

# Elderly emergency patients less likely to receive pain medication than middle-aged patients

November 11 2011

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A new study finds that people 75 years old or older are less likely to receive any pain medication in hospital emergency departments than middle aged people – those between 35 and 54 years old.

And these differences remained even after researchers took into account how much pain the patients were having, said Timothy F. Platts-Mills, MD, lead author of the study and assistant professor of [emergency](#) medicine at the University of North Carolina at Chapel Hill School of Medicine.

For example, among older adults reporting severe pain, 67 percent received pain medication, compared to 79 percent of middle aged patients with severe pain.

"We're not exactly sure why this happens," Platts-Mills said. "It may be because physicians are more concerned about potential side effects in this population.

"To us, the gap we observe in pain management for older patients highlights the need to better understand how best to manage pain in older patients and understand the barriers to doing this. All patients, regardless of age, deserve to have relief from pain, especially when it is severe. Our group is actively investigating the side effects of commonly used pain medication and the impact of pain on functional outcomes after injury in

older adults. We think that for most older emergency department patients providing effective treatment for acute pain is likely to result in a substantial net benefit," Platts-Mills said.

The study was published online ahead of print by the journal *Annals of Emergency Medicine*.

Emergency departments (EDs) are an important source of acute care for older adults, with over 20 million ED visits by patients 65 and older each year. Almost half of these visits are for the evaluation and treatment of pain.

Platts-Mills and study co-authors conducted a secondary analysis of data collected from U.S. emergency departments between 2003 and 2009 in order to test the hypothesis that [older adults](#) who come to the ED with a primary complaint of pain are less likely to receive [pain medication](#) than younger patients.

Their results show that 49 percent of patients 75 and older received an analgesic (such as morphine, oxycodone, or ibuprofen), compared to 68.3 percent of middle-aged patients. Similarly, 34.8 percent of the elderly patients received an opioid (such as morphine or oxycodone) compared to 49.3 percent among the middle-aged.

These differences persisted even after the statistical analyses were adjusted for sex, race/ethnicity, pain severity and other factors. Elderly patients were 19.6 percent less likely to receive an analgesic and 14.6 percent less likely to receive an opioid than middle-aged patients.

Platts-Mills said further research is needed to better understand the long-term impact of acute [pain management](#) for older emergency department [patients](#), assess strategies to minimize adverse effects from pain medications, and examine the role of non-pharmacologic [pain](#)

management for this population.

Provided by University of North Carolina School of Medicine

Citation: Elderly emergency patients less likely to receive pain medication than middle-aged patients (2011, November 11) retrieved 28 June 2024 from <https://medicalxpress.com/news/2011-11-elderly-emergency-patients-pain-medication.html>

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