Management of Persistent Pain in Older Persons
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Goals
- Burden of pain in older persons
- Assessment tools
- General approach
- Pharmacological management
- Case Study

Epidemiology of Pain in Older Populations:
- Persistent pain is a common finding in older populations. Depending on the method used and population studied, the prevalence of pain has been reported to be from 18 to 88% among individuals over the age of 65 years.\(^1,2\)
- Among those individuals with persistent pain, 45% to 80% report that it is undertreated.\(^2\)
Common Pain Conditions in Older Persons
- Osteoarthritis
- Degenerative spine conditions
- Leg pain from:
  - Muscle cramps
  - Restless legs
  - Claudication
- Neuropathic Pain from:
  - Painful diabetic peripheral neuropathy
  - Post-herpetic neuralgia
  - Phantom-limb pain

Assessment of Pain
- No different than approach in younger patients
  - History and physical
  - Validated pain scales
  - Activity impairment
  - Risk for under reporting of pain
  - Attention to non-verbal patient’s pain cues

General Approach
- Start low and go slow
- Older persons are at increased risk for adverse drug reactions
- More complex pain and comorbid illnesses
General Approach
- “Rational polypharmacy”
  - Complimentary MOA
  - Lower doses with synergistic results
  - Lower risk of side effects/toxicity
- Timing of medications
  - Continuous pain—use around the clock dosing
  - Intermittent or incident pain — use PRN dosing

Acetaminophen
- First line for mild-moderate pain
- NOT associated with GI bleeds, renal and cardiovascular toxicity of NSAIDs
- Dosing
  - 3g vs 4g per day
  - 50% reduction with liver disease/alcohol
  - Ask about all sources of acetaminophen
- Hepatotoxicity ???

NSAIDs
- Over-the-counter dosing generally has a good safety profile in older persons
- Anti-inflammatory with around the clock dosing
- Better relief than APAP in short term studies
NSAIDs
In a recent study of adverse drug reactions as a cause of hospitalization in older patients (>65yoa) implicated NSAIDs in 23.5% of cases

- Decreased renal function
- Gastropathy
- History of Gastrointestinal bleeding
- Cardiovascular disease
- Congestive Heart Failure
- Aspirin for cardioprotection
  - Ibuprofen is the “most” implicated
  - Naproxen appears to be the least

Opioids
- Older patients experience more adverse effects of opioids
- But, they also demonstrate increased sensitivity to analgesic effects as well
- Tolerance develops quickly to respiratory depression, sedation and nausea
- Constipation is a persistent problem
  - Stimulants/Stool softeners
  - NOT Bulk-forming laxatives
Opioids

- Trials should include clearly defined goals and follow up assessments
- Universal Precautions
- Standardized risk assessment tools
  - ORT or SOAPP
  - PMP review
  - Urine toxicology screening

Morphine has active metabolites that can accumulate with decreased renal function

- Long-acting oxycodone or oxymorphone can be safer choices
- Low and Slow

Adjuncts - TCA's

- Useful with:
  - Post-herpetic neuralgia
  - Diabetic peripheral neuropathy
  - Migraine prophylaxis
  - Tension HA
  - Fibromyalgia
  - Beers List
- But at low doses may be tolerated
- Desipramine and Nortriptyline are better tolerated than Amitriptyline
Adjuncts-SNRI’s
- Effective for fibromyalgia and neuropathic pain conditions
- Realistic expectations
- Reduce dose with renal dysfunction
- Avoid with CrCL <30 ml/min or ESRD
- Monitor BP and cognitive side effects
- Do not stop abruptly

Adjuncts-Neuroleptics
- Gabapentin and Pregabalin most common, but others can be used
- Realistic expectations
- Doses should be titrated
- Reduced doses with renal dysfunction
- Side effects

Adjuncts- Muscle Relaxants
- Cyclobenzaprine, carisoprodol, methocarbamol, chlorzoxazone, etc
- Avoid!!!
- Benefits are non-specific and not related to muscle relaxation
Adjuncts-Antispasmodic
- Baclofen and tizanidine have analgesic properties in addition to antispasmodic properties
- Low and slow!!!
- Benzodiazepines are also antispasmodic but have risks as well

Adjuncts-Calcitonin
- Effective with various bone pains including compression fractures, pelvic fractures and metastatic bone cancer
- Mechanism unknown
- Monitor calcium and phosphorus
- Bisphosphonates have also been shown to help with bone pain

Questions?