

CONTENTS

Preface	xi
Howard S. Smith	

Overview of Pain Management in Older Persons	185
Glenn Deane and Howard S. Smith	

The purpose of this article is to situate the social and demographic context of pain management in older adults. It summarizes representative literature on the age and sex composition of pain among older adults and considers sources of assessment bias that likely lead to the conflicting descriptions of prevalence. It also describes treatment options that are both available and acceptable to older adults.

Pain Perception in the Elderly Patient	203
Gary McCleane	

In the elderly patient, the barriers to effective treatment of pain are substantial. Even the perception of pain may differ from that in those of less advanced years. Of course, many other factors impinge on the presence of, and treatment of, pain in elderly patients. Issues of physical accessibility to treatment, cost of drugs, the presence of coexisting illness, the use of concomitant medication, and even the ability to understand the complaints of the patient who has cognitive impairment are only some of those factors that contribute to the complexity of the situation.

Assessment of Pain in the Elderly Adult	213
Patricia Bruckenthal	

The goals of a clinical assessment for pain in the elderly adult may be similar to those established for younger patients; however, unique characteristics of aging make this assessment more

challenging for clinicians. The overarching goal of pain assessment in the elderly is to provide successful pain management. This article provides the clinician with the foundation to perform a successful pain assessment for older adults who are able to communicate by self-report. This provides a comprehensive base on which to build a relevant plan of care.

Assessment of Pain in the Nonverbal or Cognitively Impaired Older Adult

237

Karen Bjoro and Keela Herr

The inability of nonverbal older adults to communicate pain represents a major barrier to pain assessment and treatment. This article focuses on nonverbal older adult populations with dementia, delirium, and severe critical illness. A comprehensive approach to pain assessment is advocated encompassing multiple sources of information. Selected behavioral tools for nonverbal pain assessment are critiqued. Although there are tools with promise, there is currently no standardized behavioral tool that may be recommended for broad adoption in clinical practice and continued concerted effort to this end is needed.

Special Issues and Concerns in the Evaluation of Older Adults Who Have Pain

263

Kenneth L. Kirsh and Howard S. Smith

Older patients who have pain present unique challenges for clinicians. On the one hand, care must be taken to treat the pain aggressively while avoiding hampering the patient with excessive side effects, such as drowsiness, nausea and vomiting, and constipation. On the other hand, the clinician must be aware of the growing problem of prescription drug abuse and assess whether or not the patient or his or her family is at risk. Indeed, the concern for assessment is not solely centered on the patient but also extends to the family and extended support network, which may or may not have the patient's best interests at heart when it comes to pain medications. Supposing that addiction and abuse are solely the purview of the young is no longer acceptable, and we have the burden of assessing for problematic behavior while also trying to convince some patients that they would benefit from pain medicine.

Pharmacotherapy of Pain in Older Adults

275

Scott A. Strassels, Ewan McNicol, and Rosy Suleman

Pain is a universal part of being human, and yet, there is ample evidence that many people from all backgrounds, stages of life, and levels of health care experience receive less than optimal treatment

of their pain. This article reviews the pharmacotherapy of pain in older adults, with a focus on salicylates, nonsteroidal anti-inflammatory drugs, and opioids.

Topical Analgesic Agents

299

Gary McCleane

Pain processing and transmission are achieved by a complex interaction of pathways and processes. Those parts of the process with peripheral representation may be amenable to therapeutic intervention by systemic administration to achieve a peripheral effect or by local application, including local topical administration to the skin overlying the painful area. Advantages include high level of patient acceptance, ease of administration, avoidance of systemic side effects, and reduced drug-drug interactions. Those drugs with topical analgesic effects include those with specific topical analgesic indication and others in which no such indication exists but that may offer a chance of pain therapy at reduced risk.

Role of Rehabilitation Medicine in the Management of Pain in Older Adults

313

Hyon Schneider and Adrian Cristian

Pain management may play an important role in contributing to optimal quality of life in the elderly population. Pain lowers overall quality of life in part by decreasing function and by amplifying the psychologic stress of aging. A comprehensive, multidisciplinary approach to pain management, with preservation and restoration of function in older adults, is the cornerstone of an effective pain management program.

Behavioral Approaches to Pain Management in the Elderly

335

Lisa J. Norelli and Saira K. Harju

Pain is a complex phenomenon, influenced by many individual and external factors, and may be experienced differently with age. The detrimental health and social effects of chronic pain are well known. Age-related disorders, such as dementia, may interfere with the communication of pain. Health care provider bias and cultural expectations also may be barriers to the recognition and management of pain in the elderly. A multidisciplinary and multimodal approach in older adults is essential to effective assessment and management. Behavioral approaches to pain should be considered and incorporated into treatment where appropriate.

Interventional Techniques for Back Pain

345

William F. Lavelle, Elizabeth Demers Lavelle,
and Howard S. Smith

Most Americans will be afflicted by some form of spine-related pain in their lifetime. In older patients, the most frequent source of back pain is lumbar spinal stenosis or vertebral compression fracture. Although most back pain is self-limited, some patients will require interventional techniques. This article reviews minimally invasive techniques for treating back pain, lumbosacral radicular pain, lumbar spinal stenosis, and compression fractures.

Lumbar Spinal Stenosis in Older Adults: Current Understanding and Future Directions

369

John D. Markman and Kristina G. Gaud

Lumbar spinal stenosis is a common cause of low back pain in the elderly. Surgical and nonsurgical treatments have been used with varying success. This article aims to characterize the growing unmet need for the treatment of neurogenic intermittent claudication in the elderly population with lumbar spinal stenosis and reviews the current understanding of this condition with an eye toward framing a research agenda for nonsurgical treatments.

Index

389