



...Developing top-notch CNAs, one inservice at a time



An Age Specific Module for Nurse Aides:

Pain & the Elderly



Developing Top-Notch CNAs, One Inservice at a Time

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An Age Specific Module:
Pain & the Elderly

IT REALLY HURTS!

It's a fact: as people age, they are more likely to experience pain. A sixty-year-old has twice the chance of being in pain than a thirty-year-old. And, the longer someone lives, the higher the risk for being in pain. *Here are some more facts to consider:*

- Elderly people can be slower to sense and/or react to pain, but they feel pain just as intensely as younger people do.
- The fastest growing segment of the U.S. population is people over the age of 65. Yet, only one of every hundred studies on pain management deals with the elderly.
- Two out of three seniors say that pain keeps them from performing their routine daily activities.
- Older people experience more pain than younger people but they are less likely to complain about it.
- A recent study involved 13,000 elderly nursing home residents across the US—all of whom had cancer. One third of them experienced pain every day, but one out of four residents received no pain medication at all.
- Four out of five seniors take medicines regularly for chronic pain.



Pain is the oldest medical problem—and is a universal issue for people everywhere.

- Studies have shown that up to half of all nursing home residents have substantial pain that is not being fully managed and up to 80% of seniors who live in their own homes receive no treatment for their pain.

While pain is more common as people age, it does not have to be tolerated. No matter how mild or strong their pain may be, all your clients have the right to be *comfortable*.

Pain management is a basic part of good client care and works best when all members of the healthcare team work together. Because you spend so much time with your clients, you are in a unique position to watch and listen closely for signs that they are in pain.

So keep reading to learn more about how pain affects the elderly...and how you can help manage their pain.

What Is Pain?

Pain IS:

- A sensation that hurts—causing discomfort, distress, or even agony.
- An uncomfortable feeling that tells you something may be wrong in your body.
- A message that travels between the brain and nerve cells throughout the body.
- Difficult to define because the sensation is different for each individual.

Pain is NOT:

- A normal part of getting older.
- Necessary to “build character.”
- Something that can be measured with a blood test or an x-ray.
- All in people’s heads.
- Always well-managed for people over age sixty-five.



Types of Pain

There are two main types of pain: acute and chronic. Keep reading to learn about the differences between the two:

Acute Pain

- Pain is considered *acute* when it is temporary, lasting for a few hours or, at most, up to six months.
- Usually, acute pain comes on suddenly, as a result of disease, inflammation or injury—and it goes away when the healing process is complete.
- Acute pain tends to serve a purpose because it “warns” the body of a problem that needs fixing.
- The *cause* of acute pain can usually be identified and treated.
- When people are in acute pain, their discomfort tends to be *obvious*. In fact, acute pain can “rev up” the body, causing pale, sweaty skin and an increase in the heart rate, respiratory rate and blood pressure.
- It’s easy to feel sympathy for someone in acute pain because the cause—such as recent surgery or a broken bone—is easily understood.



Chronic Pain

- Pain is considered *chronic* when it is long term—lasting for six months or more.
- Often, chronic pain comes on gradually. People may have a hard time pinpointing when it started and/or describing it to others.
- Chronic pain serves no purpose since it keeps on long after the healing process is complete.
- The cause of chronic pain can be difficult to diagnose and may persist despite treatment.
- When people are experiencing chronic pain, the source of their discomfort may not be obvious to others. They may not complain or may just seem depressed. This is because chronic pain can “slow down” the body, causing a decrease in both heart rate and blood pressure.
- Other people may not understand someone’s chronic pain. They may have a hard time feeling sympathy for the person because the pain seems to go on and on for no *visible* reason.



Chronic pain affects up to 75 million Americans—many of whom are elderly. Yet, for at least *half* of these people, the pain is not well-managed or goes untreated entirely.

“Painful” Terms You Should Know...

When healthcare workers talk about their clients’ pain, they frequently use special words and phrases. Brush up on the “language of pain” by reviewing these terms:

Pain threshold is the point at which a person becomes aware of pain. People with a high pain threshold don’t seem to feel pain as quickly as people with a low pain threshold. Someone’s pain threshold can be affected by many factors including: nausea, fatigue, anxiety, lack of sleep, the time of day or a previous experience with pain.



