Chronic Pain in the Older Patient

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WHO on Pain Treatment

By the Mouth

By the Clock

By the Ladder

1990's The Decade of Pain Treatment

Definition of Pain

- *An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.*
  - **The International Association for the Study of Pain**

Acute Pain

- **Acute pain**, for the most part, results from disease, inflammation, or injury to tissues.
- This type of pain generally comes on suddenly, for example, after trauma or surgery, and may be accompanied by anxiety or emotional distress.
- The cause of acute pain can usually be diagnosed and treated, and the pain is self-limiting. (In some rare instances, it can become chronic.)

Chronic Pain

- **Chronic pain is widely believed to represent a disease itself.**
- **It can be made much worse by environmental and psychological factors.**
- **Chronic pain persists over a longer period of time than acute pain and is resistant to most medical treatments. It can—and often does—cause severe problems for patients.**

End-of-Life Pain

- No common picture
- Varies with the terminal illness
- Varies with the perceptions of the patient and the patient's social support
- Includes significant emotional and spiritual components

Definitions Habituation/Tolerance

- Habituation
- Tolerance
  - Condition in which the body no longer responds as well to an opioid's pain-relieving properties at the current dose. The patient requires increased doses to maintain satisfactory pain relief.

Definition of Addiction

- Addiction
  - An overwhelming compulsion to continue use of the drug for other reasons than pain relief.
  - The drug use persists even in the presence of harm to oneself or to others.
  - Addiction is a behavioral disorder that harms the individual and society

Definition of Pseudoaddiction

- Syndrome of under-treated pain (inadequate medications/doses/regimens)
- Feelings of anger, isolation
- Behaviors typical of addiction

  Doctor-shopping,Hoarding,Concern over Supply

Clinical Pearl
Equianalgesia

- All strong opioids are comparable
- We use morphine as the Gold Standard
- We may dose for oral or parenteral
- Notes about morphine:
  - No need to write “Morphine Sulfate”

General Principles for Treating Pain

- Principles
  - Patient comfort
  - Relief as soon as possible after diagnosis
  - Concern for pain of procedures
  - Relatively rapid dose escalation
  - Continuous Monitoring of Therapy

Drug Dosing

- "Analgesic medications should be prescribed regularly around the clock… . The intervals between administration should be sufficiently close together to avoid swings in pain levels. Both laboratory and clinical studies have shown that the presence of anxiety will result in an increased need for narcotics, thus setting up a vicious cycle whereby escalating doses of analgesics are needed, without adequate pain relief being obtained."
  - Barry Stimmel, M.D., *Pain, Analgesia, and Addiction: The Pharmacologic Treatment of Pain*

Duration of Pain Treatment

- Duration is Highly Variable
  - Ideal – Short-Term (days – weeks)
  - Commitment – For as long as the patient requires
- Best Case – Pain Relief with Return to Original Functionality

Acute Management

- RICE
  - Rest, Ice, Compression, Elevation
- NSAID to effect, LIMITED by Tolerance
- Opioid for Moderate to Severe Pain
- Seek Diagnosis and Plan to Treat the Cause While Initiating Chronic Treatment

Remember Problem Drugs

- The Worst Offender – propoxyphene – no longer a challenge
- The Next Villain – meperidine – falling from use
- NSAIDs with Worst Profiles
  - piroxicam
  - indomethacin

Treating Chronic Pain

- Principles
  - Patient Comfort
  - Relief to restore (as far as possible) earlier functionality
  - Concern for drug toxicity
  - Continuation of analgesic treatment for life
  - Flexible future analgesic treatment

Treating End-of-Life Pain

- Principles
  - Patient Comfort
  - Relief without excessive concern about risk
    - Regulatory interventions
    - Habituation/addiction
    - Side effects that are not life-threatening
  - Continuation for life

Chronic Pain

- Chronic pain persists. Pain signals keep firing in the nervous system for weeks, months, even years.
- There may have been an initial acute injury, or there may be an ongoing cause of pain.
- Some people suffer chronic pain in the absence of any past injury or evidence of body damage -- Inexplicable.
- Chronic pain conditions disproportionately affect older adults.

Chronic Pain Complaints

- Partial List
  - headache
  - low back pain
  - cancer pain
  - arthritis pain
  - neurogenic pain (resulting from damage to the peripheral nerves or to the central nervous system itself)
  - psychogenic pain (not due to past disease or injury or any visible sign of damage inside or outside the nervous system)

Chronic Pain Treatment Modalities

- Medications, physical therapy, acupuncture, local electrical stimulation, brain stimulation, as well as surgery, are some treatments for chronic pain.
- Placebos may in some cases lessen or eliminate pain.
- Psychotherapy, relaxation and medication therapies, biofeedback, and behavior modification may also be employed.

