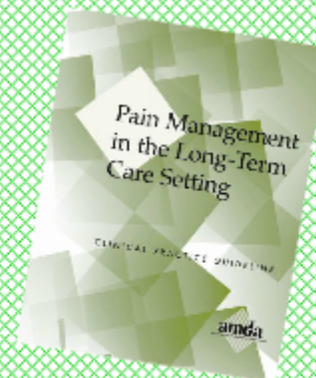
Abdulla, A., Adams, N., Bone, M., Elliott, AM, Gaffin, J., Jones, D., et al (2013) Guidance on the management of pain in older people.

Age and Ageing 2013; **42**: i1–i57
doi: 10.1093/ageing/afs200

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Guidance on the management of pain in older people

AMDA Clinical Practice Guideline (CPG) for Pain Management



Revised 2012

Pain Prevalence in Older Adults and Gaps in Treatment Across Care Setting

Setting	Prevalence of pain	No Pain Treatment?
Nursing Home (2508 OA/185 NHs) (Lapane et al., 2011)	Random sample all with pain in two MDS	23% no scheduled meds > Age and cog impairment
Hospital (367) (Gianni et al., Arch Geriatrics, 2010)		...t or intensity
Emerg Dept (7 or older) (Platts-Mills et al.)		cs 5-54 yrs)
Home Care (2779 OA) (Maxwell et al., 2008)	48% daily pain	22%

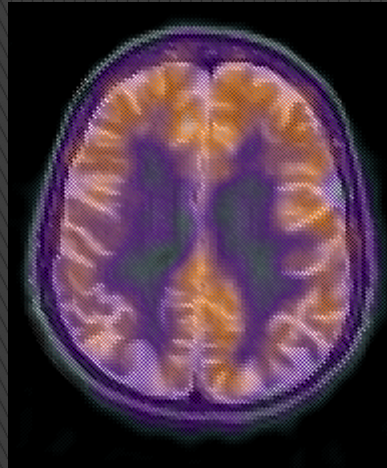
Treatment of Pain NOT CONSISTENT

Barriers to Pharmacologic Pain Management in Older Adults: Patient Issues



Multidrug Regimens

Drug-drug Interactions
Adverse reactions
Compliance issues



Cognitive Impairment

Ability to request Administration
Adherence



Opiophobia

Fear of addiction and side effects



Physiologic Changes

Frailty
System declines
Comorbidities
Effect on analgesia

Campbell et al. *Am J Ger Pharm*, 2012; 10(3):165-177

Coldrey et al. *Best Pr & Res Clin Anaes*, 2011; 25:367-378

McLachlan et al., *Br J Clin Pharm*, 2011; 71(3):351-364

Panel on Pharmacologic Mgt of Persistent Pain in Older Persons. *J Am Geriatr Soc*. 2009;57:1331-1346

Barriers to Pharmacologic Pain Management in Older Adults: Provider and System Issues

- ▶ *Provider Knowledge Gaps*
 - No consistent training on geriatrics and/or pain
 - Knowledge to balance benefits/risk for best treatment plan
- ▶ *Knowledge Gaps Re: Analgesic Use in Older Adults*
 - Strength of evidence in existing pain guidelines for older adults
 - Limited research on analgesic use in older adults
 - specifically the complex including cog impaired
- ▶ *Political/Regulatory Climate*
 - National Public Health Concerns Re Opioid Misuse/Abuse (CDC)
 - Federal concern re: safe and effective analgesic use (FDA; NIA; NIH Pain Consortium)
 - PROP—physicians for responsible opioid prescribing

(Kaasalainen et al., 2010, 2012;
Taylor, Lemtounti, Weiss & Pergolizz, 2012, Current Geron & Ger Res, 12;
Chou et al., 2009, J Pain, 10(2):113–130)

Analgesic Safety in Older Adults

ORIGINAL INVESTIGATION

The Comparative Safety of Analgesics in Older Adults With Arthritis

*Daniel H. Solomon, MD, MPH; Jeremy A. Rassen, ScD; Robert J. Glynn, PhD;
Joy Lee, BA; Raisa Levin, MS; Sebastian Schneeweiss, MD, ScD*

(REPRINTED) ARCH INTERN MED/VOL 170 (NO. 22), DEC 13/27, 2010 WWW.ARCHINTERNMED.COM
1968

Downloaded from www.archinternmed.com at University of Iowa, on January 6, 2011
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ORIGINAL INVESTIGATION

