

Pain becomes more common as people get older. Research has shown that, during any one year, most seniors experience at least one significant pain problem, many of which are chronic. Common pain problems among seniors are: pain from arthritis, back pain, leg pain, pain following shingles, pain following a stroke, cancer pain, post-polio syndrome. Pain is associated with other conditions such as chronic bronchitis, emphysema, stomach ulcers, fibromyalgia, osteoporosis.



Common Myths about Pain & Aging

Many people sometimes say that “pain is a natural part of growing old”. This is not true. Pain is not caused by age. Pain is more common in older adults because the diseases or injuries that most often cause pain are more common in older adults. It is important that the disease/injury and the pain be treated - no matter the person's age. If we think of pain as a “natural part of growing old”, we may not treat a senior's pain as seriously as we treat a younger adult's pain.

Other common myths are:

“older adults suffer less from pain than younger ones”

“older adults can't handle stronger painkillers or can easily become addicted to painkillers”

“pain medications always interfere with physical and mental functioning”

Further, some older adults might feel less entitled than younger adults to ask questions of their health care providers. None of these myths are true or helpful and could prevent a senior from seeking and receiving the pain treatment options available.

Is pain among Seniors Under-treated?

Perhaps because of some of the myths just described, pain among seniors is under-assessed and under-treated. Seniors are under-represented in clinics specializing in the treatment of pain. When a senior has another condition, which affects his or her ability to communicate (e.g. Alzheimer disease), health professionals may not identify a pain problem. Educating health professionals about how to evaluate pain in older adults is important and methods designed to identify and assess pain in people with severe dementia are being developed in Canada and elsewhere.

Treating Chronic Pain among Seniors

Similar to younger adults, seniors can benefit from treatments such as physiotherapy, occupational therapy, massage therapy, psychological therapy, and medications to manage their pain. However, research has shown that combinations of treatments for pain (e.g., psychological therapies combined with physiotherapy and medical management) show the best results. Working with professionals who have special expertise in the treatment of pain among seniors is important. For example, because seniors' bodies tend to process medication more slowly than those of younger adults, medications might have to be administered differently. Similarly, a pain management psychologist working with seniors must understand the problems unique to older age groups.

How can a Psychologist Help someone with Chronic Pain?

Psychologists treating older adults for chronic pain often work within inter-disciplinary health care teams or coordinate treatment with the other health care services that the older adult might receive. Because pain can be made better or worse by many factors, it is very important that the treating psychologist, or other pain specialist, communicate with the other health care professionals involved in the older adult's care. Communication can only take place with the patient's agreement (or in the case of persons with severe cognitive impairments, with the agreement of a close relative or legal guardian).

Psychological interventions focus on helping the older adult improve quality of life in spite of pain, which in turn, can decrease the pain experience. These interventions typically include cognitive-behavioural techniques, which look at how physical sensations, feelings, thoughts and behaviours affect each other and our problems. For example, a person with chronic pain may stop taking his or her regular walk to the community centre. Without the walks to the community centre, the person may become even less fit, may have a lower mood, and have fewer social contacts – all of which can worsen quality of life and the experience of pain.

Psychological interventions can improve quality of life, and sometimes decrease pain, by helping the person with pain:

- cope with depressed, anxious or irritable mood
- improve communication with others
- improve his or her social supports
- learn techniques and strategies to
- improve sleep and achieve relaxation
- learn how to pace and organize activity