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Stop the pain!

Seniors are more likely than people in other age groups to have conditions that cause pain, such as arthritis, osteoporosis or diabetes. Unfortunately, they're also more likely to suffer with untreated pain, for reasons explored in this issue of *Expression*.

It doesn't need to be this way. Specialists have learned a great deal about pain and how to control or even eliminate it. Practical use of this knowledge is spotty, however, so many Canadians, especially seniors, are still living with pain unnecessarily.

Pain can make even the simplest task a trial. More serious, untreated pain can lead to other health problems, both physical and mental, and generally undermine the quality of life. There's no reason to suffer pain and it shouldn't be considered a 'normal' part of the aging process. Medical science has developed effective treatments. Non-medical and complementary options are available. Coping mechanisms can be learned.

The first step is communicating explicitly and accurately with health care professionals, so that your pain is recognized. Then, working in partnership with health care professionals and enlisting the support of family and friends, you can explore a range of possibilities for eliminating or at least controlling pain. You'll need information and you'll need to be persistent, but, as many seniors have learned, it's possible to manage your pain and regain your quality of life.

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NACA

The National Advisory Council on Aging consists of up to 18 members from all parts of Canada and all walks of life. The members bring to Council a variety of experience and expertise to advise the federal Minister of Health, her colleagues and the public on the situation of seniors and the measures needed to respond to the aging of the Canadian population. Current NACA members are:

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Pain is a pain

Pain is unpleasant, but it serves a purpose – it's the body's way of telling us something is wrong and needs attention. It's why we recoil from a hot stove, rub a bumped elbow, and rest a twisted ankle.

At least a third of seniors say they have pain or discomfort, and the figure is higher for those over age 75 and those living in institutions. In addition to physical suffering, pain affects well-being and the quality of life.

Pain interferes with mobility and ability, reducing capacity for daily activities. When pain impedes sleep and appetite, fatigue in turn can increase the experience of pain, impair concentration and sap energy. Seniors in pain may stop enjoying leisure activities. They may feel helpless, anxious, and depressed and may even contemplate suicide. Chronic pain can also undermine interpersonal relationships. The person with the pain feels guilty; family members are stressed by added responsibilities and new roles; and friends don't know how to relate to someone in pain.

Pain is subjective, so each person experiences it differently – identical injuries or diseases can cause widely varying experiences of pain. Pain falls into two general categories:

- *Acute pain* is temporary. It may be severe at the beginning but declines over time, lasting from a few seconds to several days or even weeks.
- *Chronic pain* lingers, lasting from a few months (often defined as six months or more) to many years. It can be mild or excruciating, episodic or continuous, merely inconvenient or totally incapacitating. Sometimes chronic pain begins as acute pain. It also stems from disease (for instance, arthritis, diabetes, shingles), but sometimes experts can't find a cause.

Overcoming under-treatment

Pain is more than just a companion of disease or injury; it's a damaging process in its own right and requires prompt treatment to counter its destructive effects. This is why the **Canadian Pain Society** (CPS) launched its "Patient Pain Manifesto", a public awareness program aimed at alerting and educating patients and their families about the right to effective pain management. "A surprising number of people believe that suffering is part of being in hospital and being ill," explained the CPS president, **Dr. Celeste Johnston**. "We want to make sure that patients are fully aware that they have the right to receive treatment to keep their pain under control and help them reclaim their lives."[1]

Treating pain relieves unnecessary suffering and frees up energy to fight illness and maintain daily activities. After surgery, pain control lets you recover your strength faster and start walking earlier, avoiding complications such as pneumonia and blood clots due to inactivity. Research shows, however, that seniors are often under-treated for pain.

The **American Medical Association** was so concerned about the situation that it issued guidelines on managing chronic pain in older people in 1998.[2]

The reasons for under-treatment appear to include seniors' reluctance to report pain (believing perhaps that you're supposed to grin and bear it). As well, doctors lack training and experience in managing pain and may fall prey to myths about seniors – that they are less sensitive to pain or can tolerate it better than younger people, that pain is a natural part of aging, or that older patients cannot tolerate strong painkillers. Many physicians, not trained in pain management, fear that their patients will become addicted to painkillers or that side effects might compromise their ability to function (e.g. fatigue or loss of clarity of thinking). This is rarely true. The risk of leaving people with chronic pain untreated – with the resulting negative physical and emotional effects – is often greater than the risk of addiction to strong yet effective painkillers such as opiates. And there is recent medical evidence that painkillers that might create tolerance or addiction for a person not in pain do not have this effect when taken by those

[1] Canadian Pain Society news release, 11 May 2001. <http://www.medicine.dal.ca/cps>

[2] Lynne Lamberg. "New guidelines on managing chronic pain in older persons", *Journal of the American Medical Association* 280/4. July 22/29, 1998.

