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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
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

What is Pain?

• “An unpleasant sensory and emotional experience primarily associated with tissues damage, or described in terms of such damage, or both”

What is pain?

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

Pain Signaling Process

- Pain detection
  - Nociception and the central nervous system
Prevalence

- ≥76 mil people in the US experience pain
  - Incidence peaks in ages 45-64 years
  - 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

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

SAMHSA https://www.samhsa.gov/capt/sites/default/files/resources/resources-opioid-use-older-adult-pop.pdf Accessed February 16, 2018
Pain
• Complex and heterogeneous
• Multiple mechanisms lead to onset and maintenance

Biological/Physiological

psychological ↔ social

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

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
Pain

• Cultural factors
  • Pain and ethnicity
  • Cultural assessment

Which is it?

<table>
<thead>
<tr>
<th>Acute</th>
<th>Cease long before healing is complete</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Process duration may last few days to few weeks</td>
</tr>
<tr>
<td></td>
<td>• Recurrent pain = repeated episodes of acute pain</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronic</th>
<th>Lasting longer than 3-6months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Persistent, prolonged in duration and intensity to impact sense of well-being and function negatively</td>
</tr>
</tbody>
</table>
Chronic Pain

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

Chronic Pain

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

Referred Chronic Pain Patterns

Upper Quadrants

Lower Quadrants
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?)

Geriatric Chronic Pain
Pain Presentation in Older Adults

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


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Pain Presentation in Older Adults

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

**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
Evaluation

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

**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
Faces Scale

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

Rapid Geriatric Assessment

The Simple “FRAIL” Questionnaire Screening Tool

(1 or greater = frailty; 1 or 2 = predual)

Examine. Have you fallen?
Resistance. Can you walk up one flight of stairs?
Armless. Can you tie on your shoe?
Elevation. Do you have more than 3 ulcers?
Loss of weight. Have you lost more than 5% of your weight in the last 6 months?


SNMQ (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 about half a meal d. I feel full after eating about a meal e. I hardly ever feel full


Table 1. SARC-F Screen for Geriatric Risk

<table>
<thead>
<tr>
<th>Component</th>
<th>Categories</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td>Flag B</td>
<td>1</td>
</tr>
<tr>
<td>Armless</td>
<td>Flag B</td>
<td>1</td>
</tr>
<tr>
<td>Ulcers</td>
<td>0-2</td>
<td>2</td>
</tr>
<tr>
<td>Weight</td>
<td>0-5</td>
<td>5</td>
</tr>
<tr>
<td>Loss of weight</td>
<td>0-5</td>
<td>5</td>
</tr>
</tbody>
</table>

Rapid Cognitive Screen (RCS)

1. Please remember these five objects. I will ask you what they are later. Read each out to participants (e.g., 1 second after the last one)
   a. Apple
   b. Van
   c. Has a car
   d. Different to apple
   e. What are the five objects I asked you to remember? (e.g., apple)

2. Choose a word and a blank sheet with clock factors. This is a clock face. Please put the hour number and the time to ten minutes in the space of clock. (2) is the number on a day, 2 pt. 3 is 3.5 cm.

3. What were the first five objects I asked you to remember? (e.g., apple)

4. I’m going to tell you a story. Please listen carefully because afterwards I’m going to ask you about it.

All was a very successful weekend. She needed a lot of money on the next market. She then met Jack, a very outgoing toddler. 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 back to work. She had a very happy ever after.

What time did the story end? (e.g., 5:45)

Miscellaneous

Are you content? Y/N
Do you have serious limitations? Y/N
Do you have an advanced directive? Y/N
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

Management

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

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

Let’s explore these case studies!

- Description/History
- Assessment
- Management
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

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
Special Considerations

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

Exercise Prescription

- PT uses FITT
- Posture reeducation
- Balance reeducation
  - Teach the right way to fall
Meet Ms. Beulah Abel

- 63 y.o. retired teacher s/p post right hip replacement
- Lives with 73 y.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/m²
  - Slow guarded movement during ambulation
  - ↑↑ Fear of falling

Getting Ms. Abel to dance!
Getting Ms. Abel to dance!

<table>
<thead>
<tr>
<th>Moderate Activity</th>
<th>3.0 – 6.0 METS; 3.5 – 7.0 kcal/min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballroom dancing</td>
<td>Professional ballroom dancing—energetically</td>
</tr>
<tr>
<td>Line dancing</td>
<td>Square dancing—energetically</td>
</tr>
<tr>
<td>Square dancing</td>
<td>Folk dancing—energetically</td>
</tr>
<tr>
<td>Folk dancing</td>
<td>Clogging</td>
</tr>
<tr>
<td>Modern dancing, disco</td>
<td></td>
</tr>
<tr>
<td>Ballet</td>
<td></td>
</tr>
</tbody>
</table>

Meet Ms. Irm’a Payne

- 73 years 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
Mobilizing Ms. Payne

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

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/m²
  - Poor CV endurance???
Getting Mr. Williamson active!

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

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

To learn more visit
www.MoveForwardPT.com/choosePT

References

3) Reid MC, Ong AD, Henderson CR. Why We Need Nonpharmacologic Approaches to Manage Chronic Low Back Pain in Older Adults. JAMA internal medicine. 2016;176(3):338-339. PMCID: PMC4822816
References


Thank you!