Chronic Pain Treatment Template

- NSAID as Foundation
- Opioid where appropriate
- Nontraditional Analgesics
- Nonpharmacologic Interventions
- Regular Assessment of Effect
- Regular Review of Outcomes

Clinical Pearl
Sugared Mineral Oil

- Alternative to Manual Disimpaction or to Fleet's Mineral Oil Retention Enema
- White Petrolatum
  - Wax Paper with Pea-Size Aliquots
  - Into Freezer
  - Shake Powdered Sugar to Coat
  - Keep Frozen until needed
  - Dose of 1 to 3 po

End-of-Life Pain

- Usually a Variant of Chronic Pain, But Complicated by Exacerbations
- Commonly associated most with death from cancer
- Other challenging pain pictures at end of life (COPD, CHF, Comorbid Conditions)

End-of-Life Clarity

- False General Belief: Opioid use to control pain around the time of death causes the patients to die sooner.
- "Hospice providers, families, and patients should not be afraid of opioid drugs because of the belief that their use to control pain shortens life"
  - Dr. Russell K. Portenoy, Beth Israel Medical Center, NYC
  - Dr. Portenoy and his colleagues examined the relationship between opioid use and survival using data from the National Hospice Outcomes Project (NHOP).

End-of-Life Clarity

- After analysis of all the factors, opioid use accounted for very little in differences of times of death. Opioid therapy by itself contributes very little to the time before death occurs in hospice programs.
- "Opioid drugs can be used aggressively at the end of life to relieve pain and suffering, and this use should not be constrained by inappropriate fear of serious consequences like earlier death".

End-of-Life Clarity

- The World Health Organization defines palliative medicine as "the active total care of patients whose disease is not responsive to curative treatment." End-of-life care is designed to treat the whole person and is based on a meeting or consultation with the patient and his or her family. Patients and their families should request a palliative care consultation when faced with a terminal illness.

End-of-Life Chronic Pain Treatment Template

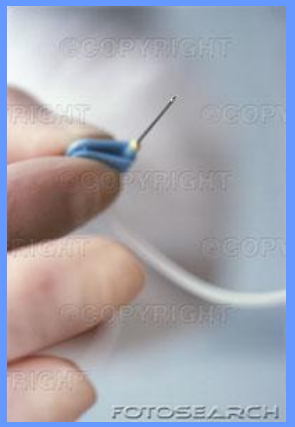
- Essential components
  - consultation to assess and manage physical symptoms
  - Assist patients to identify personal goals for end-of-life care
  - Assess and support psychological and spiritual needs
  - Assess the patient's support system
  - Assess and communicate the estimated prognosis
  - Define End-of-Treatment Protocols

Review of Principles to Treat Chronic End-of-Life Pain

- Avoid *prn* Dosing – By The Clock
- NSAID to Effect or to Toxicity
- Strong Opioid as Mainstay
- Breakthrough Doses a Necessity
- Antidepressants
- Antianxiety Agents

Clinical Pearl
Butterfly Needle

- May be placed IV
- May be placed SC
- Includes IV Tubing with Injection Cap
- Useful up to 1 mL dose
- Why Scapular Placement?



Equianalgesia

- All pure Opioids (agonists) included
- Morphine as Gold Standard
- Morphine as Common Comparator
- All Pure Opioids produce comparable analgesia at equivalent doses

What is an "Adequate" Dose Increase for an Opioid?

- No less than 10% of the Base Dose
- Up to 25% of the Base Dose
- Small "Bumps" of 5% or less usually are to no effect.
- Example: A patient taking morphine extended-release 30 mg every 12 hours
  Dose Increase: 60 mg/day → 6 – 15mg

Adequate Breakthrough Dose for an Opioid?

- 20 – 25% of a single dose
- Example: extended-release morphine 30 mg every 12 hours
- Breakthrough Dose 30 mg → 6 – 8 mg
- Frequency? Every 20 – 30 minutes

Take-Away

- Chronic Pain responds poorly to *prn* dosing.
- Therefore
  - Encourage patients to take adequate doses
  - Educate patients and caregivers to dose on a prescribed schedule
  - Help prescribers to select appropriate drugs
  - Counsel patients to expect true pain relief from consistent, long-term treatment

Take-Away

- Chronic Pain responds poorly to many pharmacologic interventions.
- Therefore
  - Encourage patients toward medication adherence
  - Help prescribers to select appropriate drugs
  - Counsel patients to expect challenging times
  - Remain open to considering many different interventions

Take-Away

- Chronic End-of-Life Pain responds well to aggressive dosing.
- Therefore
  - Encourage patients to take adequate doses
  - Help prescribers to escalate doses appropriately
  - Counsel patients and their families to expect effective short-term therapy
  - Prepare to be an active participant in wide-ranging drug therapy