

Senior Friendly 7



PAIN TOOLKIT v1 2018



**REGIONAL GERIATRIC
PROGRAM OF TORONTO**

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About this toolkit

The SF7 Toolkit is a Senior Friendly Care (sfCare) resource that supports clinical best practices for healthcare providers across the sectors of care and includes self-management tools for older adults and their caregivers. Senior Friendly 7 focuses on seven clinical areas that support resilience, independence, and quality of life.



DELIRIUM



MOBILITY



CONTINENCE



NUTRITION



PAIN



POLYPHARMACY



SOCIAL ENGAGEMENT



SF7 TOOLKIT

The toolkit is available by individual topic, or bundled together. All SF7 toolkit options are available on our website: <https://www.rgptoronto.ca/resources/>

Use of this toolkit

The content for older adults and their family or caregivers is not intended to replace the advice of a physician or other qualified healthcare providers.

The toolkit provides a common practice framework that complements the unique skills and practices of the various care providers helping older adults. The content is provided for guidance, and is not intended to be exhaustive.

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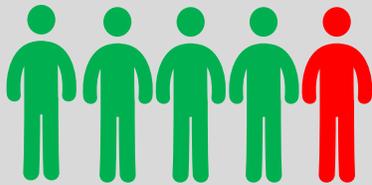
The RGP gratefully acknowledges the clinical review of this toolkit by Lynn Haslam, RN(EC), Nurse Practitioner, Sunnybrook Health Sciences Centre, Queen's PhD(c) Aging and Health.

Prevalence and impact of pain in older adults

Pain is a common experience for older adults and it is often under-reported. Chronic pain is associated with a lower quality of life compared with other chronic conditions^[15], and is one of the most frequent causes of visits to the emergency department (ED) and hospital admissions.

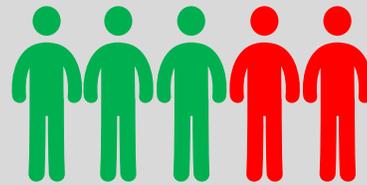
The prevalence of pain increases with age^[1,2,9,16,17]

1 in 5 Canadians
experience chronic pain^[1,2,16,17]



Up to 20%

2 in 5 older Canadians
experience chronic pain^[1,2,6,15,16,17]



Up to 40%

The following can be improved if pain is identified and appropriately managed:



Quality of Sleep

Improvement in pain can promote a more restful and uninterrupted sleep.

Mobility

Well-controlled pain increases older adults' ability to participate in physical activities.



Mood

Reducing pain can have a positive impact on the happiness and self-perceived health of older adults.^[6]



Social engagement

Older adults may be more willing to participate in social activities.



Quality of life

Older adults may experience a better quality of life if their pain is adequately assessed and controlled.^[6]

Types of pain

Acute Pain	An unpleasant sensory and emotional experience associated with tissue damage or recognizable disease process.
Chronic Pain	Prolonged pain lasting at least 3 months beyond the time of acute tissue damage or recognizable disease process.
Allodynia	Sensation of pain in response to a stimulus that does not normally produce pain (e.g. sheets touching feet may cause pain).
Breakthrough Pain	Pain that continues despite treatment or emerges before the next treatment is implemented.
Neuropathic Pain	Acute or chronic pain that is primarily caused by dysfunction in the nervous system.
Nociceptive Pain	Acute or chronic pain caused by injury to joints, bones, connective tissue, muscles, or internal organs.
Referred Pain	Acute or chronic pain that is felt at a location other than the site of injury.
Refractory Pain	Pain that is resistant to usual treatment approaches.

Adapted from : “Pain-Assessment Terminology”, by *The University of Iowa* © 2018 www.geriatricpain.org^[28] and the “Acute Pain Service Handbook”, by *McCartney C. et al*, 2010^[11]

Asking about pain

The following 7 questions can help to engage older adults in conversations about the presence of pain:

1. Are you feeling any aching/soreness/or pain now?
2. Do you hurt anywhere?
3. Are you having any discomfort?
4. Have you taken any medications for pain? (including acetaminophen or other over-the-counter products)?
5. Are you having any aching or soreness that keeps you up at night?
6. Have you had any trouble with any of your usual day-to-day activities?
7. How intense is your pain?

