

Geriatric Pain Management Guide: Joint Pain

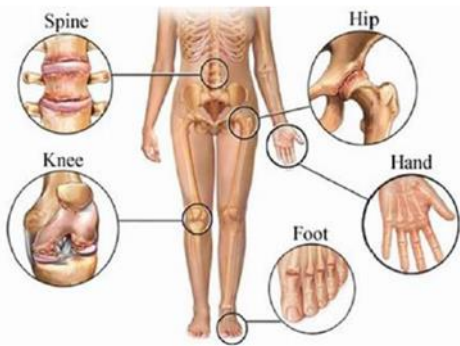
Osteoarthritis or Degenerative Joint Disease, Gout, Trauma/Injury

Definitions: Osteoarthritis (OA), also referred to as degenerative joint disease, is the most common type of arthritis typically resulting from normal wear and tear of the joints. Gout is a form of inflammatory arthritis caused by high uric acid levels. Pain is associated with either trauma or disease of the joints.

Discussion: Joint pain and functional impairment are hallmarks of OA. Assess if there is associated trauma. OA has a gradual onset overtime and becomes chronic. Gout requires medication during an acute attack and for prevention. Overall nursing measures should focus on prevention and pain management.

Conditions	Potential Causes	Key Signs and Symptoms	Management (Nondrug & Medication)
Osteoarthritis Arthritis Common Sites: <ul style="list-style-type: none"> • Knees • Fingers • Ankles • Spine • Hips • Feet 	<ul style="list-style-type: none"> • Most common joint pain • Often affects females more than males • Multiple sites • Caused by wear and tear of the joint • Typically caused by aging 	<ul style="list-style-type: none"> • Joint stiffness and pain • More common in the morning • Experienced after exercise or placing pressure on the joint • Resting the affected joint may not decrease pain 	<ul style="list-style-type: none"> • Early morning – range of motion of the joint and low impact exercise. • When in response to exercise – resting the joint • Use of ice or heat. • Aquatic therapy. • Medication is often needed to relieve pain.
Gout <ul style="list-style-type: none"> • Most common site is the big toe; can be in the ankles, heel, knee, hip, wrist, and fingers 	<ul style="list-style-type: none"> • Increased levels of uric acid 	<ul style="list-style-type: none"> • Acute onset often at night. • Red, hot, swollen, inflamed joint (accumulation of uric acid) in the joint • No morning stiffness associated 	<ul style="list-style-type: none"> • Medication needed at onset of attack. • Prevention is key – avoid alcohol and foods high in purines (bacon, red meat, turkey, liver, trout, scallops)
Trauma or injury <ul style="list-style-type: none"> • Joint Dislocation • Ligament or tendon injury 	<ul style="list-style-type: none"> • Sudden onset of pain/swelling after trauma (fall) 	<ul style="list-style-type: none"> • Pain onset associated with traumatic event 	<ul style="list-style-type: none"> • Immobilize and call provider – ice may help decrease swelling

Initial Nursing Care: Conduct a thorough assessment to identify the cause of the pain. If gout or trauma is ruled out, then a trial of rest, heat, or ice is indicated. If trauma preceded the pain, encourage rest and immobilize the site (pillows/sandbags are common).



Physical Exam: OA – examine the affected joint for swelling, redness, pain with movement, or when pressure is applied to the joint. Joint will often have limitations in range of motion and may have crepitus (a grating sound when moved). There may be Heberden's nodes (firm nodules) visible on the finger joints.

Gout may be red, hot, inflamed and intensely painful – in fact this is the major differentiation between gout and OA. Onset is typically sudden.

Dislocation – assess if there was trauma and/or an actual deformity that could be dislocation or trauma to the joint structure.

Communication (SBAR to Provider)

- **Situation:** What is happening at present time? Describe symptoms, location, and severity of pain.
- **Background:** What led up to this situation? Awakened from sleep; during exercise or appears suddenly? Was there trauma associated with onset of pain? Is there a history with similar occurrence, if so – when and what relieved the pain?
- **Assessment or Appearance:** Describe physical exam results and vital signs. Have any diagnostic tests been ordered? List any current medications.
- **Request/Recommendation:** What do you think should be done to correct the problem? Are medications, lab work, physical therapy or imaging warranted?

Treatments/Medications

OA – Treatment is aimed at symptom reduction through lifestyle modifications, non-pharmacological and pharmacological methods.

- Weight reduction particularly if joints of the knee, hip, or back are affected.
- Physical therapy or the use of adaptive equipment may be helpful. Ice, heat, and resting the joint(s) are first-line treatments.
- Medication management includes acetaminophen, short-term non-steroidal anti-inflammatory drugs at the lowest dose for the shortest duration (NSAIDs), and if needed short term opioids.
- Be cognizant of gastrointestinal side effects with NSAIDs.
- Topical creams and/or patches (e.g. Capsaicin, Lidoderm, or Voltaren) may be helpful.
- Steroid injections may be helpful short term. Joint replacement surgery may be warranted if other therapies fail.
- Glucosamine and Chondroitin supplements have been shown to be effective for some individuals.

Gout

- NSAIDs (e.g. ibuprofen) are often given for short-term acute episode.
- Oral steroids or intraarticular injection into the joint if NSAID is ineffective.
- Colchicine, an anti-gout agent may be ordered, however has significant gastrointestinal side effects, so not a first-line choice.
- Allopurinol is used for prevention as it decreases the production of uric acid.

Trauma/Injury

- Referral for evaluation and analgesic if needed for moderate to severe pain.
- Immobilize the injury site.
- Cold packs may help.

NOTE: The clinician should only administer nonpharmacological therapies that are within their scope of practice. Follow the policies and procedures of the organization regarding administration of these therapies.

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References

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