Pain tolerance goes hand in hand with pain threshold. It is the *maximum* amount of pain a person is willing to tolerate. Pain tolerance can vary for the same person at different times and in different situations. It can be influenced by how people were raised and by their cultural and family traditions. A high or low pain tolerance can also be hereditary.

Breakthrough pain is a sudden “flare up” of intense pain that happens *even though a person is being treated for pain*. For example, Mr. Jones takes a prescription pain medication to control his cancer pain. Picture that drug acting like little soldiers, lined up to “do battle” with any pain that comes near Mr. Jones. If pain is able to make it through that line of defense, it is considered “breakthrough” pain.

Movement-related pain is a type of breakthrough pain that is related to specific activity, such as eating, toileting, socializing, or walking.

Radiating pain begins at the source of the pain and then extends out to nearby tissues—like a sprained ankle that causes the whole leg to ache.

Referred pain is pain that is caused by one part of the body, but felt in a different part. For example, people who have arthritis in their hip may only feel pain in their knee. Or, someone with an inflamed gall bladder may only hurt in the right shoulder.

Transient pain is the brief type of discomfort that comes from the minor bumps, nicks, and scrapes that are a part of every day living. Normally, people don’t seek—or need—medical attention for transient pain.

The World Health Organization defines the intensity of pain as follows:

Mild pain is short-term. It disappears with the use of non-prescription medication such as Tylenol—or it goes away by itself.

Moderate pain is worse than mild pain. People who experience moderate pain find it hard to ignore and may have trouble carrying on with their regular daily activities. However, it usually goes away after being treated, either with non-prescription or prescription medications.



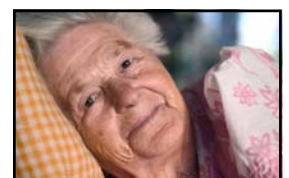
Severe pain interferes with some or all of the activities of daily living. People suffering from severe pain may find it necessary to rest in a chair or a bed. Sometimes, the pain continues for weeks, months, or even years. The treatment of severe pain may require narcotic medications—plus other non-drug therapies. (See page 8.)



Persistent pain lasts for 12 hours or longer *every day*.

The **Wind-Up Phenomenon** is one explanation for why *untreated* pain gets worse. The more often that nerve fibers need to send pain messages to the brain, the better they get at it. The nerves get “wound up” like a spring, ready to send pain signals at any moment. And, the brain learns to become more sensitive to these pain messages. So, the person suffers from *more* pain—even though the injury or illness has not gotten any worse!

Pain management is the process of providing medical care in order to ease or reduce someone’s pain. Pain management is most effective when it makes use of the entire healthcare team including physicians, nurses, pharmacists, nursing assistants, physical and occupational therapists, social workers, family members and, of course, the client.



Common Causes of Pain in the Elderly

Pain can “attack” elderly people from a variety of sources. However, some causes are more common than others.



For example, **musculoskeletal conditions**, such as arthritis, are the *number one* cause of pain among people over the age of 65. Arthritis causes joints to become inflamed, leading to stiff, red, swollen, and *painful* joints.

Other common sources of pain for senior citizens include:

- **Cancer:** The pain that accompanies cancer can come from a growing tumor pressing on body parts, from the spread of cancer into bones or vital organs, or from the cancer treatment itself.
- **Neuropathies:** Neuropathic pain arises from a damaged nerve and is often described as a *hot, burning* pain. In addition, there may be numbness, weakness, and a loss of reflexes. Neuropathic pain can have many causes including diabetes, trauma, shingles, and chemotherapy.
- **Shingles:** After a child has chickenpox, the virus can remain in the body, resting quietly for decades. Later in life, the sleeping virus can wake up, causing an acute infection known as “shingles.” Shingles is most common after the age of 50 and the risk rises with advancing age. The nerve pain from shingles can be quite severe and may become chronic.

