

Researchers focus on pain management in older adults

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Researchers at The University of Texas at Arlington are focusing their attention on pain management in older adults, a segment of the population which presents a specific series of challenges to health

providers.

"Pain is prevalent and often undertreated among older adults," said Robert Gatchel, UTA Distinguished Professor of Psychology, Nancy P. and John G. Penson Endowed Professor of Clinical Health Psychology and director of UTA's Center of Excellence in Health & Chronic Illness.

"With 20 percent of Americans expected to be 65 or older by 2030, the development of new and effective [pain management](#) strategies is a necessity, especially given that 75 percent of people in this age group have two or more chronic conditions such as heart disease, arthritis or diabetes, which complicate the taking of [pain medications](#)," he added.

In a new review paper published in the *EC Anesthesia Special Issue 2017*, Gatchel and UTA psychology doctoral student Kelley Bevers analyze the challenges of using opioids, anti-depressants, anti-inflammatory drugs and topical and injectable agents to treat [pain](#) among the elderly.

"The side effects of opioids, such as nausea and dizziness, can lead to an increased risk and rate of falls and subsequent injury, particularly among the older population," Gatchel said. "Older adults are also more prone to physical side effects from these drugs, such as liver and kidney problems, and need both careful evaluation and routine testing of organ function for follow-up care."

The review also analyzes concerns about using anti-depressants for [pain relief](#) among this population. Cognitive impairment such as dementia or Alzheimers can affect the adherence to and consistency of the consumption of anti-depressant medications among older populations. An erratic or sudden cessation of medication can lead to complications such as suicidal thoughts or behaviors, depression or mood imbalances. In addition, other medications that the patient may be taking such as steroids, hormonal supplements and anticonvulsants can exacerbate or

worsen these depressive symptoms. Gatchel suggests that a thorough medical history needs to be considered prior to beginning antidepressant treatment among this patient group and detailed follow-up is needed.

Another widely used pain medication group are non-steroidal anti-inflammatories sold under well-known brand names such as Advil, Motrin or Aleve. While these drugs are effective for treating [musculoskeletal pain](#), they pose particular challenges for use in older adults, including drug interactions with certain medications such as aspirin and selective serotonin reuptake inhibitors, commonly used to treat depression, as well as increased risk of peptic ulcers and compromised organ function when taken over the long-term. Gastro-protective drugs can reduce the risk of ulcers and toxicity, but are currently only being prescribed in about 40 percent of older patients taking anti-inflammatories, according to a nationwide register-based study.

Topical creams, transdermal patches or injectable medications are also available for those unable to take medications in pill form or who have an acute, localized pain. Topical creams can be effective for pain near the body surface such as superficial muscular pain but may not be sufficient to penetrate the body for other conditions. Gatchel's review explains that transdermal patches often demonstrate the same problem, though morphine can be administered in patch form allowing for a steady release and adsorption of the medication without the need for an intravenous setup or oral medications. Other medications are also available in injectable form, but are usually reserved for emergency situations.

"Pain management in [older adults](#) is a complex and multi-faceted issue," Gatchel concludes. "Older adults face unique challenges that can further complicate general concerns, so complete medical histories including current medications are essential for effective and safe

pharmacotherapy. Each major [medication](#) group presents advantages and complications to pain management and must complement other medicinal needs, so thorough screening is essential."

Provided by University of Texas at Arlington

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