Pain Management

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Chronic pain is one a serious and common health problem in an elderly patient. The most common nonmalignant and chronic pain conditions in elderly patients include back pain due to osteoporosis or osteoarthritis fractures and musculoskeletal pain. Chronic pain has a great impact on the quality of life and overall functioning of elderly people. Patients with chronic pain suffer from sleep disturbances, depression, and impaired functionality. In this article, three articles have been reviewed to determine the pain management in elderly patients.

The first study chosen for this article was conducted with the main purpose to measure the efficacy and feasibility of hypnosis in chronic pain management in elderly hospitalized patients. This study was a randomized controlled trial consisting of two arm design (massage vs. hypnosis) to determine the prolonged and immediate hypnosis effect on chronic pain management in respondents. The sample size consists of 53 patients (27 massages and 27 hypnosis). Demographic data and clinical data such as gender, age, marital status and education, comorbidities and primary diagnosis were measured. Detailed pain characteristics were collected consisting of affective, sensory and mixed sensory aspects of pain. Previous treatment records were also collected. Three sessions of both massage and hypnosis sessions were conducted by trained nurses and physicians respectively. The results showed that the intensity of pain significantly decreases in both groups. Average pain that is determined by the brief pain index decreases significantly in the hypnosis group. Results have also shown that scores of depression significantly improved over time in the hypnosis group only. Overall results of this study showed hypnosis as a valuable and safe tool in the chronic pain management in elderly patients (Ardigo et al., 2016).

The second study was conducted with the main purpose to determine the perception of nurses in the acute pain management of elderly patients with cognitive impairment, to provide insight into daily practice and to generate new research knowledge. This study was descriptive and exploratory in design. This study was carried out in two tertiary and two district emergency departments of hospitals in Australia. In this qualitative research study, data were collected through the thematic method and focus group interviews. This study was based on the constructivist paradigm. The sample size of his study consist of 80 emergency nurses. Among which 16% were male and 84% were female nurses. The five themes were constructed from data analysis including aging processes and pain management; lack of assessment tool for pain management; belief in pain management; policy barrier in pain management by nurses and delivering analgesia. This study clearly explains the challenges nurses face in the management of pain in the older patient. The results of this study also reported that associated comorbidities and physiological changes are factors that restrict the management of pain and more specifically analgesic options. Another important finding of this study is that in elderly patients with cognitive impairment adequate analgesia proved to a balancing act (Fry, Chenoweth, & Arendts, 2016).

The third study that is chosen for this article was carried out with the main purpose to determine the pain prevalence in older patients admitted to medical service. This study also examines the characteristics of pain and management of severe and moderate pain in older patients. The study design for this study consist of an aggregate review of the medical record in a tertiary care hospital between 2014 and 2015. Demographic characteristics such as pain characteristics, comorbidity burden and analgesics were assessed in patients with moderate to severe pain. Chi-square test was used for categorical variables and for continuous variables t-test was used. Multivariate logistic regression was used to find the variables associated independently with the patient history of chronic pain. A SAS version 9.4 was used for the statistical analysis. Results have shown that during hospitalization 74% of the patient received acetaminophen, 80% opioids, and only 9% received anti-inflammatory drugs. Patients with chronic pain have demonstrated a less reduction in a score of pain intensity from admission to discharge. An important finding of this study was that patients with chronic pain history were depressed and more likely to live alone. Lower pain score was reported by patients with dementia on discharge (Deng et al., 2018).

**Conclusion**

In this article, three studies on pain management in elderly patients were reviewed. The pain characteristic and management in older patients were determined. The nurse’s perception in pain management of elderly patients with cognitive impairment and the efficacy and feasibility of hypnosis in chronic pain management were also determined.

**References**

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