

PSYCHOLOGY WORKS Fact Sheet: Chronic Pain Among Older Adults

What is Chronic Pain?

Pain that does not go away and lasts for a few months or more is called chronic pain. Often chronic pain is the result of a known disease or injury and may last longer than the usual healing time associated with the disease or injury.

Sometimes medical tests cannot determine the cause of chronic pain. In most cases, the best way to assist a person with chronic pain is to help them learn how to manage it.

Pain can have different characteristics (e.g., burning, stabbing, and throbbing), tends to be accompanied by negative emotions (e.g., anger, fear) and can affect a person's physical, mental, and emotional well-being. It can also affect a person's physical functions making it harder for them to walk, bend, lift, or sit. It can interfere with daily activities such as bathing, cooking, cleaning, and working.

Pain can disturb sleep or appetite and decrease energy levels. It can interfere with roles and relationships with friends and family. Mentally, chronic pain can make it harder to concentrate or remember things. Emotionally, people with chronic pain can feel irritable, anxious, and depressed. Psychologists play a central role in helping people manage chronic pain and the many consequences it has upon their well-being.

How Common Is Pain Among Older Adults?

Pain becomes more common as people get older. Research has shown that, during any one year, most older adults experience at least one significant pain problem, many of which are chronic. Common pain problems among older adults are:

- pain from arthritis;
- back pain;
- leg pain;
- pain following shingles;
- pain following a stroke;
- cancer pain;
- post-polio syndrome; and
- pain associated with other conditions such as chronic bronchitis, emphysema, stomach ulcers, fibromyalgia, and osteoporosis.



What Are Some Common Myths About Pain and Aging?

There are a number of myths about pain and aging. For example, many people (including some health professionals) 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 an older adult’s pain as thoroughly as we treat a younger adult’s pain.

Other common myths are that:

- “older adults suffer less from pain than younger adults”;
- “older adults can’t handle stronger painkillers or can easily become addicted to painkillers”; and
- “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 and some health care providers might provide less information to them.

None of these myths and views about pain and aging are true or helpful and could prevent an older adult from seeking and receiving the full range of pain treatment options available.

Is Pain Among Older Adults Under-Treated?

Perhaps because of some of the myths just described, pain among older adults is often under-assessed and under-treated. Older adults are under-represented in clinics specializing in the treatment of pain. Older adults should seek treatment for their pain and ask questions about the range of medical and psychological treatments available.

When an older adult has another condition which affects their 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 have been developed and are being evaluated in Canada and elsewhere. Specialized methods of pain assessment for older adults with severe dementia include the Pain Assessment Checklist for Seniors with Limited Ability to Communicate-II (PACSLAC-II) and other tools which are designed for use by health care professionals.

Treating Chronic Pain Among Older Adults

Similar to younger adults, older individuals can benefit from treatments such as physiotherapy, occupational therapy, massage therapy, psychological therapy, and medications to manage their pain. However, research has shown that coordinated combinations of treatments for pain (e.g., psychological therapies combined with physiotherapy and medical management) show the best results.



The combination of different types of treatment is sometimes referred to as inter or multi-disciplinary treatment because it is delivered by a team of different health professionals such as physicians, psychologists, physiotherapists, and occupational therapists.

Working with professionals who have special expertise in the treatment of pain among older adults is important. For example, because older adults' 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 older persons must understand the problems unique to older age groups.

There are many benefits to treating chronic pain. These may include:

- increased energy level;
- improved physical functioning (e.g., sitting, walking, standing);
- better sleep and appetite;
- greater activity and independence;
- more social involvement and better relationships with others;
- better concentration; and
- improved mood, self-esteem, and sense of well-being.

What Can Psychologists Do to Help People With Chronic Pain? Is Treatment Effective?

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 burden of the pain experience. These interventions typically include cognitive-behavioural therapies (CBT) which look at how physical sensations, feelings, thoughts, and behaviours affect each other and our day-to-day functioning.

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. In addition to CBT, acceptance and commitment therapy (ACT), which incorporates mindfulness training, has been found to be beneficial in the management of chronic 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 social supports;
- learn techniques and strategies to improve sleep and achieve relaxation; and
- learn how to pace and organize activity and live a rewarding life despite the pain.

Where Can I Go For More Information?

The Canadian Psychological Association has several fact sheets that describe treatments for various conditions including *chronic pain*, *depression*, *insomnia*, and *generalized anxiety disorder*. These treatments can be used and adapted to address some of the problems often seen in older adults with chronic pain.

The primary Canadian organisation dedicated to the study of pain is the Canadian Pain Society:
<http://www.canadianpainsociety.ca>

For information on pain from **arthritis**, contact the Arthritis Society: <http://www.arthritis.ca>.

For information on pain from **osteoporosis**, contact the Osteoporosis Society of Canada:
<http://www.osteoporosis.ca>.

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial, and some municipal associations of psychology may make available a referral list of practicing psychologists that can be searched for appropriate services. For the names and coordinates of provincial and territorial associations of psychology, go to
<https://cpa.ca/public/whatisapsychologist/PTassociations/>.

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Your opinion matters! Please contact us with any questions or comments about any of the **PSYCHOLOGY WORKS** Fact Sheets: factsheets@cpa.ca

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