Note: Further assessment might be needed according to the intensity and disability caused by pain.

Adapted from: “Assessment and Management of Pain (3rd ed.)”, *Registered Nurses’ Association of Ontario* (2013). Toronto, ON^[18]

Understanding pain from the older adult's perspective

Exploring attitudes and beliefs about pain with older adults can help to guide the management plan.



Pain assessment and management strategies

- All older adults with chronic pain, or those who report new pain, should have a comprehensive geriatric pain assessment.
- A comprehensive assessment can guide selection of treatments most likely to benefit the patient and identify potential targets for intervention.
- It is important to provide information and education to clarify any misunderstandings about pain and its treatment.
- A holistic approach that includes both drug and non-drug strategies for pain is recommended.
- Involve and engage family members and caregivers and seek out other resources that can help to reinforce adherence to treatment and maintain gains from treatment.

Adapted from: "Management of Chronic Pain in Older Adults" by Reid M.C., Eccleston C., Pillemer K. 2015 Bmj. 2015;350:h532. ^[20]

Pain information for older adults + family

Understanding your pain pattern and symptoms



- For older adults: If you are experiencing pain, you can use this [Daily Pain Diary](http://www.healthinaging.org) (*www.healthinaging.org – American Geriatrics Society, 2009*) to record the intensity of your pain and what you did to manage it.
- This information can help your care provider better understand your pain experience.
- For families: Use this [One-Minute Pain Assessment](http://www.geriatricpain.org) (*www.geriatricpain.org*) which can help you to identify the presence of pain and communicate your findings to your family member's care provider. If you suspect pain but your family member is unable to talk about it, you can look for physical indicators of pain such as, facial expressions, verbal expressions and body posturing (e.g. grimacing, being unusually quiet, yelling) or any other new behaviours.

Pain Management Strategies



- Regularly monitoring pain can have treatment value in itself.
- Consider non-pharmacological approaches to help with pain (see page 8).
- Information regarding the safe use of common pain medications and the possible side effects is available in this pamphlet: [Managing your pain effectively using over the counter Medicines](#) (*British Pain Society, 2010*).
- If pain is increasing despite treatment see your primary care provider for further assessment.

Sharing your pain experience



- Make sure that your care providers know that you are experiencing pain.
- Share your pain assessment with your primary care provider.
- Tell your care providers about any over-the-counter medications that you are taking (e.g. nonprescription medications such as acetaminophen).

Non-pharmacological approaches to help with pain

Focus on Mind

Redirecting attention

When you are in pain, your attention may become focused on the pain. Redirecting attention away from pain can reduce the unpleasant experience (e.g. listening to music, watching movies, spending time with animals).

Cognitive Behavioral Therapy (CBT)

When your attention is focused on pain you may become preoccupied with thinking about it. Cognitive Behavioral Therapy (CBT) is a form of talk therapy that helps you to identify the way you might be inadvertently paying attention to pain and making it worse. Redirecting these thoughts can reduce feelings of pain.

Meditation

Meditation can be thought of as a form of CBT. For example:

<https://www.meditainment.com/pain-management-meditation>

Mindfulness

Mindfulness can be thought of as a form of CBT. For example: Mindfulness-Based Chronic Pain Management (MBCPM™)

<https://neuronovacentre.com/>

Relaxation Methods

Relaxation methods such as breathing exercises and repeating the same word over and over, can reduce your stress and muscle tension and alleviate the feeling of pain. For example:

<https://www.youtube.com/watch?v=ihO02wUzgkc>

Adapted from <https://geriatricpain.org/>

Focus on Body

Cold or Heat

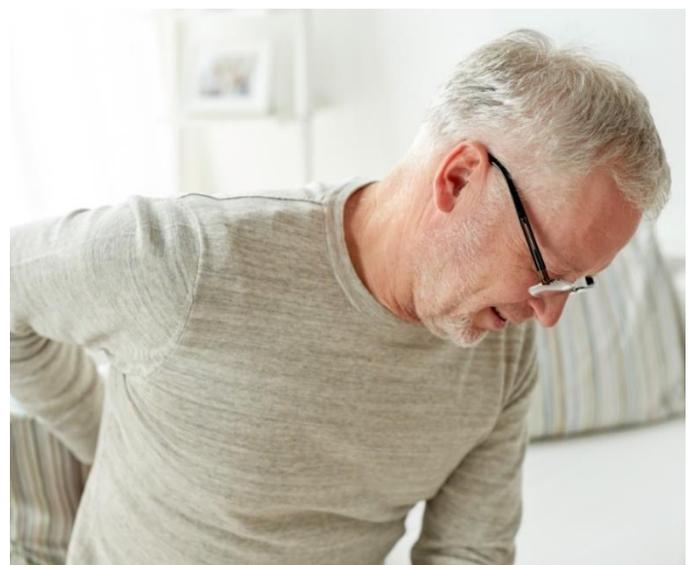
Cold packs (e.g. frozen gel packs or cold cloth) and heat packs (e.g. heated gel packs or warm cloths) can help you manage pain based on your preferences. It is wise to place a layer between your skin and the pack, not to place them on an open wound, and to stop using them if the pain becomes worse.

Positioning and Massage

Using pillows and support to optimize comfortable positioning can be helpful along with massage therapy. Massage devices can help too.

Acupuncture

Acupuncture is a component of traditional Chinese medicine (TCM). Acupuncture involves the insertion of fine needles into the body. This facilitates the body's self-healing system, which can assist with the management of pain.



Please discuss all healthcare information with your primary care provider.

Pain in home and community care



- Ask about the presence of pain. See page 5 for questions that can guide your conversation about pain with the older adult.
- Where possible, assess pain intensity by using a patient report tool such as:
 - [the Numeric Rating Scale \(NRS\)](http://www.geriatricpain.org) (*www.geriatricpain.org - University of Iowa*).
 - or [the Verbal Rating Scale \(VRS\)](#) which uses the verbal categories no pain, mild, moderate, or severe pain.
- For older adults who are living with advanced dementia, and are unable to report the severity of pain, consider using:
 - [the Pain Assessment in Advanced Dementia \(PAINAD\)](#) (*www.geriatricpain.org - University of Iowa*) which is based on observation of breathing, vocalization, facial expression, body language and consolability. You can learn about how to observe and report pain in older adults with dementia using the PAINAD tool in this [online presentation module](#) (*University of Alberta, 2008*).
- Ask family members or other care providers if there is any change in the older adult's usual behaviour (e.g. grimacing, unusually quiet, yelling) as this change might indicate pain. Look for physical root causes of pain such as constipation or pressure ulcers.



- Consider non-pharmacological approaches to help with pain (see page 8).
- Information regarding the safe use of common pain medications and the possible side effects is available in this pamphlet: [Managing your pain effectively using over the counter Medicines](#) (*British Pain Society, 2010*).
- If requested to do so, assist with taking pain medications by reminding when they are due, reviewing instructions, and opening bottles and blister packs and pouring liquid medications in appropriate dosages.



- Share your observations about the older adult's pain within the circle of care (healthcare team).
- Let the older adult's primary care provider know if the older adult or their family members are considering going to the emergency department because of pain.

Pain in primary care



- Ask about the presence of pain. See page 5 for questions that can guide your conversation about pain with the older adult.
- Where possible, assess pain intensity by using a patient report tool such as:
 - [the Numeric Rating Scale \(NRS\)](http://www.geriatricpain.org) (*www.geriatricpain.org - University of Iowa*).
 - or [the Verbal Rating Scale \(VRS\)](#) which uses the verbal categories no pain, mild, moderate, or severe pain.
- For older adults who are living with advanced dementia, and are unable to report the severity of pain, consider using:
 - [the Pain Assessment in Advanced Dementia \(PAINAD\)](#) (*www.geriatricpain.org - University of Iowa*) which is based on observation of breathing, vocalization, facial expression, body language and consolability. You can learn about how to observe and report pain in older adults with dementia using the PAINAD tool in this [online presentation module](#) (*University of Alberta, 2008*).
- Ask family members or other care providers if there is any change in the older adult's usual behaviour (e.g. grimacing, unusually quiet, yelling) as this change might indicate pain. Look for physical root causes of pain such as constipation or pressure ulcers.