- **Sciatica:** Back pain that spreads down the leg is known as “sciatica” because it stems from an irritation of the sciatic nerve. This is a neuropathic condition that can cause severe pain and immobility.
- **Spinal stenosis:** As people age, it is common for the spinal canal to narrow and press on the spinal cord. Spinal stenosis causes weakness in the legs and leg pain that is usually the strongest when the person stands up—and is relieved when the person sits down.
- **Muscle Pain:** Elderly people are at risk for muscle aches, strains, and sprains. Another painful muscle disorder is fibromyalgia, a condition that causes chronic pain and specific tender spots, particularly in the muscles that support the neck, spine, shoulders, and hips. People suffering from fibromyalgia experience widespread pain, fatigue, sleep disturbances, and depression.



Some additional causes of pain among the elderly include: surgery, infection, constipation, and pressure sores. Pain can also come from unmet basic needs—such as hunger, thirst, and toileting. For example, people with dementia may not be able to express their desire to eat or their need to urinate. This can ultimately lead to physical pain.



The “Merry-Go-Round” of Pain

Unless it is properly treated, pain can cause people to get “stuck” in a cycle that goes around and around. Here are some examples:

- Mr. Winslow has chronic pain from severe arthritis. Because he hurts all the time, he feels depressed. As his depression deepens, he can't tolerate the pain as well as he used to. So, he hurts even more. That makes his depression grow...and so on!
- Mrs. Monroe suffers from intense pain after a recent surgery. The pain makes her feel very anxious. As her anxiety worsens, she feels tense and restless. This makes her pain worse, giving Mrs. Monroe *more* reason to feel anxious. It's a downward spiral!
- Mr. Simpson has horrible sciatica pain. He used to love to take a long walk every day, but the pain is keeping him from exercising. The more he lays around, the weaker his muscles get. The weaker he gets, the more the pain takes over his life. It's a vicious cycle!



Why Is Pain Undertreated Among the Elderly?

When a client's pain is not managed effectively, it is said to be "undertreated." There are a number of reasons why this happens frequently among elderly clients, including:



- Physicians who are inexperienced in geriatric pain management tend to be very cautious about prescribing pain medications for the elderly. They fear "overdosing" them or subjecting them to too many side effects.
- Some healthcare professionals believe—falsely—that elderly people are less sensitive to pain.
- Among the elderly, pain levels are more likely to vary frequently *within the same day*—so doing pain assessments just once or twice a day may not be enough.
- Many healthcare facilities do not have enough staff to allow for frequent monitoring of each person's pain.
- Elderly people who live on their own may have problems understanding the directions for taking their pain medications. Or, they may forget to take them altogether.
- Seniors who suffer from dementia, confusion, or memory loss may have a hard time talking about the quality and intensity of their pain.
- It is common for elderly people to have multiple medical problems and several sources of pain. This creates a challenge when it comes to pinpointing and treating the exact cause of the pain.
- Some elderly people may not be able to afford the cost of pain medications and other pain therapies.
- Seniors may have attitudes and beliefs that become obstacles to managing their pain. **For example, they may:**
 - Be reluctant to report their pain because they see it as a sign of weakness.
 - Fear that the side effects of pain medications may be worse than the pain itself.
 - Be afraid that taking pain medications will make them an addict—or that they will feel so "doped up" that they will have no quality of life.
 - Think that pain is "normal" for their age.
 - Believe that complaining about pain makes them a burden to their caregivers and their families.
 - Have been suffering with pain for so long that they have given up.
 - Feel that no one takes their pain seriously, so they don't bother talking about it.

Those "Quack" Pain Cures!

Out of desperation, elderly people may turn to unproven remedies to relieve their pain. They may see something advertised on television, in magazines, or on the internet. Using a "quack" pain remedy may not do any harm, but it won't manage anyone's pain.

What are some clues that a remedy is probably fake?

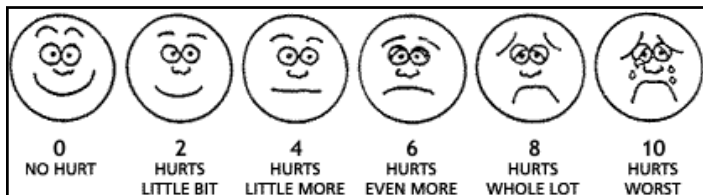


- It is advertised as a "**secret formula**." Legitimate scientists do not keep their products a secret.
- The only proof that it works comes from "**testimonials**" that were supposedly written by people who used the product.
- The remedy promises to provide "**quick permanent relief**" from pain.
- The product is said to "**cleanse the body**" of toxins that cause pain.
- The remedy claims to be "**better**" than any other available pain therapy.
- The inventor of the product is labeled the "**World's Best**" researcher, doctor, or nutritionist.

