

Identifying Pain in the Nonverbal Patient

People living with advanced dementias may become entirely nonverbal, so identifying when and where they are in pain is a challenge. Watch for any change to a patient's personality and behaviors, as it may indicate a health issue causing pain. Any of the following signal a potential problem:

- Facial expressions like grimacing, closing the eyes, or crying.
- Teeth clenching or grinding.
- Grunts and vocalizations.
- Aggression toward the care provider.
- Rigid posture or leaning away from someone touching them.
- Bracing themselves, such as squeezing chair arms.
- Restlessness or increased wandering.
- Any change to regular patterns like refusing to eat, decreased social interactions, or sleeplessness.

Check the patient's body for wounds or signs of injury. But the source of pain may not always be visible. A fever can signal an internal infection such as a UTI. Also consider the person's bowel schedule, as constipation or impaction may be the problem. ➔

Sources: American Geriatrics Society,
Teepa Snow



Pain in the Elderly

Older adults are more likely to experience chronic pain due to natural changes and deficits in the body. And yet, pain in the elderly commonly goes unreported, misinterpreted, and undertreated. Why is this? Several misconceptions about pain in the elderly exist. Let's look at a few.

- Many people—patients themselves and/or their care providers—incorrectly assume that pain is just a part of aging, and it doesn't need to be seriously considered. Most of us start experiencing regular aches and pains as early as our 40s or 50s. Depending on the frequency of use in younger years (e.g., athletics), joints can become chronically inflamed and the body's natural cushioning can wear down, sometimes to a point that requires surgical intervention to achieve relief. Yet, while degeneration is natural, living in constant pain is not normal or necessary.



- Inexperienced caregivers may think that if the patient isn't complaining of pain, that pain is not an issue. But there could be many reasons a patient is not reporting their pain. They may fear that they are a burden to care for; they don't want to create a fuss. If the person has cognitive impairment or is mostly nonverbal, they may not be able to articulate their pain.
- They may have fears about taking prescribed pain medications for reasons that are discussed later in this issue.



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Elderly *(continued from page 1)*

Types of Pain

It's important to identify the type of pain. Acute pain has a sudden onset and has a defined cause; examples are pain from a fall-related injury, post-operative pain, and certain infections. Chronic pain continues for a long time, even years; examples include arthritis, fibromyalgia, diabetic neuropathy, and cancer-related pain.

If your patient says they are in pain, ask some questions to help define it. When did the pain start? Does it come and go, or is it constant? Does any action make the pain better or worse, such as changing position or using an ice pack/heating pad? A doctor or nurse will need this information for the diagnostic process and to get the patient on the road to relief.

Treating Pain

There are, however, special considerations for treating pain in the elderly. As we age, it's not uncommon for the heart, kidney, or liver functions to operate less than optimally, so the way the body absorbs medications may be atypical. For example, it may take longer for a medicine to leave the body, so the dosage and/or frequency may need adjusting.

Patients with comorbidities may be on multiple medications, so take extra care in discussing possible drug interactions with the doctor or pharmacist.

Certain medications carry side effects that are especially concerning for seniors. Dizziness, for example, is extra problematic for a person who already has reduced muscle strength and balance issues. ➤

Source: National Institute on Aging

Dangers of Unrelieved Pain

When pain goes untreated, many aspects of the patient's life are at stake. Think about a time when you were experiencing intense pain. You probably had little energy for daily tasks and engagement. If an elderly person remains in pain for an extended amount of time, they are likely to exhibit:

- **Anxiety** about being away from the little comfort they have. They might not want to leave home or even their bed.
- **Depression**, manifested as being hopeless that relief is possible.
- **Reduced activity level and social engagement** because of low energy and pain from movement. Consistent pain may also cause brain fog (cognitive impairment), limiting the person's ability to converse with others.
- **Decreased appetite** is common when someone is experiencing intense pain, particularly if the stomach/digestive system is involved. Cancer pain and the treatments for cancer may cause intense nausea.
- **Sleep disturbances** can occur for those whose pain increases at night. The reasons for the spike in pain aren't known for sure, but it's been suggested that it's connected to normal changes in the body's biochemical processes during sleep; for example, production of the hormone cortisol, which naturally reduces inflammation, drops during sleep. Another explanation is that nighttime offers fewer distractions from our pain. A timed-release pain medication can help a patient make it through the night. ➤

Sources: Neuropathic Therapy Center (Loma Linda University), National Library of Medicine

Pharmacological Interventions

Two types of drug therapies can be considered in pain management: non-narcotics and narcotics. Non-narcotics, also referred to as over-the-counter (OTC) medicines, include acetaminophen (Tylenol), nonsteroidal anti-inflammatory drugs (Advil and Aleve, among others), and aspirin. OTC drugs are highly effective in many cases, though be cautious of adverse gastrointestinal effects and possible liver malfunction, especially if overused or used regularly for a long time.

Narcotic medications may be prescribed for severe pain. These include Morphine, Fentanyl, Oxycodone/Oxycontin, Hydromorphone (Dilaudid), Hydrocodone (Vicodin), and Methadone.

