



Pain Management in Long-Term Care

A PHARMERICA PUBLICATION

BACKGROUND

Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. This definition acknowledges the influence of social history, cultural expectations, and individual differences on the perception of pain. The human pain experience is now recognized to involve a complex interaction of sensory, cognitive, and behavioral processes, which age may influence selectively.

Pain is reported to be twice as prevalent in the elderly as in younger individuals. In community-dwelling elders, the prevalence of pain ranges from 25% to 50%. In the long-term care (LTC) setting, prevalence can be as high as 85%. The degenerative processes that occur in aging and the prevalence of diseases such as cancer, arthritis, and diabetic neuropathy in this age group help to explain why pain is so common. Comorbid illnesses also increase the likelihood that pain management will be a serious problem for some elders.

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Various factors contribute to the suboptimal management of pain, including clinicians' inadequate knowledge of effective pain assessment and treatment; negative societal attitudes about the use of narcotics by patients, family members, and clinicians; and an array of federal and state regulations governing the use of narcotic analgesics.

HEALTHCARE SETTING AND AUDIENCE

This Pain Management Initiative for LTC is designed for use in the nursing facility. The intended audience includes all individuals who play a significant role in the assessment and management of LTC residents, including (but not limited to) physicians, nurse practi-

tioners, physician's assistants, registered nurses, licensed practical nurses, certified nursing assistants, consultant pharmacists, occupational, recreational and physical therapists, family members, and the residents themselves. This initiative has been developed by a team of specialist and generalist physicians, geriatric nurse practitioners, nurses, and clinical pharmacists with keen interest and expertise in pain management and the care of residents in the LTC setting.

The Pain Management Initiative for LTC is limited to a select number of chronic pain states common in the nursing facility resident population. Although important, the management of acute pain (e.g., fracture, surgical wound) is quite different from that of chronic pain and is beyond the scope of these guidelines. This initiative addresses chronic pain syndromes caused by osteo-arthritis, rheumatoid arthritis, spinal stenosis, osteoporosis (vertebral compression fractures), diabetic neuropathy, postherpetic neuralgia, trigeminal neuralgia, central post-stroke

pain, and cancer. Other chronic pain syndromes, such as myofascial pain syndrome, pain due to acquired immune deficiency syndrome (AIDS), pain due to other musculoskeletal disorders (e.g., bursitis, gout, polymyalgia rheumatica, temporal arteritis, lupus, tendinitis), painful mucositis, chronic headache syndrome, and phantom limb pain, are also significant but not specifically addressed here.

CLINICAL ISSUES IN PAIN MANAGEMENT

The following issues are important when caring for elderly residents with chronic pain:

PAIN ASSESSMENT

Elderly individuals generally report pain less often than their younger counterparts, despite having more illnesses associated with pain. Elderly patients may not bring pain to their clinicians' attention because they fear being labeled as bothersome, hypochondriacal, or addicted. Many elderly are stoic, respond slowly to pain assessment, or have subtle cognitive defects, which further disguises their condition. Assessment is further complicated in individuals with dementia because compromised cognitive and verbal skills confound the interpretation and reporting of subjective experiences. A standardized pain scale should be used for the initial assessment of all residents with pain. The most important requirement is that elderly residents easily understand the scale. To assure consistency in pain assessment, the same scale should be used for subsequent assessments and as a standard throughout the nursing facility.

TREATMENT

The ultimate goal of pain treatment is to alleviate pain and achieve comfort and an optimal quality-of-life for residents, as defined on a resident-specific basis. Underlying medical conditions should be treated because treatment may eliminate pain or reduce its intensity. Non-pharmacologic treatments are exceedingly important; the vast breadth of available, effective psychological and physical methods for treating pain means many residents can be successfully treated without drug therapy. When indicated, effective pharmacologic pain management requires appropriate selections of drug, dose, route of administration, and frequency of administration. These considerations are particularly important in the elderly because of the high prevalence of altered renal and hepatic functions and of coexisting chronic conditions that require polypharmacy. Adverse effects associated with analgesic drugs, such as nausea, constipation, urinary

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retention, sedation, and confusion, are more difficult to prevent and manage in the elderly. Pain management options are also complicated by large pharmacokinetic and pharmacodynamic variations among analgesics, the potential for clinically significant drug interactions, inpatient and outpatient variability, and preferences specified in an individual's advance medical directives.

The following points should guide drug therapy used to manage a resident's chronic pain:

—Pain medications should be prescribed and administered on a regularly scheduled basis and infrequently, if at all, on an as-needed (PRN) basis.

—PRN drug therapy should be reserved for breakthrough pain (i.e., pain that persists despite regularly scheduled use of a given analgesic) or used before potentially painful procedures (e.g., range-of-motion exercises, physiotherapy).

—Frequent use of a PRN analgesic for breakthrough pain indicates the dose of the regularly scheduled analgesic may need to be increased.

—Time intervals between doses of regularly scheduled medications should be clearly specified and followed (i.e., every 6, 8, or 12 hours; NOT QID, TID, or BID).

—Pain medication should be aggressively escalated if chronic pain is debilitating and substantially reduces the resident's quality-of-life.

—Long-acting opioids should be used instead of short-acting opioids to provide better pain control.

—Use of the following drugs should be avoided in the elderly: meperidine (Demerol), propoxyphene (Darvon, Darvocet), pentazocine (Talwin), nalbuphine (Nubain), butorphanol (Stadol), buprenorphine (Buprenex) and dezocine (Dalgan).

When typical measures do not attain the goals of therapy, referral to a pain specialist is warranted. These clinicians have the experience needed to manage residents with difficult-to-treat pain syndromes and disorders.

REASSESSMENT

Residents should be evaluated at regular intervals to assess their response to pain therapy. Use of objective measurement tools (e.g., pain scales) identified in this initiative will facilitate assessment. For best results, the same tool should be used routinely and consistently throughout the nursing facility.

INTERDISCIPLINARY COMMUNICATIONS

Appropriate pain management requires a team approach, and communication between healthcare practitioners is impor-

tant. Nursing staff (e.g., certified nursing assistants, licensed practical nurses, registered nurses) play important roles in resident assessment. Their responsibilities include monitoring both the resident's response to pain therapy and the development of adverse effects to drug therapy. The CNA has the most contact with the resident and should report unusual or suspicious findings to the resident's nurse, who can complete a formal evaluation of the resident. Findings suggesting pain should be forwarded to the physician. In addition, therapists (i.e., physical, recreational, and occupational) provide valuable nondrug approaches to pain management and are also able to observe signs of pain.

CONCLUSION

The Pain Management Initiative attempts to improve the quality of care of residents with chronic pain. The initiative standardizes the approach to identification, assessment, and treatment of chronic pain through the use of practice guidelines, support materials and educational programs for healthcare professionals.

For more information about PharMerica's Pain Management Initiative, call your PharMerica Consultant Pharmacist or our location nearest you.

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