Medicating pain

Over the counter analgesics (pain relievers) do not require a prescription:

- Acetaminophen (brand name: Tylenol®) relieves pain and controls fever, but is not so effective for inflammation, an important source of pain for seniors. Long-term use at high doses can cause liver damage.
- Non-steroidal anti-inflammatories or NSAIDs – ASA (Aspirin®), ibuprofen (Advil®, Motrin®) and naproxen (Aleve®). NSAIDs can cause gastrointestinal problems, so avoid long-term use without medical advice.
- COX2 inhibitors (Celebrex®) are a new type of anti-inflammatory, possibly with fewer side effects.
- Some pain relievers are available in creams and gels that can be applied directly to the painful area.

Prescription analgesics are used to treat moderate to severe pain:

- Opioids or narcotics (morphine, codeine, heroin).
- The so-called 'adjuvant' analgesics, used mainly to treat conditions other than pain but sometimes helpful in relieving pain. They include anti-depressants, tranquillizers, and anti-convulsants.
- Nerve blocking drugs, injected at the site of the pain as a local anaesthetic.
- Marijuana can be prescribed for pain relief under certain circumstances. **Health Canada** is funding research into the safety and effectiveness of marijuana for treating severe pain and/or muscle spasms associated with multiple sclerosis, cancer, and severe arthritis that haven't responded to conventional treatments.[3]

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experiencing pain. It seems that the painkillers are "eaten up" by controlling the pain and therefore are much less likely to lead to addiction. Pain experts emphasize that all pain can and should be treated, but individual needs have to be taken into account. A senior, for example, may have more than one source of pain, may be taking drugs to treat several medical problems (increasing the risks associated with taking painkillers), and have a higher risk of side effects from drugs, including painkillers (see *Expression* volume 15-1).

What is pain management?

Pain management means eliminating or controlling pain, with the goal of restoring comfort, quality of life and the capacity to function as well as possible given individual circumstances and the source of the pain. Pain management varies with the kind of pain involved. For instance, preventing and reducing everyday aches and pains is often a question of healthy lifestyle choices – regular exercise to maintain strength, balance and flexibility (exercising also increases the body's production of natural painkillers, known as endorphins), eating well, drinking lots of water, brushing and flossing after meals, getting enough rest, maintaining good posture and a healthy body weight.

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[3] Medical access to marijuana is regulated by the Office of Cannabis Medical Access at Health Canada: <www.hc-sc.gc.ca/hecs-sesc/ocma>

A pain management success story

Jane is 73. She and her husband Ray, age 72, have always enjoyed an active life, with social activities like square dancing and bridge and outdoor interests such as gardening and birding. They are generally in good health, but in the last few years, Jane has felt some pain and stiffness, especially in her knees. It's beginning to cramp Jane's style – she still attends social events, but if an activity involves a lot of walking, she sometimes stays home. After an active day, her knees ache, making for a restless night's sleep. Jane prides herself on being self-reliant – she's not one to complain – so she doesn't mention this, even to Ray. The pain seems to be getting worse, but she dismisses it as just part of getting older. When she does visit her physician, she downplays her suffering, so the doctor takes no action to address it.

Finally, one day over a cool drink, Jane's friend Barbara mentions that she is enjoying outings with the birding club much more now that her arthritis pain is under control. Jane is surprised – she didn't even know Barbara had arthritis. Barbara explains that her doctor prescribed a new anti-inflammatory – one that doesn't bother her stomach as much. This conversation makes Jane realize she might be suffering needlessly, so she discusses it with her husband that night. Ray is very supportive; he has noticed that her arthritis is getting worse but he too thought she would just have to put up with it.

Jane makes an appointment with her doctor and prepares for the visit by writing down what she wants to talk about: a description of her aches and stiffness and how long she's had them; the fact that pain occurs mainly in the morning, after sitting for a while, or if she's been very active that day; and the medications she is taking. After listening to Jane's story, the doctor prescribes an anti-inflammatory, along with physiotherapy to strengthen her muscles and increase her flexibility. The doctor suggests that a hot bath could help her get started on the mornings when stiffness is a problem. Also, after an active day of birding or gardening, she can place a cold pack or a bag of frozen peas on her knees while she relaxes with a book. The anti-inflammatories take a couple of weeks to help, but they give Jane significant relief. The physiotherapy takes a little longer, but after two months, Jane can do much more than she used to. She no longer avoids activities involving long walks, and even if she overdoes it a bit, the frozen peas and a hot bath the next morning give her enough relief to keep going. Jane is sleeping better – and she's glad the topic of Barbara's arthritis came up that day!

Pain that goes beyond the everyday variety requires professional help. Your family doctor can treat many painful conditions, but when pain does not improve, or the cause is not clear, a specialized clinic may be able to help. Clinics may specialize in a type of pain (headache, back pain) or offer a full range of pain management, involving a team of experts who conduct a thorough assessment and tailor a comprehensive pain management plan.

