



The AGS Foundation for Health in Aging's

Dealing with “Persistent” Pain in Later Life

“Persistent pain” is pain or discomfort that lasts for a long time, or comes and goes

over the course of months or years. Arthritis and other chronic, or ongoing, health problems can cause persistent pain. Because many older adults have chronic health problems, persistent pain is common. But persistent pain isn't a “normal” part of aging and shouldn't be ignored. If untreated, persistent pain can make it hard to sleep, walk, and carry out daily activities. It can lead to disability. It can take the joy out of living.

Fortunately, there are many effective treatments for persistent pain. By learning more about persistent pain and its treatments, and working with your healthcare provider, you can find treatments – either drug or non-drug treatments or a combination of these – that are safe and effective for you. If you suspect that a loved one with dementia has persistent pain, you can work with your loved one's healthcare provider to ease this pain.

Here's what the experts with the American Geriatrics Society's Foundation for Health in Aging recommend:

First, describe the pain If you have persistent pain, keeping a “pain diary” can help you better understand and explain your pain to your healthcare provider so he or she knows how best to help you. Record the following in your pain diary for a week:

- When and how often you feel pain.
- What kind of pain you feel. (Does it feel like burning? Aching? Pins and needles? Does it “shoot” through a specific part of your body?)
- What, if anything, eases the pain.
- What, if anything, makes the pain worse.

- What pain relief medications or treatments you've tried and whether and how they've worked.

Older adults with dementia may suffer from persistent pain but be unable to describe it. If you have a loved one with dementia, it's important that you recognize behaviors or changes in activity that can indicate pain and share them with your loved one's healthcare provider. Watch for the signs listed below. Note when these signs happen — for example, while resting or while moving. Also note how often the pain occurs, and what seems to ease the pain or make it worse.

Signs of pain in older adults with dementia include:

- Facial expressions that indicate pain — such as frowning, looking frightened, grimacing, keeping eyes tightly closed, rapid blinking
- Moaning, groaning, sighing, grunting, chanting, calling out or calling for help, breathing noisily, being verbally abusive
- A rigid, tense body posture, fidgeting, pacing, rocking, or changes in the way he or she walks and moves.
- Changes in eating or sleeping habits or in usual routines
- Increased confusion, irritability, distress, or wandering

Learn more about medications that can relieve pain

Medication is the most common treatment for persistent pain in older adults. There are different kinds of medications that can ease different kinds of persistent pain:

Acetaminophen (Tylenol[®], for example) may be the best choice for mild-to-moderate muscle and bone pain, including arthritis pain. It is not habit-forming. Acetaminophen is an ingredient in many over-the-counter and prescription medications, however, so you can get a dangerously high dose if you take several medications that contain acetaminophen. Be sure to read the labels of all medications so you know how much acetaminophen you are taking.

Nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin, ibuprofen, and naproxen, can cause more side effects in older people. NSAIDs can also interact with other prescription medications. They should be used only by older adults who don't have certain health problems, such as heart disease, or health

risks, such as risk of stomach bleeding. Even then, they should be used only for a short period of time with careful monitoring by a healthcare provider.

Opioid pain medicines, such as Vicodin, Percocet, Ultracet, Lortab, and morphine may help ease pain when other medications don't. They can cause initial drowsiness and usually cause constipation, but stool softeners and other treatments can relieve constipation; tell healthcare provider if this is a problem. Overall, opioid medications cause fewer serious side effects than traditional NSAIDs. While they can be habit forming, they can be safely stopped by gradually lowering the dose. Addiction to these medicines is rare among older adults who don't have a history of drug abuse.

Other medications Some antidepressant medications can relieve certain types of persistent pain, even among people who aren't depressed. Other medicines known to ease some kinds of persistent pain include anticonvulsant drugs, such as Neurontin (gabapentin) and Lyrica (pregabalin). "Local" anesthetics such as lidocaine, that are available in patch form, seem to be effective against persistent pain due to nerve injuries and nerve diseases.

Talk to your healthcare provider before taking any pain medication Before starting a pain medication, or any other medication, talk to your provider. Share information from your pain diary or, if your loved one with dementia is in pain, share your observations. Be sure to let your provider know what other over-the-counter and prescription drugs, vitamins and other supplements you or your loved one is taking. If your provider recommends medication for persistent pain, ask him or her to explain how to take it and what side effects, if any, to watch for.

Stay in touch with your provider, and let him or her know if the medication seems to be causing any side effects, how well it is working to relieve pain, and how it is affecting your ability to function.

Ask your provider about non-drug pain relief

Appropriate physical therapy and exercise that improve strength, the range of motion of joints and limbs, walking stability, and endurance can, as a result, help ease some types of persistent pain. Non-drug treatments, such as massage, acupuncture, and transcutaneous electrical nerve stimulation (TENS), can also help some people. So can relaxation, distraction, cognitive-behavioral therapy, and music. Talk to your provider about these.

Learn about additional alternatives if you're still not getting relief

If medication and other remedies aren't working, or are causing side effects, alert your healthcare provider immediately. There are other pain relief alternatives, such as patient education programs and support groups that can teach you about pain and help you cope with it. Ask your health care provider about programs and groups in your area. Your provider may also refer you to a special pain management center. Some persistent pain problems are very complex and require a team of specialists to diagnose and manage them. Although you may not get complete relief from all pain, much can be done to control or manage most persistent pain problems.

Get more information about persistent pain management

The following organizations can provide helpful information about persistent pain relief in later life:

The AGS Foundation for Health in Aging

www.healthinaging.org/eldercare/

(See Chapter 11, "Pain")

National Chronic Pain Outreach Association (NCPOA)

7979 Old Georgetown Road, Suite 100
Bethesda, MD 20814-2429; (301) 652-4948

American Chronic Pain Association

P.O. Box 850

Rocklin, CA 95677; 916-632-0922;

www.theacpa.org

American Pain Society

4700 W. Lake Ave.

Glenview, IL 60025; 847-375-4715;

www.ampainsoc.org

Arthritis Foundation

1330 W. Peachtree

Atlanta, GA 30309; (800) 283-

7800; www.arthritis.org

American Pain Foundation

201 North Charles Street, Suite 710

Baltimore, Maryland 21201-4111; (888) 615-7246;

www.painfoundation.org

350 Fifth Avenue
Suite 801
New York, NY 10118
212-755-6810
www.healthinaging.org



The Foundation for Health in Aging builds a bridge between the research and practice of geriatrics health care professionals and the public. The Foundation advocates on behalf of older adults and their special needs through public education, clinical research, and public policy.

The American Geriatrics Society is dedicated to improving the health and well-being of older adults. With a membership of over 6,000 health care professionals, the AGS has a long history of improving the health care of older adults.