If you notice an elderly client showing interest in a product that might be a "quack" cure, let your supervisor know right away. It may mean your client's pain has been undertreated.

Assessing Pain in the Elderly

- Unless elderly clients have mental status changes that cause them to be confused, their pain can probably be assessed with a basic pain assessment tool like this:



- Even clients who are unable to speak (after a stroke, for example) can often point to the appropriate face or number on this type of pain tool.
- If an elderly client has memory loss or dementia, the healthcare team can try:
 - Asking family members for assistance in communicating with the client.
 - Wording their questions in different ways to see if they can be understood. For example: "Are you in pain?" or "How strong is your pain right now?"
 - Looking for nonverbal signs of pain such as grimacing, groaning, or protecting a body part.

- Asking seniors if their pain is better *today* than it was *yesterday* may not result in an accurate assessment. If they suffer from some short term memory loss, they may not remember how they felt yesterday!
- Seniors tend to react more slowly than when they were younger. It's important to give them enough time to *respond* to questions about their pain.
- Many elderly people have problems hearing or seeing clearly. Pain assessments should be done in a quiet, well-lit environment.
- Observing how pain affects an elderly person's ability to *function* day-to-day is an important part of pain assessment. For example, Mr. Wilson keeps quiet about his arthritis pain, but it's obvious by watching him that the pain is keeping him from being able to tie his shoes or button his shirt.

The most reliable way of assessing the severity of a client's pain is to listen to what he or she has to say about it.



The Vocabulary of Pain!

Pain is a personal experience to which everyone responds in his or her own way. As a result, there are many different words that can be used to describe pain. As you go through your day, listen to your clients carefully. **If they tell you how they feel by using any of the following words, they are probably in pain.** Document their words exactly. By doing so you may help the healthcare team pinpoint the source of the pain.



- | | | | |
|-------------|-------------|----------------|----------------|
| • Aching | • Burning | • Penetrating | • Biting |
| • Searing | • Tingling | • Gnawing | • Constant |
| • Throbbing | • Dull | • Stinging | • Crushing |
| • Nagging | • Blinding | • Deep | • Overwhelming |
| • Stabbing | • Intense | • Excruciating | • Shooting |
| • Sharp | • Radiating | • Pinching | • Smarting |
| • Pounding | • Piercing | • Exhausting | • Electrical |
| • Cramping | • Tender | • Annoying | • Unbearable |

Pain Medications & the Elderly

There is a general understanding among people who work with the elderly: ***as people age, they become less alike***. For example, physicians know that most thirty-year-olds respond to specific pain medications in a *similar* fashion. But, give that same medication to five senior citizens and you're likely to get five completely *different* reactions.

For this reason, physicians follow a basic "rule" when they prescribe pain medications to elderly clients. They "start low" (with the minimum dose of the medication) and they "go slow" (increasing the dose in small increments, if necessary). ***Drugs that are commonly used to treat pain include:***

Acetaminophen

This is another name for Tylenol. It works well on mild to moderate pain.

Non-Steroidal Anti-Inflammatory Drugs

Called NSAID's for short, this group includes medications like Advil, Motrin, and Aleve.

Anti-Convulsants

While these drugs were created to control seizures, doctors have found that they are effective against certain chronic nerve pain.

The average senior citizen takes at least four different medications every day. Adding pain medicines to the mix boosts the chances of a negative interaction between medications.



Anti-Anxiety Medications

These drugs, such as Valium and Ativan, are used to help clients feel less nervous (therefore reducing pain).

Anti-Depressants

A physician may prescribe these to decrease or prevent symptoms of depression. (Remember...pain and depression can become a *vicious cycle*.)

Muscle Relaxers

These medications relieve muscle tightness and/or muscle spasms.

Steroids

Physicians can prescribe steroid pills, a steroid IV, or a steroid injection. You've probably heard of "cortisone shots" for sore joints. Cortisone is a steroid drug.

Narcotics

This group of strong pain medications include codeine and morphine. Typically, narcotics are used only when the pain is severe or constant.

