

CORE PRINCIPLES OF PAIN MANAGEMENT

Although treatment regimens range from the relatively simple, short-term management to complex, long-term therapy required for chronic pain syndromes, all pain treatment is guided by the same underlying principles. In addition, managing pain in healthy active older adults may be different than in frail individuals with complex multimorbidities.

1. **Every older adult deserves adequate pain management.** Certain populations, including older adults from ethnic minorities, those with limited ability to communicate, and individuals with a past or current substance use disorder, are at higher risk for inadequate pain management.
2. **Base the pain management plan on the older adult's goals.** Encourage older adults to set functional goals (e.g., performing certain daily activities, including socializing and hobbies). Older adults should determine treatment goals for themselves with input from health providers.
3. **Recognize the older adult's health status, life stage, cultural beliefs, values, and preferences all influence effective pain management.** Pain management is best achieved using a person and family-centered approach.
4. **Follow the principles of pain assessment.** Pain is a subjective experience; the individual is the best judge of his or her own pain, and the expert on each pain treatment's effectiveness on him/herself.
5. **Use both non-pharmacological and pharmacological therapies.** To achieve overall effectiveness of treatment, allow for reduction of drug dosages, and minimize adverse drug effects, *always* incorporate non-pharmacological therapies into the pain management plan.
6. **Prevent/anticipate and/or manage medication side effects.** Side effects are a major reason for treatment failure and non-adherence. Anticipate known side effects and initiate prevention strategies and manage aggressively.
7. **Evaluate the effectiveness of all therapies to ensure the older adult's goals are met.** Achievement of an effective treatment plan requires therapy to be individualized, often requiring adjustments in drug, dosage, or route. Consistent reassessment is critical to positive outcomes.
8. **Incorporate older adult and family teaching throughout assessment and treatment.** Content should include information about the cause(s) of the pain, pain assessment methods, treatment goals and options, side-effect management, and non-drug and self-help pain relief measures. Teaching should be documented and evaluated for both older adult and family comprehension.
9. **Address pain using an inter-disciplinary approach.** The multi-dimensional nature of the pain experience often requires a multidisciplinary team approach. In addition to the primary care provider and/or nurse, the team can include psychology, physical and occupational therapy, pharmacy services, spiritual care, and multiple medical specialties, as well as complementary therapy practitioners, such as massage therapists, acupuncturists, healing touch and art therapists.

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References:

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