Managing chronic pain – from arthritis, diabetes, osteoporosis, rheumatism, fibromyalgia – requires a combination of strategies, both medical and non-medical, along with healthy lifestyle choices to minimize the adverse effects of disease and help you cope better with any pain you might have. As the **Canadian Arthritis Society** describes it, pain management means learning gradually to regain a measure of control over your body so that you can achieve some mastery of your medical condition and feel less like the pain is controlling you. (See Jane's success story).

Finally, pain management is a critical component of palliative care for people facing terminal illness. Powerful painkillers, such as morphine, are used, while non-drug techniques can help reduce stress and anxiety. Opiates, when used appropriately, almost always control pain effectively. Some palliative care programs allow patients to decide how much medication they receive (within a safe limit). With this control, people tend to be less anxious, experience less pain, and even use less medication than those who must wait for a nurse to bring the next dose.

Finding the right words

Treating pain effectively is often a question of understanding what's behind it. Here are some questions to help you describe your pain to your doctor:

- Exactly where does it hurt? Is the pain sharp, dull, aching, burning – or something else? Is the pain constant, or does it come and go?
- Does the pain get worse or better with certain activities or when you stop an activity?
- Is there an obvious reason for the pain – a sprained ankle, an arthritic joint?
- Can you sleep through the night, or does the pain wake you up?
- Have you had a similar pain in the past?
- How much does pain interrupt daily activities?

Source: Alliance for Aging Research, *"Aging with ease: a positive approach to pain management"*. Washington, D.C.: July 1998. <http//www.agingresearch.org>

Talking about pain

The first step toward effective pain management is an informed patient – one who is

willing to report the type and level of pain to a health professional and to voice complaints if pain is not controlled.[4]

Seniors need to describe their pain as accurately as possible (see box), without holding back. Professionals need to recognize words seniors use to talk about pain – aching, burning, soreness, discomfort, heaviness, pins and needles, tingling, tightness – and use tools such as pain rating scales to help people describe their pain. Family and professionals also need to recognize non-verbal signs of pain – agitation or restlessness, changes in facial expression, reduced activities and mobility.

Beyond medicine

Non-drug techniques are often helpful as a complement – sometimes even a replacement – for painkillers, especially in reducing anxiety and restoring zest for life. No single technique has been proven most effective,[5] so seniors should experiment to find what works for them. Some examples:

- Relaxation techniques for energy conservation and restorative sleep, including meditation, visualization and positive imaging, touch therapy, massage, progressive muscle relaxation and deep breathing.
- Distraction – doing something to 'get your mind off the pain'. Any pleasurable activity that captures your attention completely – music, gardening, watching funny movies, art therapy, games, preparing a gourmet meal, reading – can work.
- Acupuncture, chiropracty, hypnosis, practised by a licensed professional.
- Physical activities – swimming, stretching, tai chi, and yoga – and physiotherapy to build strength and flexibility in muscles and joints.
- Counselling and social support to change behaviour and attitudes, alter your outlook on pain and learn how to deal with it.

Partners against pain

We have much to learn about pain, but we do know that it need not be a constant companion. Most pain can be treated. Awareness is the first step.

You're the expert on your own pain. You can reach out to health care professionals, family and friends for the treatment and support you need. You can explore alternative pain relief strategies. You can become an effective partner in the fight against pain. ■

[4] Charles S. Cleeland. "Undertreatment of cancer pain in elderly patients", *Journal of the American Medical Association* 279/23. June 17, 1998.

[5] Conference of the National Institutes of Health. "Integration of behavioural and relaxation approaches into the treatment of chronic pain and insomnia". 16-18 October, 1995. <http://odp.od.nih.gov/consensus/ta/017/017_statement.htm>

For more information...

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Online

Try general health sites such as webmd.com, mayoclinic.com and canadianhealthnetwork.com for information about pain, medical conditions that cause pain, and pain management.

http://stoppain.org
Website of the Department of Pain Medicine and Palliative Care, Beth Israel Medical Center, New York City. Extensive information about pain, including a glossary of terms used in describing, diagnosing and treating pain.

www.arthritis.ca
Website of the Canadian Arthritis Society.

www.cancercare.org/managing/pain/index.asp
Tips for managing cancer pain by working effectively with health care professionals.

Yvette G. Sentenne was appointed to the National Advisory Council on Aging in 1999. After many years as executive secretary and administrator in both the private and public sector, Ms. Sentenne set up her own company, offering translation and editing services, where she is still active.

Always involved in volunteer activities, she sat on the Board of the Fondation Wilfrid-Pelletier and on the Canada Committee of the International Year of Older Persons (1999). She has served with many agencies and community groups including the Auxiliaries of the Queen Elizabeth Hospital and the Centre de bénévolat Notre-Dame-de-Grâce. Ms. Sentenne resides in Montréal.