Watch Out for These Common Side Effects

Older people run a higher than average risk of developing side effects from pain medications. If you know that a client is being medicated for pain, you should keep an eye out for possible side effects.



When taking NSAID's, seniors may develop:

- Stomach irritation.
- Hypertension.
- Ulcers and bleeding.
- Headache.
- Water retention.
- Kidney disorders.

When taking narcotics and other strong pain medicines, elderly people may experience:

- Mental changes.
- Increased risk for falls.
- Confusion.
- Fatigue.
- Urinary Retention.
- Insomnia.
- Constipation.
- Sleepiness.
- Lack of Appetite.
- Constipation.
- Dizziness.
- Slowed breathing.

Confusion Can Be Confusing!

It's a well-known fact that strong pain medicines can cause confusion, especially among the elderly. However, did you know that being in uncontrolled pain can also cause seniors to become confused? If you notice that a client is newly confused, be as **specific** as possible when reporting your observations.



Four Pains That Should Never Be Taken Lightly

Because you spend so much time with your clients, you have the opportunity to notice when they experience new and/or different pains. And, while pain should never be ignored, there are four types of pain that may need prompt medical attention:

1. **An Intense Headache.** While headaches have many causes, elderly clients who complain of a serious headache may be experiencing a brain disorder such as a stroke or an aneurysm.
2. **Chest Pain.** Elderly people are at risk for heart disease and pneumonia, both of which can cause chest pain. If the pain is cardiac in nature, it may radiate to the throat, the jaw, the left arm, or the abdomen.
3. **Severe Abdominal Pain.** Elderly people who take narcotics for pain are at risk of developing constipation. If the problem is severe, it can lead to impacted stool and/or a bowel obstruction.
4. **Burning Feet or Legs.** As people age, their risk of developing type 2 diabetes increases. And, nearly one-third of people with diabetes don't know they have the disease! For some people, neuropathic pain, such as a burning feeling in the feet or legs, is the first sign of diabetes.



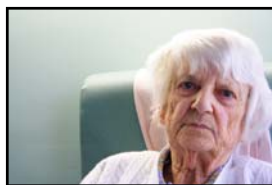
Time for a Chuckle



An elderly gentleman, Mr. Hanson, goes to see his physician. He says, "Doctor, my right leg aches all the time!" The doctor doesn't seem very concerned and says, "Oh, that's just old age." Mr. Hanson replies, "Well, the other leg's exactly the same age and it feels fine."

The Complications of Pain

On page 5, you read about why pain is undertreated for many elderly people. In fact, unrelieved pain is a serious health problem in the United States. When pain is not well-managed, complications can develop, including:



- Immobility...which puts elderly people at risk for pressure sores, constipation, and pneumonia.
- Depression...which may cause seniors to feel hopeless and overwhelmed.
- A lack of interest in eating or drinking...which can quickly lead to dehydration and malnutrition.
- Disturbed sleep patterns...causing fatigue and an inability to function during the day.
- Physical and emotional suffering.

Let your supervisor know if your clients:

- Complain that their pain is *not* relieved after taking pain medication.
- Describe a *new* type of pain or a pain in a *new* location.
- Show *non-verbal* signs of being in pain such as restlessness, rubbing or holding a body part, crying, rocking, or moaning.
- Walk or move differently because of pain.
- Stop eating or drinking.
- Complain about not being able to sleep.
- Suffer from nausea or vomiting, constipation, or any of the other side effects listed on page 7.
- Talk about not wanting to live anymore. (People who suffer from chronic pain can become so depressed that they feel suicidal.)

Frequently Asked Questions...

Q: Do people suffering from dementia still feel pain the same way as before they got sick?



A: Most researchers agree that people with dementia continue to experience pain the same way they always have. However, they may not be able to *tell* other people how they are feeling. You need to observe clients with dementia closely for signs that they are in pain. Your best bet is to watch out for:

- Repetitive movements such as rapid blinking or rocking.
- Repetitive words or phrases like “Help!”, “Get away.”, “Don’t touch me.” or “Oh, God!”
- Physical signs of pain such as restlessness, rubbing a body part, or closing the eyes tightly.
- Changes in behavior such as a loud person suddenly being quiet, a quiet person suddenly crying, or someone who suddenly stops eating or sleeping.

