



The seniors' pain epidemic

As age increases, so does the prevalence of chronic pain. Improving services to deal with this needs to be a priority, according to some medical professionals. **Heidi Bilas** and **Bill Archer** look into the pain epidemic that sees seniors under-treated and over-medicated

“GOOD HEALTH AND WELLBEING ARE ESSENTIAL FOR making the most out of later life. People aged 65 and over are the fastest-growing age group in Britain and now there are more centenarians than ever before. We are living longer, but for many older people later life is often blighted by illness and disability.” – Gordon Lishman, Director General of Age Concern England¹

Chronic pain is an illness that impacts on all aspects of daily life, and is not considered a normal part of ageing though seniors are more likely to suffer from chronic pain than the rest of the population. As age increases, so does the prevalence of chronic pain, the demand for pain medications and their utilisation by seniors.

Known as the ‘silent epidemic’ due to the frequent absence of objective physical findings, it is considered invisible and its “debilitating effects often go unnoticed”². The cause of the pain may never be diagnosed, and it is often untreated, unless it is disease-specific³. Chronic pain affects over 8.5 million people in the UK⁴ or one in seven people³. As many as one in four people⁴ to one in three³ are actually affected by chronic pain when family members,

friends and carers are included. Chronic pain may result in “feelings of anxiety, despair, helplessness, isolation, loss of self-esteem, no confidence and tiredness”⁴.

Remarkably, 96 per cent of GPs believe there is a need for improvement in treatment methods⁶. According to Dr Brian Crichton, practising GP and GP Lecturer in Therapeutics at the University of Warwick, “Chronic pain is currently common although under-treated in primary care”. In short, “a great opportunity exists to help those suffering with chronic pain”⁷.

The current provision of chronic pain services is perceived to be inadequate to meet the need. Services frequently fall short of recommended levels of service for access and availability, and there is significant variation in the services available⁹. Additionally, the treatment of chronic pain conditions is often a frustrating aspect of primary care, as it tends to be resistant to conventional therapies, and drug dependency is a concern. Furthermore, there is ongoing debate, controversy and at times friction among healthcare providers regarding the optimal treatment of these patients. At the present time there are no published national general pain management guidelines for primary care, though work is now underway⁸.

New policies and shifts in practice

The improvement of services for seniors should be a priority for the NHS, according to Health Secretary Alan Johnson. For “those extra years are quality years where people have and are aware of basic entitlements to help them lead healthy, independent lives. Our aim must be to make quality of life stretch right to the end of life.”¹

Encouraging recent developments are PAIn: Collaboration and Exchange (PACE), a national network supporting the development of primary care pain services, and the Chronic Pain Policy Coalition (CPPC). CPPC members work collaboratively with patients, professionals and parliamentarians to improve the prevention, treatment and management of chronic pain and its associated conditions. The CPPC is actively campaigning to have pain



recognised as the fifth vital sign – routinely assessed as blood pressure, temperature, pulse and respiration¹⁰.

Goals of treatment

Appropriate treatment can improve quality of life and functioning, returning seniors to more normal, productive and enjoyable lives. Restoration of a feeling of control is critical. Living with pain and disability requires an active strategy to better understand, accept and manage the chronic pain condition. Emphasis is required on reducing dependency and supported active self-management of pain, and use of a multidisciplinary/multimodal approach to treatment rather than simply receiving treatment. Defining characteristics of modern pain management programmes include a focus on optimising function rather than disease, on management rather than cure, integration of specific therapeutics, multidisciplinary management, and an emphasis on active rather than passive methods¹¹.

Pharmacological pain management and the elderly

Medications are not without concerns and side-effects, and caution is always prudent. Seniors can be at increased risk from medications for various reasons. Changes in drug metabolism occur with age, as do higher rates of co-morbid illnesses. The ageing body is generally thought to be more susceptible to medication side-effects, and seniors are more likely to be prescribed long-term and multiple prescriptions. The more medications prescribed, the higher the risk of drug-drug interactions or adverse drug reactions, and problems taking them correctly (i.e. unintentional misuse). Over-medication is medication abuse, and damaging to health.

Risk management remains the primary concern of regulatory agencies and those who are prescribing these therapies, to limit misuse, abuse or inappropriate prescribing. With chronic pain, dependency on painkillers is an ongoing risk. Medications can, however, be effective and safe if used correctly. Unfortunately, some primary physicians may under-treat pain, either because they do not fully appreciate the toll chronic pain may have on lives over time, or they are cautious of scrutiny by licensing boards over opioid or narcotic prescriptions. Physicians may be unwilling to prescribe too much pain medication because they fear a patient may develop an addiction – even though most patients rate opiates as the most effective treatment. Clinicians may also harbour misconceptions about the pharmacological treatment of pain and an exaggerated risk perception of opioid-induced respiratory depression.

Regular medication reviews including prescription and OTC drugs, vitamins, nutritional supplements and herbal remedies will help the clinician design a safe and effective pharmacological treatment. Practical considerations of risk vs benefit, appropriate indications for prescribing, regular monitoring of response and medically necessary dosaging are vital. Pharmacological treatment may be an appropriate option for many seniors. What's important is to encourage seniors to get treatment for pain, whether from narcotics, other types of analgesics or other non-pharmacological treatment options.

Pain management is now acknowledged as a basic human

right. Dr Angela Stroe, a pain management specialist, eloquently expresses the message of hope for all: "There's no need to be in pain and suffering"¹² □

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