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Patient-centered Strategies to Managing Geriatric Chronic Pain in Home Health

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Disclosure

- No relevant financial relationship exists

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Learner Outcomes

As a result of this course, participants will be able to:

1. Describe the mechanism of chronic pain
2. Identify common issues, including cross-cultural sensitivities, facing home health physical therapists in the management of chronic pain
3. Recognize and differentiate causative factors with evidence-based screening tools
4. Apply evidence-based intervention approach for geriatric chronic pain in home health

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What is Pain?

- "An unpleasant sensory and emotional experience primarily associated with tissues damage, or described in terms of such damage, or both"

Ref: International Association for the Study of Pain at https://www.iasp-pain.org/Taxonomy
http://www.painaustralia.org.au/about-pain/what-is-pain

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What is pain?

- A protective warning or signal of actual or potential tissue damage
- Subjectively perception is that damage has occurred

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Pain Signaling Process

- Pain detection
  - Nociception and the central nervous system

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Prevalence

- ≥76 mil people in the US experience pain
  - Incidence peaks in ages 45-64years
  - decline in older population
- Older adults have higher prevalence of chronic health conditions with persistent pain
- ↑ ↑ prevalence of articular weight-bearing joint in 65+years
  - OA of wt-bearing joints

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Prevalence

- Prescription for 33% of Medicare Part D recipients in 2016
  - ~500K beneficiaries
- High amounts of opioids
- Projected misuse of opioids
  - misuse opioids is projected to double

U.S. Office of the Inspector General. (2017). Opioids in Medicare Part D: Concerns about extreme use and questionable prescribing. https://oig.hhs.gov/oei/reports/oei-02-17-00250.asp Accessed February 16, 2017
SAMHSA https://www.samhsa.gov/capt/sites/default/files/resources/resources-opiod-use-older-adult-pop.pdf Accessed February 16, 2018

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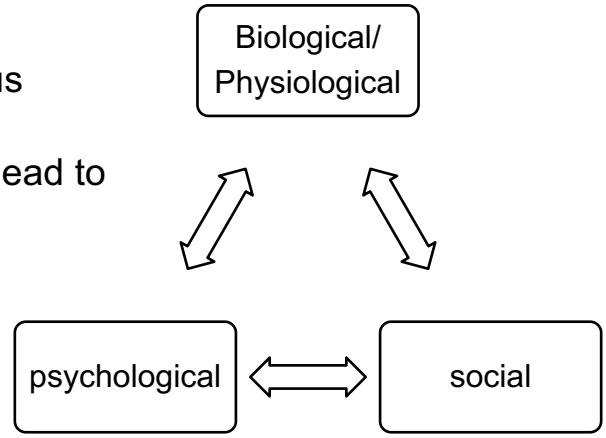
Pain

- Complex and heterogeneous
- Multiple mechanisms lead to onset and maintenance



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Quality of pain

- Physiological event
  - subjective recognition
- Psychological experience
  - occurrence in the absence of tissue damage
  - ➢ Chronic pain has both physiological and psychological

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Pain

- Two components:
  - Disease: involves the nociceptors and central nervous system processing of pain
    - Changes in structure, neurochemistry and function of PNS and CNS
  - Illness: indicative of the behaviors and suffering associated with pain

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Socioeconomic Factors of Pain

- Passive coping strategies
  - ↑ utilization by older adults
  - ↓ health literacy
  - ↓ level of education
  - ↓ understanding
- Active coping strategies
  - ↑ interaction with hcp
  - ↑ awareness of role as a stakeholder in mgmt
  - ↑ understanding

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Pain

- Cultural factors
  - Pain and ethnicity
  - Cultural assessment

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Which is it?

