TEXAS Health and Human Services

Understanding Pain and Pain Communication in Older Persons

Common Painful Conditions in Older Persons

- Degenerative joint disease
- Rheumatoid arthritis and osteoarthritis
- Fibromyalgia
- Low back disorders
- Crystal-induced arthropathies (gout)
- Osteoporosis with vertebral compression fractures
- Neuropathies (e.g., diabetic neuropathy, post-herpetic neuralgia, trigeminal or occipital neuralgia)
- Gastrointestinal conditions (e.g. ileus, gastritis, peptic ulcers)
- Renal conditions (e.g., kidney stones, bladder distension, UTI)
- Headaches
- Oral or dental pathology
- Peripheral vascular disease
- Post-stroke syndromes
- Immobility, contractures
- Pressure injuries
- Amputations
- Fall related injuries
- Abrasions, skin tears
- Spinal stenosis
- Cancer
- Generalized pain
- Carpal tunnel
- Cellulitis
- Kyphosis

Definitions of Key Terms

Pain: An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage; and is present whenever a person says it is.

Persistent or Chronic Pain: Pain that is recurrent or lasts past the normal time of healing (usually characterized as pain for at least 3 months) that can be caused by a disease or condition, injury, medical treatment, inflammation, or an unknown reason. It can be nociceptive, neuropathic or mixed and the cause may not be easily identifiable. Common conditions associated with pain in the elderly include degenerative joint disease, diabetic neuropathy, peripheral vascular disease, arthritis and headaches.

Acute Pain: A subjective experience that usually starts suddenly and has a known cause, like an injury or surgery. It normally gets better as your body heals and lasts up to or less than three months. Acute pain is often described as sharp or severe. It is usually nociceptive, resulting from an identified event (e.g., fall, new fracture, other injury or trauma) and resolves within a relatively short period of time – depending on the cause or extent of tissue injury.

Nociceptive pain: Pain derived from the stimulation of pain receptors as a result of tissue inflammation or damage. Common examples include inflammatory and degenerative arthritis. Others define nociceptive pain as pain that arises from actual or threatened damage to non-neural tissue and is due to the activation of nociceptors. This term is designed to contrast with neuropathic pain and is used to describe pain occurring with a normally functioning somatosensory nervous system to contrast with the abnormal function seen in neuropathic pain. Nociceptive pain is often described with words such as dull, throbbing, cramping or aching.

Neuropathic pain: Pain derived from pathologies in the central or peripheral nervous system and is a clinical description rather than a diagnosis. Common examples include post-herpetic neuralgia, peripheral neuropathy, trigeminal neuralgia and post-stroke pain. Neuropathic pain more often is described with words such as burning, shooting, tingling, numbness, and lightning.

Unspecified or mixed pain: Pain of uncertain mechanisms, like recurrent headaches. Mixed pain includes both nociceptive and neuropathic features. Unspecified or mixed pain if often difficult to treat and usually requires a combination of interventions.

Common Pain Effects on Activities of Daily Living (ADLs)

- Refusing food or appetite change
- Increase in resting periods or sleep disturbances
- Decreased mobility (e.g., ambulation, transferring)
- Increased falls and delayed rehabilitation
- Increased incontinence and difficulty with toileting
- Changes of common routines

Common Pain Effects on Behaviors

- Facial expressions – frowning, sad or frightened face, wrinkled forehead, grimacing, closed or tightened eyes, rapid blinking, any distorted expression

- Verbalizations or vocalizations – sighing, moaning, groaning, grunting, chanting, calling out, verbally abusive, crying
- Breathing – noisy breathing, labored or irregular breathing, rapid respirations or hyperventilation
- Body movements – rigid, tense posture, guarding, fidgeting, increased pacing/rocking/wandering, restricted movement, striking out, pulling, or pushing away
- Mental status changes – increased confusion, irritability, distracted, difficult to console

Common Pain Effects on Mood

- Apathy
- Depression
- Anxiety
- Hopelessness, despair, fearful
- Irritability, antagonistic relationships with facility staff
- Suicidal thoughts

Common Pain Effects on Socialization

- Reduced socialization
- Spiritual withdrawal
- Decreased activity engagement
- Decline in relationships

How to Ask About Pain

Pain recognition in those with moderate to serve cognitive impairment can be difficult to determine. Pain is considered an unmet need that is often challenging for those with cognitive impairment to express. This inability to communicate pain can cause problems in understanding and being understood; and may result in behaviors or other effects as mentioned above.

Possible barriers with communication include:

- Inability to use the appropriate words to describe pain
- Inability to express the presence of pain

- Inability to indicate the exact location of the pain

An interdisciplinary/interprofessional team approach is essential to investigate if pain may be the root cause for disturbances or declines in ADLs, behaviors, mood, or socialization; which may otherwise lead to the misuse of psychotropic medications.

Talking with family and other caregivers may provide valuable information about the person's history, behaviors and what makes the pain worse or better.

Here are some ideas of different ways to inquire about pain.

- Do you have any aches, soreness, burning, etc.?
- How is your arthritis today?
- You had a fall today, do you hurt anywhere?
- How is your back doing today?
- Do you have a headache?
- How are your mouth/teeth doing?
- Are you feeling any discomfort?
- I noticed you stopped going to play bingo, is something bothering you?
- I noticed you haven't had much appetite lately, has something changed?

When communicating with someone about their pain, it is also important to consider any language barriers, cultural or religious beliefs, socio-economical or educational status, and beliefs about pain and treatment. It is also important to note that a "no" response may not always be reliable.

References

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