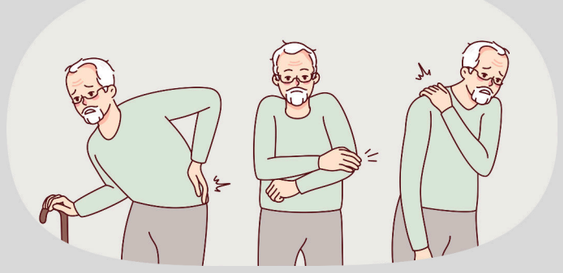
BEST PRACTICES FOR TREATING CHRONIC PAIN IN OLDER ADULTS

Meghan Breckling, PharmD, BCACP

Assistant Professor, College of Pharmacy

BACKGROUND

Over 50% of older adults have **chronic pain**, with 70% endorsing pain at multiple sites (1)



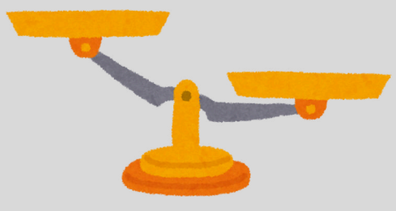
Chronic pain in older adults is **associated** with significant suffering, social isolation, disability, and greater costs and burden to healthcare systems; risk factor for premature death, accelerated decline, and cognition impairment (2)

Polypharmacy: 41% of the US adults > 65 years take ≥ 5 medications per day (2)

Opioid use: 6-9% community-dwelling older adults; up to 70% of nursing home residents scheduled opioids; 1-3% use inappropriately (1)

2023 AR OPIOID DISPENSING MAP

Balance of anticipated **benefits** of pain reduction with the **known and unknown risks** of treatment.



KEY MESSAGES

1. Utilize non-pharmacologic and pharmacologic treatments for common pain conditions in older adults.
2. Counsel and monitor potential side effects of medication treatment.
3. Refer patients to appropriate resources.

OLDER ADULTS AND PAIN CONDITIONS

- Most common pain conditions for older adults- chronic unspecified joint pain, chronic back pain, chronic neck pain.
- Increased age is risk factor for chronic pain (low back pan, neck pain, hip and knee pain)
- Impacts physical, psychological, and social functioning
- Patients with cognitive impairment are less likely to self-report pain
- **Tracking functional status**- mood, mobility, daily activities, sleep, appetite, cognitive impairment, and weight changes

TREATMENT

- Comprehensive history and physical is important
- Medication- partially effective and limited by side effects
- Older adults are under-represented in clinical trials for chronic pain treatment
- **Multidisciplinary approach:** pharmacologic agents, physical and psychological rehabilitation, and interventional approaches
- **Polypharmacy:** most often defined as taking ≥ 5 medications; prevalent in older adults; pain and analgesic use are reported risk factors for polypharmacy

TREATMENT TABLE

MEDICATION RISKS

- **Beers Criteria- NSAIDs, opioids, muscle relaxants, and TCAs**
- **Opioids**- confusion, heart conditions (Afib, HTN, CHF, HLP), fall risk, constipation, respiratory depression, and hyperalgesia
- **Oral NSAIDs**- GI ulcers/bleed, increased CV risk, renal toxicity; COX2 selective fewer side effects
- **Antidepressants- (SNRIs):** Weight gain, sexual dysfunction, insomnia, agitation, orthostatic hypotension, QTc prolongation; **(TCAs):** anticholinergic effects; low-dose doxepin fewer side effects
- **Anticonvulsants**- Sedation, dizziness, ataxia
- **Muscle Relaxants**- anticholinergic effects, sedation, increased risk of fractures

PATIENT HANDOUTS

1. Schwan J, Sclafani J, Tawfik VL. Chronic Pain Management in the Elderly. Anesthesiology Clinics. 2019;37(3):547-560. doi:10.1016/j.anclin.2019.04.012
2. Domenichiello AF, Ramsden CE. The silent epidemic of chronic pain in older adults. Pogress in Neuro-Psychopharmacology and Biological Psychiatry. 2019;93:284-290. doi:10.1016/j.pnpbp.2019.04.006

PATIENT CASE

65 y/o with acute exacerbation of chronic back pain following negative x-ray for compression fracture with non-radiating acute lower back pain L2/3 region.

Suggest a safe pain regimen.

Helpful Tools
National Guidelines and Local Services

CDC Opioid Guidelines

2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain

Beers Criteria

American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults

UAMS O.P.A.L.

UAMS Opioid Prevention for Aging & Longevity (O.P.A.L.)

UAMS AR Connect Now

UAMS Virtual Mental Health Clinic