

# Understanding Pain Communication

## Common painful conditions in the elderly

- Degenerative joint disease
- Rheumatoid arthritis and Osteoarthritis
- Fibromyalgia
- Low back disorders
- Crystal-induced arthropathies
- Osteoporosis with vertebral compression fractures
- Neuropathies (e.g., diabetic neuropathy, post-herpetic neuralgia, trigeminal or occipital neuralgia)
- Gastrointestinal conditions (e.g. ileus, gastritis, peptic ulcers)
- Renal conditions (e.g., kidney stones, bladder distension)
- Headaches
- Oral or dental pathology
- Peripheral vascular disease
- Post-stroke syndromes
- Immobility, contractures
- Pressure ulcers
- Amputations
- Arthritis
- Falls
- Abrasions, skin tears
- Spinal stenosis
- Cancer
- Generalized pain
- Carpal tunnel
- Cellulitis
- Kyphosis
- Gout

## Definitions of Key Terms

**Pain:** An unpleasant sensory or emotional experience and is present whenever a person says it is.

**Persistent or Chronic Pain:** Pain that is recurrent and/or continues for a prolonged period of time. It can be nociceptive, neuropathic or mixed and the cause may not be easily identifiable. Common conditions associated with pain in the elderly include degenerative joint disease, diabetic neuropathy, peripheral vascular disease, arthritis and headaches

**Acute Pain:** Pain that is of abrupt onset or escalation and often described as sharp or severe. It is usually nociceptive, resulting from an identified event (e.g. fall, new fracture, other injury or trauma) and resolves within a relatively short period of time – depending on the cause or extent of tissue injury.

**Pain type:** The classification of pain as nociceptive, neuropathic or mixed type.

**Nociceptive pain:** Pain resulting from actual or potential tissue damage and can be either somatic (musculoskeletal pain related to bone and joint disorders such as osteoarthritis, rheumatoid arthritis) or visceral (inflammatory, ischemic, involving an organ or the serosal surface of a body cavity, pleura, peritoneum, etc.). Nociceptive pain is often described with words such as dull, throbbing, cramping or aching.

**Neuropathic pain:** Pain resulting from a disturbance of function or pathologic change in the peripheral or central nervous system. Neuropathic pain disorders include post-herpetic neuralgia, peripheral neuropathy (diabetes or other causes), and post-stroke central or thalamic pain. Neuropathic pain more often is described with words such as burning, shooting, tingling, numbness, and lightning.

**Unspecified or mixed pain:** Pain resulting from unspecified or mixed mechanisms and includes both nociceptive and neuropathic features. Unspecified or mixed pain disorders include recurrent headaches and vasculitic syndromes. Unspecified or mixed pain is often difficult to treat and usually requires combined interventions

## How to ask about pain

While denying the presence of “pain,” many older adults will acknowledge “discomfort,” “hurting,” or “aching.”

When interviewing the person, ask about possible conditions or medical procedures which could cause pain. Explore if the person has experienced a change in condition (such as a fall or the development of a wound) or a recent change in behaviors (such as a decline in activity level or difficulty sleeping).

Here are some ideas of different ways to inquire about pain.

- Do you have any aches, soreness, burning, etc?
- How is your arthritis today?
- You had a fall today, do you hurt anywhere?
- How is your back doing today?
- Do you have a headache?
- How are your mouth/teeth doing?
- Are you feeling any discomfort?
- I noticed you stopped going to play bingo, is something bothering you?
- I noticed you haven't had much appetite lately, has something changed?

Talking with family and other caregivers may also provide valuable information about the person's history, behaviors and what makes the pain worse or better.

## Common Pain Behaviors in Cognitively Impaired Elderly Persons

**Facial expressions:** Slight frown; sad, frightened face; grimacing, wrinkled forehead, closed or tightened eyes, rapid blinking, any distorted expression

**Vocalizations:** Sighing, moaning, groaning, grunting, chanting, calling out, noisy breathing, asking for help, verbal abuse

**Body movements:** Rigid, tense body posture; guarding, fidgeting, increased pacing, rocking, restricted movement, gait or mobility changes

**Changes in interpersonal interactions:** Aggression, combativeness, resisting care, decreased social interactions, socially inappropriate or disruptive behavior, withdrawal

**Changes in activity patterns or routines:** Refusing food, appetite changes, rest pattern changes, sudden cessation of common routines, increased wandering

**Mental status changes:** crying or tears, increased confusion, irritability or distress