- Discuss non-pharmacological approaches to help with pain (see page 8).
- When prescribing new pain medications, be mindful of the patient's medication history, current medications, and the potential side effects of prescribed medications. The following resources may be helpful:
 - [Pharmacological Guideline for Pain Management in Older Adults](#) (*American Geriatrics Society, 2009*) provides information on special considerations for non-opioid analgesics, opioid analgesics, and adjuvant drugs used to treat moderate to severe pain in older adults.
 - There is lack of evidence to guide the use of cannabis in older adults; however, the [Simplified Guideline for Prescribing Medical Cannabinoids](#) (*Allan M. et al., 2018*) provides a medical cannabinoid prescribing algorithm to offer help in decision making for the use of cannabinoids in general population.



- Verify that the older adult and family understand the pain management plan.
- Share the pain management plan within the circle of care (healthcare team).

Pain in hospital



- Ask about the presence of pain. See page 5 for questions that can guide your conversation about pain with the older adult.
- Where possible, assess pain intensity by using a patient report tool such as:
 - [the Numeric Rating Scale \(NRS\)](http://www.geriatricpain.org) (*www.geriatricpain.org - University of Iowa*).
 - or [the Verbal Rating Scale \(VRS\)](#) which uses the verbal categories no pain, mild, moderate, or severe pain.
- For older adults who are living with advanced dementia, and are unable to report the severity of pain, consider using:
 - [the Pain Assessment in Advanced Dementia \(PAINAD\)](#) (*www.geriatricpain.org - University of Iowa*) which is based on observation of breathing, vocalization, facial expression, body language and consolability. You can learn about how to observe and report pain in older adults with dementia using the PAINAD tool in this [online presentation module](#) (*University of Alberta, 2008*).
- Ask family members or other care providers if there is any change in the older adult's usual behaviour (e.g. grimacing, unusually quiet, yelling) as this change might indicate pain. Look for physical root causes of pain such as constipation or pressure ulcers.



- Discuss non-pharmacological approaches to help with pain (see page 8).
- When prescribing new pain medications, be mindful of the patient's medication history and the potential side effects of prescribed medications. The following resources may be helpful:
 - [Pharmacological Guideline for Pain Management in Older Adults](#) (*American Geriatrics Society, 2009*) provides information on special considerations for non-opioid analgesics, opioid analgesics and adjuvant drugs used to treat moderate to severe pain in older adults.
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- Discuss pain during rounds and in shift reports.
- If the older adult is being discharged with a new pain management plan, ensure that it is shared within the circle of care (healthcare team).

Pain in long-term care



- Ask about the presence of pain. See page 5 for questions that can guide your conversation about pain with the older adult.
- Where possible, assess pain intensity by using a patient report tool such as:
 - [the Numeric Rating Scale \(NRS\)](http://www.geriatricpain.org) (*www.geriatricpain.org - University of Iowa*).
 - or [the Verbal Rating Scale \(VRS\)](#) which uses the verbal categories no pain, mild, moderate, or severe pain.
- For older adults who are living with advanced dementia, and are unable to report the severity of pain, consider using:
 - [the Pain Assessment in Advanced Dementia \(PAINAD\)](#) (*www.geriatricpain.org - University of Iowa*) which is based on observation of breathing, vocalization, facial expression, body language and consolability. You can learn about how to observe and report pain in older adults with dementia using the PAINAD tool in this [online presentation module](#) (*University of Alberta, 2008*).
- Ask family members or other care providers if there is any change in the older adult's usual behaviour (e.g. grimacing, unusually quiet, yelling) as this change might indicate pain. Look for physical root causes of pain such as constipation or pressure ulcers.



- Discuss non-pharmacological approaches to help with pain (see page 8).
- When prescribing new pain medications, be mindful of the patient's medication history and the potential side effects of prescribed medications. The following resources may be helpful:
 - [Pharmacological Guideline for Pain Management in Older Adults](#) (*American Geriatrics Society, 2009*) provides information on special considerations for non-opioid analgesics, opioid analgesics and adjuvant drugs used to treat moderate to severe pain in older adults.
 - There is lack of evidence to guide the use of cannabis in older adults; however, the [Simplified Guideline for Prescribing Medical Cannabinoids](#) (*Allan M. et al., 2018*) provides a medical cannabinoid prescribing algorithm to offer help in decision making for the use of cannabinoids in general population.



- Share the pain management plan within the circle of care (healthcare team).
- Provide education for the older adult and family.

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