

COPING WITH CHRONIC PAIN

Overview:

Pain is not a normal part of aging. In the elderly, pain is usually associated with a medical problem. Even when a person doesn't complain he/she may have pain.

Chronic pain is very common in older adults. The aging process often brings painful conditions such as arthritis, back problems, spinal conditions and fractures.



The Impact of Pain:

The impact of chronic pain is considerable. Chronic pain can impact all areas of people's lives, reducing the quality of their physical, mental, social and spiritual life.

Physical: Pain may cause reduced mobility, fatigue, sleeplessness, loss of appetite, and decreased physical functioning.

Social: Pain may cause a distancing in relationships. Friends and family are uncomfortable when they don't know how to deal with someone in chronic pain.

Spiritual: Constant pain may cause a spiritual crisis as the person tries to find meaning in their suffering. People can begin to question their lives in an attempt to explain their pain.

Mental: People in pain are not as able, or willing to enjoy leisure activities. They may have difficulty concentrating or have feelings of anxiety and fear, express concerns about feeling out of control or of feeling helpless. Depression often results from long periods of untreated pain and may cause thoughts of and/or attempts of suicide.

Caregivers often feel anxious and increasingly burdened as they watch the continual pain and emotional distress of the person in their care. As a protective mechanism, caregivers may distance themselves or disbelieve the person's reports of pain. This further contributes to a decrease in quality of life for everyone involved.

Myths About Pain: True or not true?

1) Pain is to be expected as a normal part of the aging process.

Not true. The presence of pain in older adults is not normal and is usually associated with a medical condition. It should be treated with the same aggressive approach that is used for younger people.

2) As people get older their ability to sense and perceive pain decreases.

Not true. Studies show that a person's ability to feel pain does not decrease with age.

3) A person who does not complain of pain must not have pain.

Not true. People do not report pain for many reasons. They may fear their pain is a sign of worsening health or medical condition, or they don't want to be a burden to their families or caregivers.

4) A person in pain will not be able to sleep.

Not true. Experiencing pain on a regular basis can be very tiring. People become exhausted from dealing with their pain. This can result in extended periods of sleep.

5) If you have pain exercise is not good for you.

Not true. Exercise helps prevent muscle atrophy and in some cases prevents increased pain by conditioning your muscles and improving overall health.

Reporting pain – it's up to you to describe your pain to your doctor!

Unlike many other things a medical professional treats, *pain is a personal subjective experience*. It can only be measured and described by the person having it.

Information about the pain must come from the person who is experiencing it. Someone feeling pain needs to be encouraged to communicate clearly to help identify and treat their pain.

Don't wait for medical providers to ask about pain – be prepared to tell them about it. By answering these questions, you can help your doctor determine the best treatment.



How much pain do you have on an average day?

Great deal Moderate Little None

How often do you have pain?

Rarely Frequently Often Almost all of the time Always

What time of day is your pain the worst?

Morning Afternoon Evening Nighttime Other

What gets your pain started?

Does your pain stay or does it come and go?

Stays Comes and goes

What have you tried that makes your pain better?

Relaxation Changing positions Distraction Heat Cold Other

How upsetting is your pain?

Very upsetting Somewhat upsetting Not at all upsetting

What do you think causes your pain?

Cancer Radiation Tests Surgery Injury Other



Does this pain cause you problems with your personal needs such as getting dressed, combing your hair, shaving, bathing or eating?

Yes No

How often does your pain stop you from doing things you enjoy?

Often Sometimes Rarely

Does pain interrupt your sleep?

Yes No Sometimes

Do you have nausea or vomiting after you take pain medications?

Yes No Sometimes

Does pain medication make you drowsy?

Yes No Sometimes

Does pain bother your appetite?

Yes No Sometimes

Past history: Has this type of pain been experienced before? Does it hurt more or less than the previous times?

Where you hurt: Where does it hurt? Is the pain in the same place, does it move, or does it just hurt all over?

Description: Is the pain sharp, dull, throbbing, achy, etc? Does the pain have a burning, electrical shock, or shooting quality?

Onset: When did the pain start?

Duration: How long does the pain normally last?

Intensity: How strong or weak is the pain? Many people measure pain on a scale from zero to ten. Zero is no pain and ten is the worst pain imaginable.

What number from zero to ten describes the pain?

What number describes the amount of pain that is tolerable daily and still allows the individual to maintain a normal lifestyle?

Is it worse at certain time of day or after a particular activity?

Pain Relief: What measures have been used to relieve the pain? Did they work? If they didn't, what else was done?

The more specific information the doctor has, the sooner treatment can begin.

RESOURCES:

American Chronic Pain Association, www.theacpa.org , 1-800-533-3231

American Pain Foundation, www.painfoundation.org , 1-888-615-7246