Acute — Cease long before healing is complete

- Process duration may last few days to few weeks
- Recurrent pain = repeated episodes of acute pain

Chronic — Lasting longer than 3-6months

- Persistent, prolonged in duration and intensity to impact sense of well-being and function negatively

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CONTINUED

Chronic Pain

- Is a disease rather than a symptom
- Correlation with pain behaviors
- Plethora of contributing factors and causes
- Unique pathophysiology, signs, symptoms

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CONTINUED

Chronic Pain

- Can exists when extensive **pain behaviors develop in a person**
  - What are pain behaviors?

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CONTINUED

Chronic Pain

- May be local or referred
- Not just a continuation of acute pain
- Acute to chronic change in pain may involve a shift in pathology of the disease process

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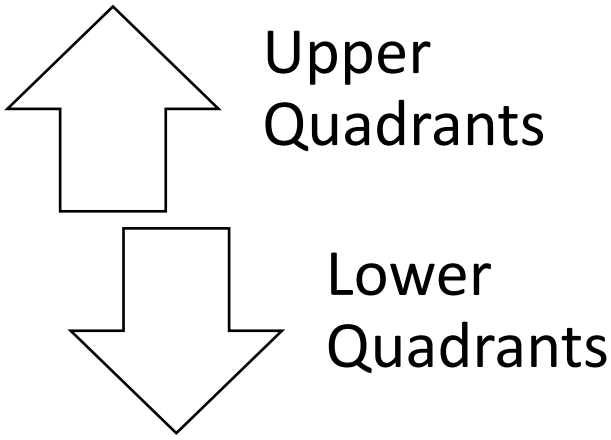
Referred Chronic Pain Patterns



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Chronic Pain

- Risk Factors
  - Genetic predisposition
    - High prevalence of co-morbidities
    - Gender
  - Psychosocial history
    - Psychological state at time of initial injury
    - Lifestyle (family or community support?)

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Geriatric Chronic Pain

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CONTINUED

Pain Presentation in Older Adults

- Unrecognized/Untreated
- Under-reported
- Recognized/Undertreated in the older population

http://www.todaysgeriatricmedicine.com/archive/032414p8.shtml

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CONTINUED

Pain Presentation in Older Adults

- Physical Impact
  - Impaired Function
  - Impaired mobility
- Psychological Impact
  - Impaired Cognition

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Pain Presentation in Older Adults

Socioeconomic Factors

- Cultural influence
- Gender
  - Females > Men
    - multiple locations
    - greater intensity
    - higher functional impact on function

Health Literacy level

- Coping strategies
  - Passive
  - Active
- Adherence
  - Understanding

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Assessment

- Observe home situation
- Family Social History
- History of current episode
- PMH incl. pre- or post surgical status
  - general health perspective
  - complete medication inventory, incl. OTC
- Behavior risk factors
  - past/present activity level

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Evaluation

- Recommended are :
  - McGill Pain Questionnaire
  - Faces Scale
  - Rapid Geriatric Assessment
  - Pain Disability Index
  - Geriatric Pain Measure
  - Multidimensional Pain Inventory

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McGill Pain Questionnaire - MPQ

- Original 1971 version consists primarily of 3-part word descriptors--sensory, affective and evaluative to self-report subjective pain experience.
- Short form (SF-MPQ) is a 2-part word descriptor – sensory and affective, rated on an intensity scale as 0 = none, 1 = mild, 2 = moderate or 3 = severe.
- Valid and reliable
- Tested in younger people
- Useful for older adults

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Faces Scale

https://www.iasp-pain.org/Education/Content.aspx?ItemNumber=1519&&navItemNumber=577

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Rapid Geriatric Assessment

The Simple "FRAIL" Questionnaire Screening Tool
(3 or greater = frailty; 1 or 2 = prefrail)

Fatigue: Are you fatigued?
Resistance: Cannot walk up one flight of stairs?
Aerobic: Cannot walk one block?
Illnesses: Do you have more than 5 illnesses?
Loss of weight: Have you lost more than 5% of your weight in the last 6 months?

From Morley JE, Vellas B, Abellan van Kan G, et al. J Am Med Dir Assoc 2013;14:392-397.

