Checklist

- Consider pain as the first vital sign that is best measured by the patient.
- Ask about the presence of pain when examining an older person.
- Console patient for atypical manifestations of pain in the elderly, such as changes in function or gait, withdrawn or agitated behavior, or increased confusion.
- Use standard geriatric assessment tools to evaluate function, affect, cognition, gait, and psychosocial issues.
- Rely on the input of caregivers, particularly in elderly patients with cognitive impairment and communication disorders.
- Do a comprehensive pain assessment evaluating pain quality, intensity, and factors that exacerbate or relieve the pain.
- Use standard pain scales such as a numerical scale, a pain thermometer scale, or a visual analog scale.
- Identify the etiology of pain in the elderly (keeping in mind that it may be multifactorial) by use of geriatric assessment tools, the history and physical examination, and appropriate diagnostic tests.
- Conduct a careful structural examination to identify regions of somatic dysfunction.
- Monitor and measure presence of pain regularly by use of a pain log or diary and by readministering the pain scales to assess the efficacy of the intervention.
UNIVERSAL PAIN ASSESSMENT TOOL

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.

WONG-BAKER FACIAL GRIMACE SCALE

<table>
<thead>
<tr>
<th>0</th>
<th>1-2</th>
<th>3-4</th>
<th>5-6</th>
<th>7-8</th>
<th>9-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>MILD</td>
<td>MODERATE</td>
<td>SEVERE</td>
<td>Worst possible pain</td>
<td></td>
</tr>
</tbody>
</table>

ACTIVITY TOLERANCE SCALE

| NO PAIN | CAN BE IGNORED | INTERFERES WITH TASKS | INTERFERES WITH CONCENTRATION | INTERFERES WITH BASIC NEEDS | BEDREST REQUIRED |

Simple Descriptive Pain Distress Scale

None | Annoying | Uncomfortable | Dreadful | Horrible | Agonizing

0-10 Numeric Distress Scale

No pain | Distressing pain | Unbearable pain

Visual Analog Scale (VAS)

No distress | Unbearable distress
Checklist

- Consider age-related alterations of drug metabolism resulting in increased drug sensitivity and adverse reactions while using pharmacologic interventions for pain management in the elderly.

- When considering pharmacologic interventions, keep in mind that pain is often unrecognized in the elderly and the elderly are often undertreated for pain.

- Start with the lowest possible dose, and proceed slowly to increase dose.

- Consider acetaminophen as the drug of choice for mild to moderate musculoskeletal pain.

- Nonsteroidal anti-inflammatory drug use should be avoided as much as possible for the treatment of elderly patients who have persistent pain.

- Consider opioid analgesics for moderate to severe nociceptive pain in the elderly.

- Use sustained-release opioids for continuous pain and short-acting preparations for breakthrough or episodic pain.

- Titrate opioid dose based on use of medications for breakthrough pain.

- Prevent constipation with opioid use by recommending a prophylactic bowel regimen.

- Anticipate and manage opioid side effects such as sedation, confusion, and nausea until tolerance develops.

- Avoid the use of opioids that have frequent adverse reactions in the elderly, such as propoxyphene, meperidine hydrochloride, and methadone hydrochloride.

- Closely monitor patients on long-term analgesic therapy for side effects and drug-drug and drug-disease interactions.

- Consider adjuvant analgesics such as the anticonvulsant gabapentin for the management of neuropathic pain.
Checklist

■ Realize the importance of nonpharmacologic approaches to pain management, both alone or in combination with analgesics, as a means of avoiding the high incidence of adverse drug reactions in the elderly.

■ Recognize the importance and efficacy of patient and caregiver education in the management of pain, enabling the patient and caregiver to understand the goals of therapy, method of pain assessment, appropriate use of analgesics, and self-help techniques.

■ Incorporate the appropriate use of osteopathic manipulative treatment to reduce pain and enhance function.

■ Consider the role of cognitive-behavioral therapy as a means of education and for enhancing coping skills and prevention of pain in the elderly.

■ Recognize the role of exercise targeted to the individual as a means of pain management to maintain and enhance functioning and avoid deconditioning.

■ Consider the role of psychiatry or occupational therapy to avoid dysfunction, improve muscle strength, and aid in identifying the appropriate use of heat, cold, and massage therapy in the management of pain.

■ Recognize that some older patients may be helped by other nonpharmacologic therapy such as acupuncture and transcutaneous electrical nerve stimulation.

■ Appreciate the spiritual aspects of pain in the elderly and provide counseling or refer to a member of the clergy if appropriate.