The Comparative Safety of Opioids for Nonmalignant Pain in Older Adults

*Daniel H. Solomon, MD, MPH; Jeremy A. Rassen, ScD; Robert J. Glynn, PhD, ScD;
Katie Garneau, BA; Raisa Levin, MSc; Joy Lee, BA; Sebastian Schneeweiss, MD, ScD*

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Analgesic Safety in Older Adults

Journal of General Internal Medicine 2010 Apr 25(4) 310-5

Relationship of Opioid Use and Dosage Levels to Fractures in Older Chronic Pain Patients

Kathleen W. Saunders, JD¹, Kate M. Dunn, Ph. D², Joseph O. Merrill, M.D, M.P.H.³, Mark Sullivan, M.D., Ph.D.⁴, Constance Weisner, DrPH, M.S.W^{5,6}, Jennifer Brennan Braden, M.D., M.P.H.⁴, Bruce M. Psaty, M.D., Ph.D.^{1,7}, and Michael Von Korff, Sc.D.¹

Review Article

Pain Management in the Elderly: An FDA Safe Use Initiative Expert Panel's View on Preventable Harm Associated with NSAID Therapy

Hindawi Publishing Corporation
Current Gerontology and Geriatrics Research
Volume 2012, Article ID 196159, 9 pages
doi:10.1155/2012/196159

Robert Taylor Jr.,¹ Salma Lemtouni,² Karen Weiss,² and Joseph V. Pergolizzi Jr.³

Analgesic Safety in Older Adults

NeuroRehabilitation xx (20xx) x–xx
DOI:10.3233/NRE-130965
IOS Press

1

Neuropsychological and neuroanatomical sequelae of chronic non-malignant pain and opioid analgesia

Cady Block^{a,*} and Leanne Cianfrini^b

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^b*The Doleys Clinic, Birmingham, AL, USA*

C.K. O'Neil et al.

The American Journal of Geriatric Pharmacotherapy

2012, 10(6): 331–342

Adverse Effects of Analgesics Commonly Used by Older Adults With Osteoarthritis: Focus on Non-Opioid and Opioid Analgesics

Christine K. O'Neil, PharmD,¹ Joseph T. Hanlon, PharmD, MS,^{2–7} and Zachary A. Marcum, PharmD, MS,^{2,3,7}

Safer Opioid Use/Potential Impact on Older Adults with Chronic Pain



Submitted petition to FDA regarding labeling of opioid analgesics 7/2012

SPECIFIC ACTIONS REQUESTED FOR CHANGES TO OPIOID ANALGESIC LABELS:

1. Strike the term “moderate” from the indication for non-cancer pain.
2. Add a maximum daily dose, equivalent to 100 milligrams of morphine for non-cancer pain.
3. Add a maximum duration of 90-days for continuous (daily) use for non-cancer pain.

FDA Decision Sept. 10, 2013

Approved Action 1: ER/LA opioids “indicated for the management of pain severe enough to require daily, ATC, LT opioid treatment and for which alternative treatment options are inadequate?”

Declined Action 2 & 3: No maximum dose or duration

Pain in Older Adults



Ongoing Challenge



Advances in Geriatric Pain Mgt

- ▶ Greater awareness of the impact of pain

CHALLENGE:

Implementation of Best Practices

- ▶ Growing evidence base to support analgesic therapy and nonpharmacologic approaches

Improving Use of Pain Best Practices

- ▶ **Evidenced Based Practice:** Use best available research in combination with clinician's expertise/judgment, patient's preferences/values (Windle, 2006)