Table I: SARC-F Screen for Sarcopenia

Component	Question	Scoring
Strength	How much difficulty do you have in lifting and carrying 10 pounds?	None = 0 Some = 1 A lot or unable = 2
Assistance in walking	How much difficulty do you have walking across a room?	None = 0 Some = 1 A lot, use aids, or unable = 2
Rise from a chair	How much difficulty do you have transferring from a chair or bed?	None = 0 Some = 1 A lot or unable without help = 2
Climb stairs	How much difficulty do you have climbing a flight of ten stairs?	None = 0 Some = 1 A lot or unable = 2
Falls	How many times have you fallen in the last year?	None = 0 1-3 falls = 1 4 or more falls = 2

From Malmstrom TK, Morley JE. J Frailty and Aging 2013;2:55-6.

SNAQ (Simplified Nutritional Assessment Questionnaire)

My appetite is
a. very poor
b. poor
c. average
d. good
e. very good

Food tastes
a. very bad
b. bad
c. average
d. good
e. very good

When I eat
a. I feel full after eating only a few mouthfuls
b. I feel full after eating about a third of a meal
c. I feel full after eating over half a meal
d. I feel full after eating most of the meal
e. I hardly ever feel full

Normally I eat
a. less than one meal a day
b. one meal a day
c. two meals a day
d. three meals a day
e. more than three meals a day

From Wilson et al. Am J Clin Nutr 2005;82:1074-81.

Rapid Cognitive Screen (RCS)

1. **Please remember these five objects. I will ask you what they are later.** [Read each object to patient using approx. 1 second intervals.]
   Apple Pen Tie House Car
2. [Give patient pencil and the blank sheet with clock face.] **This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.** [2 pts/hr markers ok; 2 pts/time correct]
3. **What were the five objects I asked you to remember?** [1 pt/ea]
4. **I'm going to tell you a story. Please listen carefully because afterwards, I'm going to ask you about it.**

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.
What state did she live in? [1 pt]

From Malmstrom TK, Voss VB, Cruz-Oliver DM et al. J Nutr Health Aging 2015;19:741-744.

Miscellaneous
Are you constipated? Y/N
Do you have worrisome incontinence? Y/N
Do you have an advanced directive? Y/N

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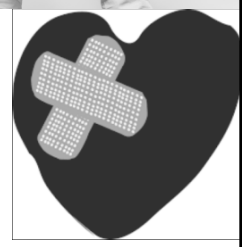
Management



- Multimodal approach
  - Acceptance
  - Compassion
  - Empathy
  - Understanding
  - Exercise therapy – movement for pain control
  - Modalities
  - Other
- **Goal is amelioration of pain**
- **NOT necessarily relieve of pain**

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CONTINUED

Management

- Cognitive-Behavioral approach
  - Patient education
  - Neuromuscular education
  - Graded exercise
  - Functional training

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CONTINUED

Management

- Manual Therapy
- Exercise Therapy
  - Movement will help if pain is reproducible
  - Remember to clear visceral/systemic referral pattern

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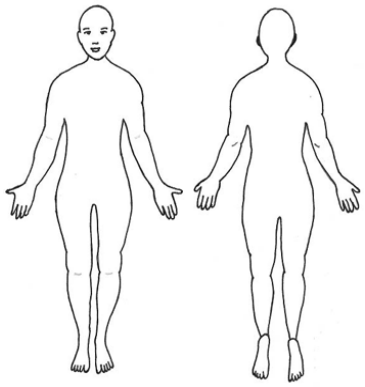
CONTINUED

Let's explore these case studies!

