PAIN BC™ Changing pain. Changing minds.

Provincial Pain Summit
2017

SENIOR POPULATIONS:

Improve pain assessment and management (pharmacological and non-pharmacological) for seniors

Chronic Pain is:

- An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.
- It may start with an acute pain experience (injury, illness, or surgery) or result from another condition (e.g., arthritis, diabetes, heart disease, HIV).
- Typically involves pain that lasts longer than 3 months.

Background:

The Canadian Community Health Survey and the National Population Health Survey show that chronic pain increases with age; moreover, it appears to be worse among older adults, particularly among those living in care facilities.

The challenges associated with diagnosing, assessing, and managing chronic pain in older adults can be complex and are often related. Notably, the surveys show that the number of other illnesses experienced by older adults is linked to chronic pain, increasing the difficulty in diagnosing the sources of pain. Left undiagnosed and/or unmanaged, chronic pain can adversely impact a person's ability to live an independent and enjoyable life. For example, chronic pain can affect balance in older adults, which increases their risk for falling. Studies show that the greater the number of joints that are painful and the higher the pain severity, the greater the risk a person has of falling; this may result in a loss of independence and institutionalization. Further, the stigma associated with pain in this population often means that pain goes underreported.

Cognitive issues also pose major obstacles to reliable pain assessment and management in older adults. Specifically, the more severe the cognitive impairment a person has, the less likely that person is to report pain, making it difficult for clinicians to accurately determine whether or not a person with dementia is suffering from chronic pain and whether pain treatments are working.

Challenges also exist in making appropriate treatment choices in older adults with chronic pain due to the way drugs are absorbed and work in the body, the presence of other medical conditions, the improper use of medications due to cognitive impairment, an increased susceptibility to adverse effects, and polypharmacy (use of multiple medications). All these factors increase the risk for drug-related side effects and interactions.

Key Challenges in BC:

1. "Recognizing that a patient is suffering can increase patient rapport, confidence, and compliance." (Emil Lesho. Arch Intern Med 2003;163:2429-32). *How can we improve clinician awareness of chronic pain, its triggers, and the ability to diagnose it in elderly patients? How can we help reduce the stigma of reporting pain amongst older adults?*
2. Primary care and family doctors are the frontline in pain assessment, particularly in rural and remote communities. Yet, general practitioners receive little training for pain assessment and management in medical school or post graduate courses. *How can we build on existing programs (like the Practice Support Program for GPs) and create more capacity for clinicians? What additional training or support is needed?*

3. *How can we improve pain assessment and management in older patients with cognitive impairment and dementia?*
4. Some evidence now suggests that the use of acetaminophen is ineffective in reducing pain and disability or improving quality of life in the short term in people with low back pain. Similarly, among those with osteoarthritis of the hip or knee, the evidence suggests that acetaminophen provides only marginal benefit in the short term. While other types of non-opioid pain medications (e.g., Aleve, Celebrex) may be helpful in some cases, they can cause toxicity in older adults, thereby increasing the risk of serious side effects. This, in combination with concerns around using opioids, reduces the number of medications available to treat pain in older adults. *Given these issues, what other types of interventions could be utilized to mitigate chronic joint pain in older adults, and thereby reduce their risk of loss of independence and/or institutionalization?*
5. *How can we integrate enhanced non-pharmacological options (e.g., relaxation, hypnosis, cognitive behavioral therapy, massage, physiotherapy, exercise) and interventional pain treatment (e.g., vertebroplasty) into pain management for older adults?*
6. *How can clinicians best provide pharmacological pain management for older adults who are not palliative or in residential care, while incorporating the new clinical guidelines on the use of opioids in non-cancer pain (Canadian Guideline for Safe and Effective use of Opioids for Chronic Non-Cancer Pain: BC College's Prescribing Principles for Chronic Non-Cancer Pain)?*

Promising Practices, Policies, or Programs

The National Opioid Use Guideline Group (NOUGG):

- The 2010 guidelines for opioid use in older patients with chronic non-cancer pain stipulate that opioids are generally safe and effective in the elderly with appropriate precautions, namely lower starting doses, slower titration, and more frequent monitoring.
- The NOUGG is currently undergoing review and a revised version of the Guideline will be published in early 2017.

New Ontario Provincial Strategy for Pain and Addictions includes:

- Ontario's new strategy includes significant increase in interdisciplinary pain clinics.
- Project ECHO links expert specialist teams at a tertiary hub with primary care clinicians in local communities. Primary care clinicians, the spokes in the model, become part of a learning community, where they receive mentoring and feedback from specialists.

The Rapid Access to Consultative Expertise (RACE) Line:

- The RACE line is a 1-800 number that provides rapid access to specialist consultation in cases where a GP deems it necessary.
- There is a fee code that provides an incentive for this model to work.
- A short pilot was done to provide rapid access to pain specialists; the pilot was discontinued due to a lack of capacity among specialists.

Resources and Examples

- Ontario Pain and Addictions Strategy (https://news.ontario.ca/mohltc/en/2016/10/ontario-taking-action-to-prevent-opioid-abuse.html)
- NOUGG updated guideline: coming in January
- RACE line (http://www.raceconnect.ca)