Q: How do cultural differences affect the way that elderly people react to pain?

A: While pain is a universal experience for all people, it is also a uniquely individual experience for each person. Keep in mind that all people, including the elderly, react to pain in different ways, depending, in part, on their cultural background. For example:



- Studies have shown that people who grew up in harsh living conditions have an increased tolerance for pain.
- Some cultures have twenty or more words to describe pain, while others have only one. This can affect how accurately people are able to *describe* their pain to others.
- In general, people tend to fall into two main cultural “categories”: those who express their feelings about pain and those who keep silent.
- Some people may have strong religious beliefs that affect how they react to pain...and what types of pain management they will accept.

Q: When elderly people are near death, what are some ways that nursing assistants can help make them more comfortable?



A: When your elderly clients are terminally ill, there are a number of things you can do to increase their comfort, including:

- Keeping them clean, warm, and dry.
- Repositioning them every few hours.
- Creating a quiet, peaceful atmosphere.
- Speaking to them in a soothing voice.
- Soothing them with a gentle touch.
- Using lip balm or petroleum jelly on their lips.
- Reporting any signs of pain that you observe.





Q: What are the legal and ethical considerations when it comes to pain and the elderly?



A: In the last few decades, it has become an accepted idea that pain management is a basic human right. As a result, all healthcare professionals have an ethical duty to *believe* their clients when they say they are in pain—and to do their best to *treat* the pain. Recently, in California, pain management became a legal issue, too, when a physician was sued for elder abuse because he failed to treat the pain of an 85-year-old man dying of cancer. The doctor was found guilty of reckless conduct and the man’s family was awarded \$1.5 million. Of course, no amount of money can make up for the fact that the cancer patient died in extreme pain—and all his family could do was watch. Other legal and ethical considerations include:

- Physicians being afraid to prescribe too many narcotics because of drug enforcement laws.
- Ethically, pain treatments must be offered but each client has the right to refuse any or all methods of treatment.
- Healthcare workers should support their clients’ advance directives—even if providing life saving therapies could mean prolonging or increasing someone’s pain.

Working with Seniors Who Are in Pain

- Don't *assume* that your elderly clients are pain-free just because they don't *seem* to be hurting. 
- Be sure to ask your clients regularly if they are comfortable—because the only way to really know if someone is in pain is to ask!
- Listen to your clients for the many different words that might indicate pain. (See page 6.)
- If clients tell you that they are in pain, **believe** them! Often, when elderly people feel that others doubt their pain, they stop talking about it. This can keep their pain from being properly treated.
- Remember that your clients' pain and stiffness may be worse when they first wake up in the morning. If so, ask them what you can do to make them more comfortable—and allow them plenty of time to get their muscles and joints moving before breakfast.
- Keep an eye out for specific events that *trigger* a client's pain, including:
 - The weather, such as high humidity or a storm brewing.
 - Hot or cold temperatures.
 - Too much or too little activity.
 - Staying in one position too long.
 - Performing a repetitive motion.
 - Eating certain foods.
- If you identify a "pain trigger," be sure to document it so that the entire healthcare team can help the client avoid that trigger. 
- Encourage your clients to relax. Remind them that breathing slowly and thinking peaceful thoughts may help reduce pain. 
- Pamper your clients when they are in pain. Apply some lotion, take a little extra time with their hair, or give a gentle foot rub.
- Ask your clients if a warm bath or shower would help with their pain. But, remember that elderly people tend to have fragile skin, so keep the temperature of the water from getting too hot.
- Help your clients manage their pain by balancing periods of activity with periods of rest. This is especially important for the elderly since they may tire easily even when not in pain. 
- Try to *prevent* complications from pain medications. (See page 7.) For example, constipation is a common side effect of narcotic pain medicines, especially among the elderly. To prevent it, encourage your clients to drink plenty of water, to eat high fiber foods like fresh fruits and vegetables, and to get some daily exercise.
- Another side effect of pain medications can be dizziness—which increases the chances that your elderly clients might fall down. Do your best to prevent falls by watching your clients closely, assisting them when they ambulate, and keeping their environment as clutter-free as possible.
- Give your clients a reason to *laugh*. Sometimes, just a few minutes of laughter can lead to an hour of pain relief!
- For most elderly people, being in a quiet, softly-lit environment helps them deal with pain. However, some may prefer to have some soft music playing. Try to learn what works for each individual client.
- Help your clients be compliant with their pain management plan. Depending on your work setting, this may involve watching them take medications, helping them with prescribed exercises, providing them with nourishing foods, and/or reminding them to use assistive devices. 
- Remember that working with the elderly takes plenty of *patience*—especially when they are in pain. So, treat your senior clients the way you would want your elderly loved ones treated.