- Description/History
- Assessment
- Management



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Meet Ms. Lucy Titebak

- 72y/o female presents with severe back pain
  - gradual onset
  - worsening and radiating to LE, L>R
  - Radiologic report – Lipoma L/Sp 4/5;
    - mild stenosis L2-S1
  - s/p two steroid injections
  - previous outpatient PT, short-lived relief
  - currently on Percocet p.o. 10/325mg 4-6hrs PRN

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CONTINUED

Meet Ms. Lucy Titebak

- Unable to sleep at night <2hrs
- Up about 3-4times/night
- ↓ walk 3ft
- ↑agonizing pain
- 3rd steroid injection on hold
- MD consider spinal fusion – last resort
- Referred to home based physical therapy
- PT prescription:
  - Cryomassage and stretching exs

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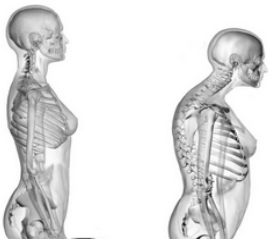
Special Considerations

- Connective tissues changes in older adult
  - Sarcopenia
    - ↓ elasticity
    - ↑ fibrosis
  - Osteoporosis
    - risk of compression fx



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Exercise Prescription

- PT uses FITT
- Posture reeducation
- Balance reeducation
  - Teach the right way to fall

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CONTINUED

Meet Ms. Beulah Abel

- 63 y.o. retired teacher s/p post right hip replacement
- Lives with 73y.o. spouse – diabetic, loves Zydeco music,
- S – non-smoker, has been "overweight" all her life
  - Lives in 2nd floor apartment; Unable to sleep well at night
  - Used lead choir at church
  - Does not want to use a walker (MD's warns she may have to!)
- O – Present with intermittent low back and hip pains
  - BMI 29.2kg/m^2
  - Slow guarded movement during ambulation
  - ↑↑ Fear of falling

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Getting Ms. Abel to dance!

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CONTINUED

Getting Ms. Abel to dance!

Moderate Activity 3.0 – 6.0METS; 3.5 – 7.0 kcal/min	
Ballroom dancing	Professional ballroom dancing—energetically
Line dancing	Square dancing—energetically
Square dancing	Folk dancing—energetically
Folk dancing	Clogging
Modern dancing, disco	
Ballet	

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CONTINUED

Meet Ms. Irm'a Payne

- 73years old volunteer at the local shelter – teaches piano
- s/p bilateral TKR. Low back pain - 3rd steroid injection on hold
- Past PT no success; MD's new referral wants new exercise prog.
- S – wants to go back to the shelter
  - Walking hurts
  - Hx of HBP, CVD
  - Had stents five years ago
  - Takes statins
  - Cancel Zumba class because of worsening symptoms
- O – BMI = 32.7

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Mobilizing Ms. Payne

- Neuromobilization techniques
  - incorporate self mobilization techniques
- Cognitive Stimulation Training

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Meet Mr. JJ Williamson

- 65 y.o. small business owner of a beauty shop
- s/p CABG 10yrs ago, type 2 diabetic
- S –Lives in a single family home – 1250 sq. ft
  - Sit and stands a lot at work
  - Physician says he "has to do more" …
- O – Walks with a single straight cane
  - BMI = 41kg/m^2
  - Poor CV endurance???

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CONTINUED

Getting Mr. Williamson active!

Moderate Activity **3.0 – 6.0METS; 3.5 – 7.0 kcal/min**	
Singing while actively moving about—as on stage or in church Fishing while walking along a riverbank or while wading in a stream—wearing waders Hunting deer, large or small game Pheasant and grouse hunting Hunting with a bow and arrow or crossbow— walking	Standing, walking, or walking down a flight of stairs while carrying objects weighing 50 lbs or more Carrying several heavy bags (25 lbs or more) of groceries at one time up a flight of stairs Grocery shopping while carrying young children *and* pushing a full grocery cart, or pushing two full grocery carts at once

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CONTINUED

Take Home!

- American Geriatrics Society's panel on persistent pain in older persons:
  - customize physical activity that meets functional needs
  - incorporate endurance, flexibility, general/core strengthening

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CONTINUED

Physical Therapy works better or same as medications!!!!!!

To learn more visit
www.MoveForwardPT.com/choosePT

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Thank you!

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