

Aging Medicine

Series Editors: Robert J. Pignolo · Mary Ann Forciea · Jerry C. Johnson

F. Michael Gloth, III *Editor*

# Handbook of Pain Relief in Older Adults

An Evidence-Based Approach

*Second Edition*

 Humana Press

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Editor

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# Preface

Since publication of the first edition of the *Handbook of Pain Relief in Older Adults*, much has changed. Drugs once felt to be safer for older adults have been removed from the market for safety reasons. New guidelines on the management of persistent pain in older adults have been published, and, of course, new drugs and interventions have been developed. This second edition of the *Handbook of Pain Relief in Older Adults* once again provides useful information from some of the leading experts in the pain field from around the USA. Again there has been a reliance on evidence that has been gleaned from the scientific literature or from the research of the respective authors. Where data are inadequate to form definitive conclusions, the text uses the best evidence available and expert opinion, assimilating the knowledge from the rich clinical experience available to the authors along with the available clinical study experience. Wherever evidence is lacking, an effort has been made to express that.

The pain field is changing so rapidly, with so many new discoveries, that one must accept the fact that by the time this textbook is published, there may be new interventions available. However, the guiding principles of the *Handbook of Pain Relief in Older Adults* will persist long after the pages on the text are worn and frayed.

Intrinsic to this book is the concept that pain can always be treated and that treatment will be most effective when the etiology for the pain is understood. In addition to the treatment for pain, we cannot overlook the importance of interventions to prevent or minimize the onset of pain. Pain assessment must be a primary focus of any care plan aimed at managing pain.

Pain does not discriminate. People from any setting can experience pain. Efforts to assess and treat pain should be directed to the individual while recognizing that not all assessment tools or interventions will be as useful in all populations. Whatever instrument is used should be selected based on standardized testing in populations similar to individuals being evaluated.

Medications and medical science are only a small part of the equation for controlling pain in our society. The reader of this second edition of the *Handbook of Pain Relief in Older Adults* should learn new holistic strategies for helping to provide comfort and dignity for those who suffer from pain.

Finally, it is important to publicly acknowledge and thank those who contributed so much to allowing this book to become a reality. Greatly appreciated are the efforts of Mr. Richard Lansing, who recognized the need for this second edition and who encouraged us to move forward on this project. In addition, all the contributing authors, without whom this text would have never become a reality, also have my unending gratitude. They have truly raised the bar in producing such a quality product. Thanks also go to my loving family. Such unending support is crucial for such a work to come to fruition. My wife, Maybian, must be singled out for she is one of the greatest blessings in my life. Also, thanks to my loving daughters, Anna, Kate, Jane, and Molly, who bring such joy to the world and provide much needed relief and support in so many ways. Finally, and most importantly, praise is due to God. *Nisi Dominus, frustra.*

Maryland, 2010



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# Chapter 1

## Introduction

F. Michael Gloth, III

*The greater the ignorance, the greater the dogmatism.*

Sir William Osler

For many who have entered the field of health care, one major factor was the desire to help others through the relief of suffering. Pain is often an element of suffering. The International Association for the Study of Pain defines “pain” as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage or both” [1]. There are many subclasses that have been proposed, e.g., acute, chronic, or persistent. There have also been suggestions of describing pain with such terms as visceral, neuropathic, nociceptive, psychological, musculoskeletal, psychosomatic, etc. Some of these terms are used in this text as well. Such terms are useful only if they help to describe the etiology of the pain or discomfort, and, thus, facilitate treatment. Their usefulness is somewhat dependent upon others recognizing their definitions as well. If terminology begins to hinder communication, one must question its utility overall.

Another area of frequent discussion in the literature involves the terms “opioids” and “opiates.” “Opioid” is defined as, “any synthetic narcotic that has opiate-like activities but is not derived from opium” [2]. Therefore, drugs like fentanyl, hydrocodone, and oxycodone are classified as opioids, while morphine would be an opiate. For the sake of simplicity, this second edition of the *Handbook of Pain Relief in Older Adults* retains the convention of using the term “opioid” for both. Because of the negative connotation of the term “narcotic” in association with illicit drug use, that term will be avoided throughout this text, and it is recommended that it not be used in clinical practice. Regardless of the terminology chosen, pain of longer duration and/or of an unremitting nature has the potential to wear an individual down in every conceivable way, including emotionally, physically, spiritually, and socially.

