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!
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 health care 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 health care 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.

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:

<table>
<thead>
<tr>
<th>0</th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>8</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO HURT</td>
<td>HURTS LITTLE BIT</td>
<td>HURTS LITTLE MORE</td>
<td>HURTS EVEN MORE</td>
<td>HURTS WHOLE LOT</td>
<td>HURTS WORST</td>
</tr>
</tbody>
</table>

- 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 health care 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 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 health care 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
- Electrical
- Pounding
- Piercing
- Exhausting
- Smarting
- Cramping
- Tender
- Annoying
- Unbearable

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.
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.

**Anti-Anxiety Medications**
These drugs, such as Valium and Ativan, are used to help clients feel less nervous.

**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.
- Ulcers and bleeding.
- Water retention.
- Hypertension.
- Headache.
- Kidney disorders.

**When taking narcotics and other strong pain medicines, elderly people may experience:**
- Mental changes.
- Confusion.
- Urinary Retention.
- Constipation.
- Lack of Appetite.
- Dizziness.
- Increased risk for falls.
- Fatigue.
- Insomnia.
- Sleepiness.
- Constipation.
- 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 health care 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.
- Health care workers should support their clients’ advance directives—even if providing life saving therapies could mean prolonging or increasing someone’s pain.