Narcotics, also called opioids, attach to receptors in the nervous system to temporarily block pain signals to the brain. Narcotics are powerful medicines and, thus, can be dangerous. It's important to communicate often with the prescriber about how the drug affects your patient so that the dose is adjusted as needed. It's also vital that narcotics are kept in a secure place so that they are not misused by individuals for whom they were not prescribed.

Narcotic Dependency

Narcotic abuse is a significant problem in the United States, and the prevalence has created a stigma that prevents some people with legitimate pain from seeking help. Fear of becoming addicted is a common misconception.

The terms *addiction* and *physical dependency* are used to explain an individual's compulsory need to seek drugs to satisfy a psychological craving and physical need. Addiction is rarely an issue for patients who are prescribed narcotics if they use the medicine as prescribed and communicate with their doctor about its effects. The doctor will be on the lookout for *tolerance*, a term that explains reduced effectiveness of the drug; in other words, it would take a higher dose to achieve relief. If the drug's effectiveness wanes, a doctor might authorize a higher dose or change to a different type of narcotic. Withdrawal symptoms can occur when a narcotic is abruptly reduced or suddenly discontinued.

Adverse Effects of Narcotics

Narcotics may produce some unpleasant effects, constipation being the most common. (Unlike some other side effects that may go away as the body gets used to the medicine, constipation will remain.) A bowel regimen can include stool softeners or laxatives, increased liquid intake, increased exercise/movement as tolerated, and close monitoring. Other problems may include nausea, sedation, and respiratory depression.

Sources: National Institute on Aging, Centers for Disease Control, American Society of Anesthesiologists, and National Institutes of Health

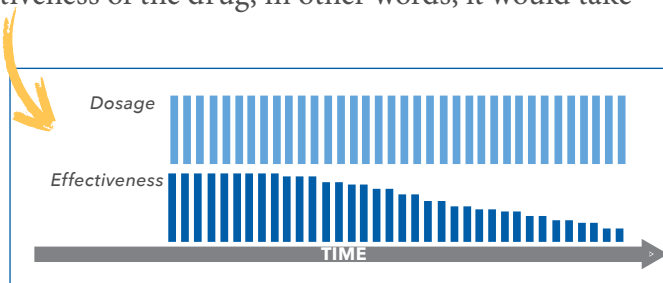


QUICK QUIZ

Read the issue and answer True or False to the questions below.

1. An ice pack should be placed directly onto the skin.
True or False
2. Aggression toward the care provider can be a sign that the patient is in pain.
True or False
3. The phrase *narcotic tolerance* explains how a drug's effectiveness may reduce over time if the dosage is kept the same.
True or False
4. A person's pain typically subsides at night while the body is falling asleep.
True or False
5. An elderly person's medication absorption may be atypical.
True or False
6. Water exercise can create more stress on aging joints.
True or False
7. Unrelieved pain can cause anxiety and depression.
True or False
8. Diarrhea is the most common side effect of narcotics.
True or False
9. It may take extra time for medication to leave an older adult's system because their organs may not be performing optimally.
True or False
10. Timed-release pain medications can help provide pain relief through the night.
True or False

Find the quiz answers at the bottom of page 4.



Non-Pharmacological Interventions

The use of pain medications isn't the only path to relief. Many non-pharmacological approaches to pain management can improve quality of life, even if used in conjunction with a medication regimen.

- **Heat therapy.** Using a heating pad or warm compress can help relax stiff muscles and improve range of motion. Use caution to avoid skin burns. Skin thins with age, so older adults are more susceptible to burn injuries. Also, disallow the use of liquids when the patient is using an electric heating pad.
- **Cold therapy.** Ice reduces swelling and can temporarily numb pain. Never place an ice pack directly on the skin; provide a thin towel as a buffer. Limit icing to 20 minutes per hour.
- **Swimming/water aerobics.** Exercising in water minimizes impact on the joints. Many people can exercise longer and more regularly this way.
- **Yoga or stretching classes.** Conditioning one's flexibility helps improve range of motion in the joints, so a daily stretching routine can help. Older adults may have balance issues, so it's wise



to perform exercises while seated in a chair or using a secure grab bar. To stretch the lower back, a person can fold forward and try to touch the toes; it's a great stretch, but hanging the head in that position can cause an abrupt change in blood pressure that causes dizziness and increases a person's fall risk.

- **Massage.** A low-pressure massage helps improve blood circulation and promotes lymph drainage. Massage can be particularly helpful for those who are less mobile or are bedbound. ➔

Senior-Care Education

Hope Hospice is committed to helping our community offer the best care to seniors. Our experts are available to present complimentary educational seminars to professionals in the medical field and to the public. If you oversee a team of care providers who would benefit from a refresher on such topics as hospice, best practices in dementia care, or any of the other subjects listed at right, please connect today to discuss your needs. We can tailor certain lectures to the layperson and conduct seminars for residents of senior living communities, church groups, and the like. We are available to present in-person at your facility or over Zoom teleconference.



CONNECT

Contact Kari Rayford, LVN, Director of Outreach, to discuss your group's needs. Call (925) 829-8770 or email karir@hopehospice.com.

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