Using Teamwork to Treat Pain

Every member of the healthcare team contributes to treating a client's pain:

In addition to prescribing pain medications, **physicians** perform surgeries, nerve blocks, and other pain-relieving procedures.



Pharmacists fill prescriptions and help educate clients about pain medications.

Nurses perform regular pain assessments and work closely with physicians to achieve maximum pain relief. They also educate clients and their family members about the cause of the pain—and the various options for managing it.

Physical therapists help relieve pain by applying heat and/or cold, using ultrasound therapy, performing massage, and by prescribing special strengthening and stretching exercises.

Occupational therapists teach clients less painful ways to perform daily activities, like bathing or dressing. They also provide assistive devices like special button fasteners or easy-grip spoons.



Recreational therapists and activity directors promote pain management by working to improve the overall *quality* of a client's life. They may get the client involved in music, art, or pet therapy. They may plan group activities to lift the person's spirits and distract him or her from the pain.

Because a balanced diet helps the body reduce inflammation and fight pain, **nutritionists** and **dietitians** play a role in pain management. They can create meal plans especially for elderly clients.

Social workers contribute to pain relief by helping clients manage their stress. They may do this by leading clients in relaxation therapy, by counseling clients and their families, or by assisting with medical or financial arrangements.



Chaplains play a role in relieving pain by meeting the *spiritual* needs of your clients. (In fact, some studies have shown that people with strong spiritual beliefs are better able to cope with chronic pain.)

People in pain may seek help from **alternative medicine practitioners**, such as acupuncturists and hypnotists. Acupuncture practitioners manage pain by inserting thin needles at specific points in the body. Hypnotists may have success in relieving pain through deep relaxation. Hypnosis is most beneficial when used along with other methods of pain relief.

And, of course, **nursing assistants** like yourself play a big part in easing pain among elderly clients. By assisting with their personal care, you may well be *protecting* them from pain. And, every action you take has an impact, either directly or indirectly, on their comfort level—whether it's greeting them with a smile, respecting their privacy, helping them eat a meal, or reporting your observations to your supervisor. Your care has the power to reduce their pain and improve their overall well-being.



For additional important information about pain and the elderly, ask your supervisor about the following In the Know inservices:

- Understanding Pain Management
- The Normal Aging Process
- Activity & the Elderly





Developing Top-Notch CNAs, One Inservice at a Time

An Age Specific Module:
Pain & the Elderly

Are you "in the know" about how pain affects the elderly?

Circle the best choice and then check your answers with your supervisor!

1. Mrs. Taylor developed shingles at age 82 and now, months later, still suffers from pain around the clock. Her pain is known as:

- A. Radiating pain.
- B. Acute pain.
- C. Breakthrough pain.
- D. Persistent pain.

2. TRUE or FALSE

In general, younger people experience more pain than senior citizens do.

3. TRUE or FALSE

Chronic pain can be difficult to diagnose and treat.

4. It can be difficult to manage the pain of elderly clients with dementia because:

- A. Everyone with dementia has chronic pain.
- B. People with dementia enjoy complaining.
- C. They may not be able to tell others about their pain.
- D. They also suffer from arthritis.

5. Unrelieved pain may cause:

- A. Urinary incontinence.
- B. Depression.
- C. A stroke.
- D. Abuse and neglect.

6. TRUE or FALSE

The number one cause of pain among people over age 65 is cancer.

7. TRUE or FALSE

Many elderly people believe that pain is "normal" for their age.

8. TRUE or FALSE

Observing how well your clients can function day-to-day is an important part of assessing their pain.

9. TRUE or FALSE

Nearly every elderly person becomes confused when taking narcotic pain medicines.

10. TRUE or FALSE

Pain management works best when the entire healthcare team is involved.

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.