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Regrettably, data indicate that all too often, health-care professionals fail in resolving pain, one of the clearest factors associated with suffering [3, 4]. This is especially true when the person in pain is a senior. Simply knowing that pain exists is not sufficient. There must also be proper assessment, and, of course, proper intervention. Even this approach is incomplete. To be complete, there must also be attention to prevention of pain as well. This edition of the *Handbook of Pain Relief in Older Adults* was written to provide an updated and comprehensive approach to relieving suffering in older adults through relief of their pain.

Through an evidence-based approach the contributors provide information on the scope of the problem, insight into assessing pain status, and practical guidance for treatment. Somewhat unique is the discussion of steps to prevent pain in seniors. It is not adequate for us to act after pain has developed. Rather, efforts must be made to prevent, or at least minimize, pain when circumstances that are likely to produce this devil are identifiable. This text has addressed many of the standard issues in pain management. Most importantly, however, is the effort to address other aspects of pain. Once again, Dr. Mulligan's team, provide insight into the role of spirituality as an adjunct to pain management. The internet and computerized patient records is now commonly used to foster improved care and once again is addressed in the text. New in this edition is a chapter by Micke Brown, BSN, RN (Executive Director of the American Pain Foundation) and Amanda Crowe, MA, MPH (Health Communication Consultant for the American Pain Foundation and founder of IMPACT Health Communications, LLC) on resources that are available for patients with pain and for the professionals who work with them.

The recognition that direct efforts targeted at pain management comprise only part of the approach to pain resolution, has led to a repeat effort in this edition to examine other indirect factors, such as availability of resources and excessive regulation, which should be recognized as paramount in achieving successful pain management. For the older adult, where Medicare is only one of the regulatory agencies overseeing care, the process can be more challenging, as well-intended regulations sometimes are responsible for inflicting more pain than they resolve. The impact of legislation and public policy must also be appreciated in an even broader sense with seniors. As this edition goes to press, ineluctable Congressional inaction, Federal Code, and regulatory actions from the Drug Enforcement Agency in long-term care have stifled efforts to make opioids available to seniors who need them in the nursing home setting. As a result, some of the most frail and vulnerable citizens of the country are made to suffer needlessly.

Other strategies must also recognize patient autonomy. Patients in pain will independently struggle for more information and, hopefully, more relief. The chapter devoted to internet resources and electronic medical records should prove valuable for clinicians as well as patient. The chapter by Browne and Crowe should prove to be most valuable to those looking for additional resources. Helping patients and caregivers to advocate for adequate pain management is also addressed in the latter chapters. It is recognized that all clinicians can't be experts. It is important for individuals to recognize that if adequate pain relief is not obtained, there are other options, which may include other physicians. Hopefully, such referrals

can be directed by primary-care clinicians with appropriate understanding and humility to make those referrals early and often.

The politics of pain management are addressed as well as the impact of the media. The politics of pain are by no means confined to legislation debated on Capitol Hill nor at state capitols throughout the country (or in any other country for that matter). The politics of pain ensnares even the most ardent pain management advocate and the discussion of this issue should help in the battle to provide better pain relief everywhere. How this plays out in the media is not always under control. At times media resources not only contribute to poor pain management, but as later chapters illustrate may actually exacerbate pain, albeit indirectly. As an author, I recognize another media contribution herein, yet am optimistic that there are still some opportunities for positive and, dare I speculate, even responsible contributions. It is my fervent hope that the *Handbook of Pain Relief in Older Adults* 2nd Edition achieves such a level of contribution to the literature.

Finally, there is a chapter for the future. This chapter provides suggestions to accomplish pain relief over a broad spectrum. Suggestions target individuals as well as large-scale endeavors. The challenge of pain relief for the rapidly increasing body of seniors must be addressed now if we are to have any hope of living in comfort in the days and years ahead. It is a challenge for all of us. This book is only one of many sparks that must be lit to create a blazing effort to eliminate the omnipresent shadow of pain throughout the world. To move forward in the fiery and passionate advocacy of pain relief, we must recognize that one of the worst marriages is that of ignorance and arrogance; and, thus, it will be important to maintain an open perspective and to fill the knowledge void with as much factual information as possible. With steadfast efforts from all who read these words, all of us can look forward to a much brighter future as we meet the pain relief challenge.

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