Pharmacologic and Complementary Approaches

There is a wide range of pharmacologic, physical and behavioral treatments related to the differing etiologies of pain. The following is an abbreviated overview of some strategies for pain management in the older adult.

Pharmacologic Treatment

Pharmacological treatment involves the use of analgesic drugs. All pharmacologic interventions carry a balance of benefits and burdens. The resident should be given an expectation of pain relief, but it is unrealistic to suggest or sustain an expectation of complete pain relief for some residents with chronic pain. A trial and error period should be anticipated when new medications are initiated and while titration occurs. Dosing for most residents requires careful adjustments to optimize pain relief while monitoring and managing side effects. The adage “start low and go slow” is probably appropriate for most drugs known to have high side-effect profiles.

Pharmacologic therapy is most effective when combined with non-pharmacologic strategies to optimize pain management. The timing of medication is important. For continuous pain, medications are best given on regular basis. Additional doses may be required before participation in activities that are known to exacerbate pain.

Adjuvant drugs are medications not classified formally as analgesics but found to be helpful in certain intractable pain syndromes. Some of these adjuvant drugs include: tricyclic antidepressants, anticonvulsants, corticosteroids, anti-arrhythmics and baclofen. With all medication the least invasive route of administration should be used.

Complementary Therapies

Therapies used in conjunction with medication could include physical modalities, physical/occupational exercise therapy, and psychosocial/spiritual interventions. The use of these therapies may decrease the need for pain-reducing drugs but should not be used as substitutes for medication. Complementary modalities should be introduced early to treat generalized weakness and deconditioning as well as aches and pains.

Physical Modalities

Cutaneous stimulation includes the application of superficial heat and cold. Superficial application of heat, acting via conduction, increases the blood flow to the skin and superficial organs and decreases the blood flow to inactive tissue, such as the underlying musculature. Heat also decreases joint stiffness.

Cold therapy, which causes vasoconstriction and local hyperesthesia, is effective in reducing inflammation, edema soon after and injury, and muscle spasm, and is recommended when heat is ineffective in reducing spasm. Cold should not be used if there has been damage by radiation therapy. It is also contraindicated for any condition in which vasoconstriction increases symptoms, such as peripheral vascular disease.

In addition to hot/cold therapies, counterstimulation techniques can be implemented. Techniques such as Transcutaneous Electrical Nerve Stimulation (TENS therapy: a method of applying controlled, low-voltage electrical stimulation to large, myelinated peripheral nerve fibers via cutaneous electrodes), and acupuncture, are believed to activate endogenous pain-

modulating pathways by direct stimulation of peripheral nerves. Chiropractic is also a complementary treatment that incorporates cutaneous stimulation as well as manipulation of the vertebral column in the belief that this will maintain proper functioning of the neuronal pathways to organs. It is also believed to provide direct relief to specific joints and vertebrae via direct manipulation of those areas.

Physical/Occupational Exercise Therapy

Exercise is important for the treatment of subacute and chronic pain because it strengthens weak muscles, mobilizes stiff joints, helps restore coordination and balance, and enhances resident's comfort. When residents are unable to maintain function, simple range-of-motion exercises and massage can be provided to minimize discomfort and preserve muscle length and joint function. Positioning, by using braces, splints, wedges, etc. is another simple method to promote comfort and to prevent or relieve pain.

Psychosocial/Spiritual Interventions

Staff may utilize cognitive/behavioral interventions as well as spiritual interventions to assist a resident in alleviating pain. Focusing on perception and thought, cognitive techniques are designed to influence how one interprets events and bodily sensations. Giving residents information about pain and its management, helps residents think differently about their pain. Behavioral techniques, by contrast, are directed at helping residents develop skills to cope with pain and helping them modify their reaction to pain.

Relaxation and guided imagery can be used to achieve a state of mental and physical relaxation. Mental relaxation means alleviation of anxiety; physical relaxation means reduction in skeletal muscle tension. Relaxation techniques include simple deep breathing exercises, music and assisted relaxation. Pleasant mental images can be used to aid relaxation therapies.

Distraction is the strategy of focusing one's attention on stimuli other than pain or the accompanying negative emotions. Some examples of distraction might be listening to music, aromatherapy, watching television, and talking to family and friends. Other distraction techniques may include psychotherapy for a short term, such as hypnosis, which can be used to manipulate the perception of pain. Reframing is the process of taking a negative thought and replacing it with a more positive one.

Peer support groups offer practical help for residents as well. They can provide experience, empathy and credible support. Pastoral counseling and prayer can also be helpful especially since pain may raise issues of spirituality for the resident and the family.

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