



"Psychology Works" Fact Sheet: Chronic Pain Among Seniors

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 him or her 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 him or her 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 seniors?

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; 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 aging and pain. 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 a senior’s pain as seriously 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 a senior from seeking and receiving the full range of 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 have been developed and are being evaluated in Canada and elsewhere. Older adults should seek treatment for their pain and ask questions about the range of medical and psychological treatments available.

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 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 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.

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 techniques 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. 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; and
- learn how to pace and organize activity.

Where do I go for more information?

The Canadian Psychological Association has a number of fact sheets that describe treatments for a number of 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.

For information about chronic pain, contact the Canadian Pain Coalition (<http://www.canadianpaincoalition.ca/>; 905-404-9545). 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 at <http://www.arthritis.ca>.

For information on pain from osteoporosis, contact the Osteoporosis Society of Canada at <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 often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to <http://www.cpa.ca/public/whatisapsychologist/PTassociations/>.

This fact sheet has been prepared for the Canadian Psychological Association, in cooperation with the Canadian Coalition for Seniors Mental Health, by Drs. Thomas Hadjistavropoulos and Sheryl Green, Department of Psychology, University of Regina.

Revised: February 2017

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

Canadian Psychological Association
141 Laurier Avenue West, Suite 702
Ottawa, Ontario K1P 5J3
Tel: 613-237-2144
Toll free (in Canada): 1-888-472-0657