

Geriatric Pain Management Guide: Neuropathic Pain



Definition: Pain that arises from actual or threatened damage to non-neural tissue and is due to the activation or damage in the nervous system. Individuals may refer to it as nerve pain. This can be a disturbance in the function of one or more nerves and is often associated with end organ damage. This pain is often described as burning, numbness, tingling, electric shock-like and possibly associated with deep aching.

Potential	Conditions	Key Signs and	Management
Postherpetic Neuralgia	<ul style="list-style-type: none"> • Complication of shingles that last longer than a few weeks. • Increased risk with age 	<ul style="list-style-type: none"> • Burning pain at shingles site, sensitivity to touch • Muscle weakness • Unilateral or bilateral pain 	<ul style="list-style-type: none"> • Medications – Lidocaine patches, capsaicin cream, tricyclic anti-depressants, anticonvulsants, opioids
Diabetic Neuropathy	<ul style="list-style-type: none"> • Injury to nerve fibers from high blood sugars • Most frequently in hands and feet 	<ul style="list-style-type: none"> • Same as other neuropathies 	<ul style="list-style-type: none"> • Control of blood sugar • Diligent foot care • Medications as above
Multiple Sclerosis	<ul style="list-style-type: none"> • Autoimmune disease that destroys the protective sheath (myelin) on nerves • Cause is unknown • Women between 20 and 40 at higher risk, but can be present in older adults 	<ul style="list-style-type: none"> • Painful muscle spasms • Numbness, weakness of limb on one side/unsteady gait • Blurriness, loss of vision • Tingling/electric-shock sensations 	<ul style="list-style-type: none"> • Medications as above • Muscle relaxants for painful muscle spasms
Spinal Cord Injuries, Hemiparesis	<ul style="list-style-type: none"> • Trauma/fall • Arthritis • Cancer • Inflammation or infection • Disk degeneration • Strokes 	<ul style="list-style-type: none"> • Loss of sensation/movement • Loss of bowel/bladder control • Pain • Exaggerated reflexes 	<ul style="list-style-type: none"> • Medications as above • TENS, massage
Peripheral Neuropathy	<ul style="list-style-type: none"> • Trauma and Infections • Toxins such as alcohol or poisons • Disease: Lupus, Guillain-Barre, Lyme • B vitamin deficiency • Hypothyroid or kidney disease 	<ul style="list-style-type: none"> • Numbness & tingling in hands, feet, or many sites 	<ul style="list-style-type: none"> • Medications as above • TENS/massage • Diligent foot care

Initial Nursing Care: Initial nursing care starts with a thorough assessment, physical exam and history including the description of the pain, onset of the pain, and any associated symptoms are key in the diagnosis neuropathic pain. To detect abnormalities, assess sensations, reflexes and response to stimuli. Ask the older adult if they can feel light touch, temperature, or if there are experiencing numbness, tingling, or burning sensations. The location, history and symptoms may be more important than the actual diagnostic tests for many of these conditions. The use of the neuropathic pain screening tool, such as [ID Pain: a Neuropathic Pain Screen Tool](#), is helpful when differentiating between neuropathic and nociceptive pain.

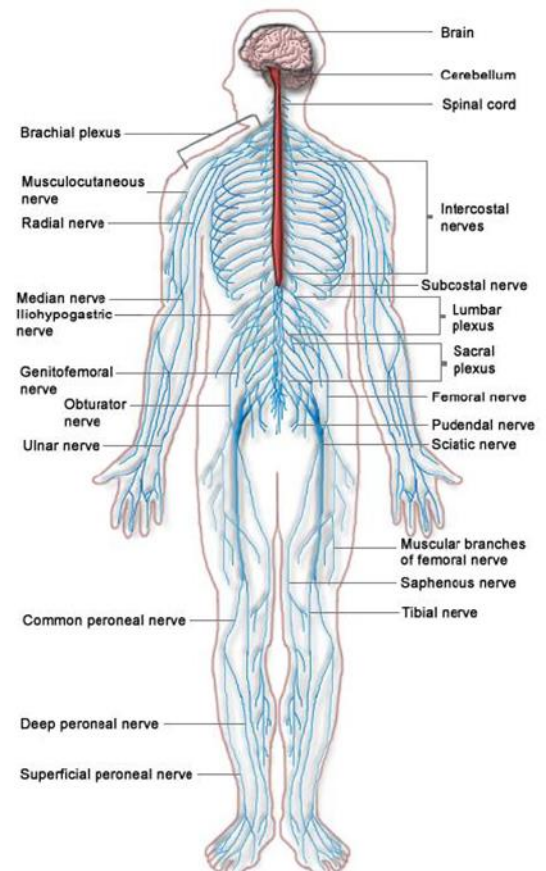
While traditional pain medications are not always effective, it is important to give a trial of pain medication as ordered by the provider. Repositioning, avoiding pressure, gentle massage, or cold therapy (instead of heat) may be helpful to relieve pain temporarily.

Communication: (SBAR to Provider)

- **Situation:** When did pain start and what seemed to be the cause? How does the individual describe the pain (in their own words)? Are there any other symptoms such as change in the color or temperature of the skin, vital signs? Does the pain follow a certain pathway or location on the body?
- **Background:** What led up to this pain? Has there been any history of infection, trauma, change in function? History of diabetes, how long and what medications are taken? Has the blood sugar been uncontrolled? Any signs of acute stroke?
- **Assessment or Appearance:** Report vital signs. Describe the physical exam results paying attention to the site/location, is it bilateral or unilateral? Does the individual feel sensation?
- **Request/Recommend:** Provider may order lab work or other diagnostics. Discuss pharmacological treatments.

Discussion: Older adults with neuropathy may suffer due to inadequate pain control. Neuropathies may not respond to typical pain medications; therefore, adjunctive pain medications which impact the nerves may be indicated. Be sure to report current pain medications and their effectiveness. Certain co-morbidities may confuse or hide the appearance of symptoms. Accurate and timely assessment and communication from the nurse is essential to help the provider determine the appropriate action.

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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