Pain in the elderly is often untreated or undertreated. Many geriatric patients have chronic pain from: arthritis, angina, diabetic neuropathy, cancer, peripheral vascular disease, or other bone/joint disorders. Many elderly are already on opioids or NSAIDs for chronic pain. This should be considered when addressing acute, trauma related pain.

Untreated acute pain can cause:

- Depression
- Sleep disturbances
- Behavioral disturbances
- Anorexia and weight loss
- Increased falls
- Increased hospital length of stay
- Increased medical costs

By decreasing pain, function and quality of life can be improved.

**Assess** for pain regularly. There are different scales based on your hospital's preference. For patients with delirium or dementia, the scale used may need to be adjusted:

- 0-10 pain scale
- Numerical scale
- Pain thermometer
- Pain faces
- Visual analog scale

The elderly have an increased sensitivity to centrally acting drugs and have increased risk for adverse reactions to pharmacologic agents. Consider existing polypharmacy. Consider age-associated changes of pharmacokinetics and likelihood of drug-drug or drug-disease interaction. The goal is to minimize opioids.

**Treatment:**

Select agent likely to cause the fewest side effect. True opioid addiction in elderly is uncommon. Treatment regimens should be adjusted for age. Patients being managed for pain will have increased risk of falls, dizziness, and imbalance so consider preventative precautions. Other side effects could include constipation, GI upset and intolerance. Consider non-

pharmacologic interventions which could include: ice/heat packs, splinting, meditation, spiritual counseling, or support groups.

Non-opioids such as acetaminophen should be considered as first line treatment unless contraindicated. NSAIDs can be considered, though many orthopedists do not order due to inhibition of bone healing. Avoid long term use of NSAIDs and consider use of proton-pump inhibitor with NSAIDs. Consider weaker opioids if acetaminophen or NSAIDs are ineffective or for moderate pain. For severe pain, consider oxycodone, morphine, fentanyl, or hydromorphone. Use transdermal fentanyl or tramadol with caution. Avoid propoxyphene, meperidine, and methadone. Consider epidural PCA for rib fracture pain control. Multi-modality treatment using acetaminophen and small doses of narcotics, NSAIDs, and gabapentin is recommended. Narcotics can cause or increase constipation in the elderly. A bowel regimen to maintain regularity may be necessary.

**Adjuvants:**

Antidepressants (SSRIs)
Anticonvulsants (gabapentin, carbamazepine)
Muscle relaxers (use with caution)

Kaye, A., Baluch, A., & Scott, J. (2010). Pain Management in the elderly population: A review. *The Oschner Journal, 10*(3), 179-187.