- ▶ Tools not present to improve current practice

- ▶ Treatment evidence low to moderate, but is "best" available

- ▶ Practice must be valued by clinicians to be adopted

**MANY
BARRIERS TO
BEST PRACTICE**

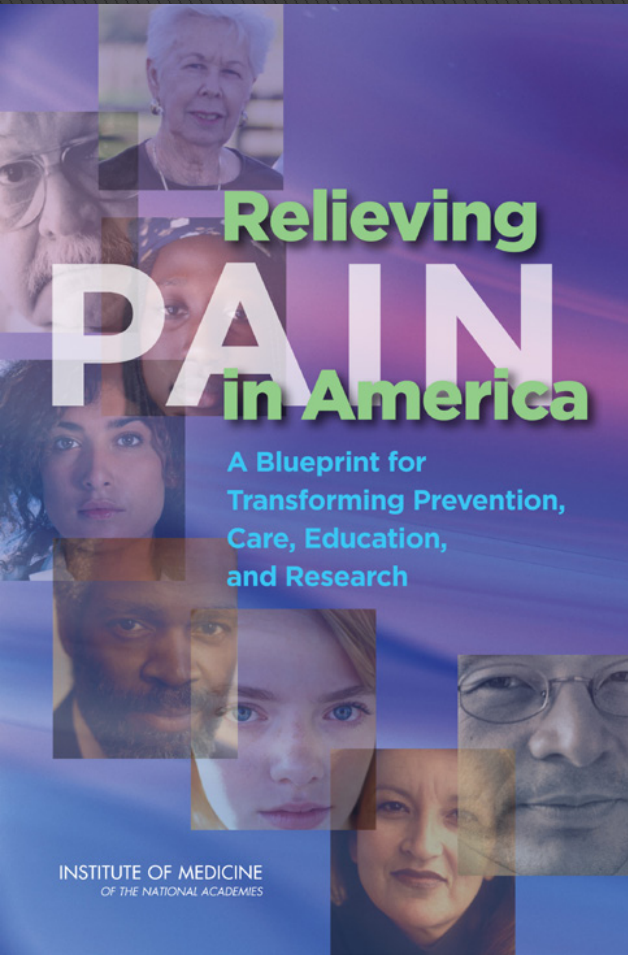
IOM “Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education & Research” 2011

Findings:

Education central part of transformation

More consistent data on pain needed

Research to translate advances into effective treatments



Pain Advocacy Initiative

Center for Practical Bioethics



PAINS Initiative

@PAINSIinitiative

The Pain Action Initiative: A National Strategy [PAINS] addresses the social, political, and moral aspects of under-treatment of pain.

<http://www.practicalbioethics.org/cpb.aspx?pgID=1132>

- National alliance of professional societies, advocacy organizations and others that believe there is a moral imperative to improve the treatment of pain.
- In 2012 the Center launched initiative to actualize the IOM recommendations by developing a national campaign to improve care of those living with chronic pain.
 - *Influence govt agencies to act on recommendations*
 - *Educate and engage the American public*
 - *Advocate for better and broader research*
- <http://www.practicalbioethics.org/initiatives/pain-action-alliance.html>

JOIN: cleyland@practicalbioethics.org

Education is a Key Step



IASP Interprofessional Pain Curriculum

Led by Dr. Judy Watt-Watson

Pain Medicine

*Pain Medicine 2013; *: 14:971-981.
Wiley Periodicals, Inc.*



Core Competencies for Pain Management: Results of an Interprofessional Consensus Summit

Fishman, S., Young, H., Arwood, E., Chou, R., Herr, K., Murrison, B., Watt-Watson, J., et al, 2013

Funded by The Mayday Fund

Resources to Enhance Education



The 12 CoEPEs awardees are:

- Harvard School of Dental Medicine
- Johns Hopkins University
- Southern Illinois University Edwardsville
- Thomas Jefferson University School of Medicine
- University of Alabama at Birmingham
- University of California, San Francisco
- University of Maryland
- University of Pittsburgh
- University of New Mexico
- University of Pennsylvania Perelman School of Medicine
- University of Rochester
- University of Washington

- NIH Pain Consortium partnership with 12 schools
- Develop, evaluate and distribute pain management curriculum resources for health professional schools
- Includes older adult content

Education Resources

- ▶ Academic Consortium for Complementary and Alternative Health Care Education portal
- ▶ American Academy of Pain Management integrative pain mgt curriculum
- ▶ American Academy of Pain Medicine education portal
- ▶ ASPMN Core Curriculum, Geriatric Training & Position Statements
- ▶ NYU NICHE and Try This Series
- ▶ GeriatricPain.org



About Us

Pain Assessment

Pain Management

Education

Quality Improvement

Resources

FAQs

MDS 3.0



Helping nurses assess and manage pain in older adults

Free evidence-based tools and best practices for nurses who work in nursing homes.

[How to use this website](#)

Geriatric Pain Overview

The purpose of this Web resource is to share best practice tools and resources with nurses responsible for pain care in older adults who reside in nursing homes.

Learn about the [Center for Nursing Excellence in Long-Term Care](#).

[Give your opinion about this resource](#).

Coming Soon!

[Community Discussion Forum](#)

[Competencies and Evaluation Exam](#)

Pain Resources

The first step to assure quality pain care is good and [appropriate pain assessment](#).

