Common Pain Myths, Misperceptions, and Barriers

THE MYTH: Pain is an unavoidable part of normal aging.

THE REALITY: Chronic or persistent pain is common in older adults. Painful conditions such as degenerative joint disease (osteoarthritis) increase with age. Up to 80% of nursing home residents and 50% of community-dwelling older adults experience pain. Pain is a key indicator of quality of life and must be recognized and treated in all older adults.

THE MYTH: Older Adults with dementia are unable to report their pain.

THE REALITY: Studies have shown people with dementia, even those with moderate to severe dementia, can reliably report pain. Therefore, do not assume that older adults cannot report their pain based on a diagnosis of dementia. Evaluate first whether or not the person can self-report before relying on caregiver reports or behavioral cues to determine pain.

THE MYTH: Pain is mostly an emotional or psychological problem.

THE REALITY: Pain is not "in somebody's head or only psychological." There are physical reasons for pain. Pain can cause negative emotions that can impact a person's perception of pain. Therefore, be sure to identify and address psychological concerns that affect an older adult's pain experience.

THE MYTH: Providers and clinicians are the experts about pain.

THE REALITY: The *older adult* is the expert. Pain is a complex, subjective experience that is best described by the person who feels it. When the older adult cannot self-report pain, the people who know the individual best should be consulted. These people usually include family members and or caregivers in long-term care.

THE MYTH: It's important to be stoic about pain.

THE REALITY: Being stoic about pain often is valued in our society. This tendency may be more common among older persons. Stoicism can prevent providers from identifying and treating pain. Teach older adults that reporting pain is not complaining but is the only way to identify the problem and treat it.

THE MYTH: Any painful condition causes the same amount and type of pain in all people.

THE REALITY: Pain perception is affected by many factors, such as previous injury, stress, emotions, and fatigue. Depending on the person and the situation, two people can respond very differently to the same painful stimulus.

THE MYTH: There is not much that can be done to relieve pain in nursing home residents.

THE REALITY: There is *much* that can be done. Effective chronic pain management often requires more than one treatment approach. A pain management plan should include both non-pharmacological and pharmacological strategies. Finding the best therapeutic regimen for a particular individual may also involve several trials using different strategies. Encourage older adults and families to be hopeful and patient while the best approach is determined.

Assessment and Intervention Approaches for Specific Older Adult or Family Barriers

Barrier	Nursing Approaches
Belief that Pain is Inevitable and Untreatable	• Explain pain is not a natural and unavoidable condition in older adults. • There is a plethora of evidence-based effective pharmacologic and non-pharmacologic therapies for pain management. • Explain that establishing an optimal therapeutic regimen can require a period of trial and error. • Emphasize many medication side effects can be prevented or controlled.
Concerns about Side Effects	• Teach methods to prevent and to treat common side effects. • Emphasize side effects such as sedation and nausea often decrease with time. • Constipation does not decrease with time and always initiate a bowel regimen when opioids are started. • Different medications have unique side effect profiles and that other pain medications can be tried to minimize specific side effects. • Incorporate non-pharmacologic pain therapies to minimize the dose of medication needed to control pain.
Concern that Pain Signifies Disease Progression (for example, cancer)	• Acknowledge fears of avoiding reporting pain due to an underlying disease or worsening of disease. • Explain increased pain or analgesic needs may reflect tolerance to the medication and not disease progression. • Emphasize new pain may come from a non-life-threatening source, e.g., muscle strain, UTI. • When necessary, incorporate non-pharmacologic therapies to manage anxiety, limiting anxiolytics. • Ensure the older adult and family have current, accurate, and comprehensive information about disease and prognosis. • Provide psychological support; refer to social worker, psychologist, or chaplain as appropriate. • Discuss older adults and family goals for care considering disease progression and prognosis.
Fear of Opioids and Addiction	• Discuss strategies to manage opioid side effects of concern (See **Side Effects of Opioid Medications and General Approaches to Management**). • Discuss concerns and explain differences between opioid use disorder, physical dependence, and tolerance (See **Problematic Opioid Use in Older Adults**).
Fear of Injections	• Explain oral medicines are the preferred route of pain medicines. • Emphasize if the oral route is not possible, transdermal, or indwelling parenteral routes can be used rather than injections.
Fear of not Treating the Disease	• Reporting pain is important in treating both the disease and the symptoms. • Older adults have a right to have their disease and their symptoms treated.

Barrier	Nursing Approaches
Fear of Tolerance	• Tolerance is a normal physiologic response in individuals to continued exposure to a medication e.g., chronic opioid therapy. • Developing tolerance does not mean addiction. • Tolerance develops gradually to the analgesic effective of opioids. • If tolerance develops, medication may need to be changed. For example, morphine can be used instead of oxycodone or vise-versa. • There is no upper dosage limit for opioids such as morphine, oxycodone, and hydromorphone. • Opioids can be safely titrated under the supervision of the provider without causing side effects or damage to the kidney or liver.
Desire to Be a "Good Patient"	• Explore cultural influences on the clinician and the older adult's relationship, like communication styles that may hinder open discussions. • Explain older adults are partners in their care and the partnership requires open communication between the provider and older adult. • Emphasize older adults' responsibilities in ensuring optimal pain treatment—keeping the clinician informed about pain.
Desire to Be Stoic	• Explore the meaning of stoicism including spiritual and cultural beliefs. • Failing to report pain can result in undertreatment and severe, unrelieved pain. • Adverse effects of unrelieved pain include insomnia, depression, impaired immune response, cognitive impairment (i.e., delirium), impaired function and potentially decreased quality of life.
Fear of Distracting the Provider from Treating the Disease	• Explain that reporting pain is important in treating both the disease and the symptoms. • Emphasize older adults have a right to have their disease and their symptoms treated.
Ineffective Medication	• Teach there are multiple options within each category of medication (i.e., opioid, non-opioids, NSAIDs) and another medication from the same category may provide better relief. • Adjuvant medications (i.e., antidepressants, anticonvulsants) are used in combination with pain medications based on pain etiology. • Emphasize finding the best treatment regimen often requires periods of trial and error. • Incorporate non-pharmacological approaches in the treatment plan as much as possible.

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