

Introduction to Pain in Primary Care

Background and Significance

Pain is a potentially complex issue for elderly individuals. It “it is a complex phenomenon” that is “modified by individual memory, expectations and emotions”. There are a number of factors that impact the report of pain and the treatment of pain. The perception of pain and treatment of pain is modified too by also by social, cultural and environmental influences. Practitioners need to be mindful that pain is associated with actual or potential tissue damage and is not a psychopathology.

Left untreated persistent pain may:

- Lead to depression
- Precipitate anxiety
- Result in decreased socialization
- Cause sleep disturbance
- Negatively impact ambulation
- Increase healthcare utilization and costs
- Negatively impact pre-existing conditions¹

The statistics and evidence tell us that:

- Chronic pain affects more than ¼ of seniors living in households.
- The 2005 Canadian Community Health Survey found that chronic pain affected 27% of seniors living in households vs. just 16% of those 18-64 years of age.
- Chronic pain has the potential to make life miserable for seniors.
- Given the fact that by 2031 the population of seniors will double from 2005 numbers. the issue of pain will continue to be relevant and prevalent in primary care practice.
- The rate of perceived pain is inversely proportional to perceived health (i.e. the worse individuals experience pain the more negative their perceived health and wellness).
- Women are consistently more likely than men to report chronic pain².

¹ American Geriatrics Society (2002). The management of persistent pain in older persons. *JAGS*, 50, 205-S224.

² Statistics Canada (2008). Study: Chronic pain in Canadian Seniors. *The Daily*. Accessed, July 28, 2008 from, <http://www.statcan.ca/Daily/English/080221/d080221.htm>.

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When pain affects individuals it is not only the pain itself that is the problem but the impact upon general health and wellness cannot be ignored. The presence of pain has a negative impact upon perceived health and participation in daily activities. A 25% reduction in pain can result in a 50% increase in function. The more intense the pain, the more significant the impact upon performance of daily activities.

An identified risk factor for inadequate pain management is increased age and cognitive impairment, therefore, practitioners need to be mindful of the possible presence of pain regardless of whether or not it is reported by individual patients.

The causes and precipitating factors for pain are many and as mentioned above are moderated by many internal and external factors, however, the more **common causes of pain** are:

- OA
- Post-herpetic neuralgia
- Diabetic neuropathy
- Cancer
- Osteoporosis
- Spinal stenosis
- Fibromyalgia

What Primary Care Practitioners can do to Treat Pain in the Elderly:

- Screen for pain through the geriatric periodic health exam
- Treat causative pathology of pain where it exists
- Be aware of the individual, social, cultural and environmental influences on pain and the treatment of pain
- Comprehensively assess pain using the tools contained in this kit
- Provide access to community services as available and appropriate
- Make referral to specialist services as available and appropriate
- Provide education to individual patients and families based upon practice needs and demands.