Access tools developed by experts to help plan and implement an effective plan of care.

Announcements

[Early success with use of transdermal lidocaine patch](#)

[FDA Announcement regarding Acetaminophen in Prescription Drugs](#)

[Questions and comments](#) - contact us to suggest additional resources.

[Sign-up](#) - for e-mail updates

Funding from
The Mayday
Fund

Research Priorities



ELSEVIER

Critical Reviews

Pain and Aging: The Emergence of a New Subfield of Pain Research

Lucia Gagliese

The Journal of Pain, Vol 10, No 4 (April), 2009: pp 343-353
Available online at www.sciencedirect.com

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Collaborative / interdisciplinary
research teams

Increased funding

NIH Pain Consortium Outcome

Pain Medicine

Pain Medicine 2011; 12: 1336-1357
Wiley Periodicals, Inc.




PAIN & AGING SECTION

Reid et al., 2011

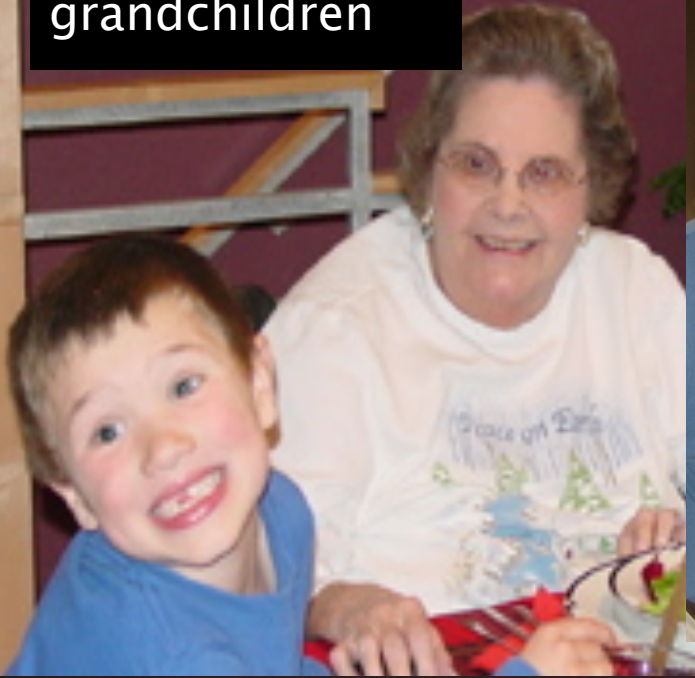
Review Article

Improving the Pharmacologic Management of Pain in Older Adults: Identifying the Research Gaps and Methods to Address Them

RFA 2011: Leveraging Existing Data or Longitudinal Studies to Evaluate Safety and Effectiveness of Pharmacological Management of Chronic Pain in Older Adults

 T Act	Project	Year	Sub #	Project Title	Contact PI/ Project Leader	Organization	
<input type="checkbox"/>	1	R03	AG042899	01	SAFETY OF OPIOIDS FOR OLDER ADULTS: DETERMINANTS OF OPIOID OVERDOSE RISK	BOHNERT, AMY S.B.	UNIVERSITY OF MICHIGAN AT ANN ARBOR
<input type="checkbox"/>	1	R03	AG042756	01	PRESCRIPTION OPIOID USE AND CHANGES IN PAIN INTENSITY IN OLDER VETERANS	DOBSCHA, STEVEN K.	OREGON HEALTH AND SCIENCE UNIVERSITY
<input type="checkbox"/>	1	R03	AG042930	01	OPIOIDS AND THE AGING BRAIN: DEMENTIA, COGNITIVE DECLINE AND NEUROPATHOLOGY	DUBLIN, SASCHA	GROUP HEALTH COOPERATIVE
<input type="checkbox"/>	1	R03	AG042981	01	OPIOID ANALGESICS AND THE RISK OF SERIOUS INFECTIONS IN SENIORS	GRIJALVA, CARLOS G.	VANDERBILT UNIVERSITY
<input type="checkbox"/>	1	R03	AG042980	01	OPIOID USE, PHYSICAL FUNCTION, FALLS, AND FRACTURE IN OLDER MEN	KREBS, ERIN ELIZABETH	UNIVERSITY OF MINNESOTA TWIN CITIES

Visiting with grandchildren



Socializing



Tennis



Dancing



Swim/Water Exercise



THANK YOU