Effective pain management in older adults requires a comprehensive approach. Of primary importance is a detailed pain assessment that identifies the cause of the pain, its specific characteristics, current approaches to treatment and their effectiveness, and the impact of pain on the older person’s mood, ability to function, and quality of life. After the initiation or modification of a pain management plan, an essential component of effective pain management is to evaluate the effectiveness of the plan to determine the next course of action. Actions may include maintaining the current regimen or trying to optimize the treatment regimen by changing the dose, switching analgesic medications, adding treatments for side effects, and adding adjunctive pharmacologic or nonpharmacologic therapies.

Recent evidence suggests that to evaluate the effectiveness of a pain management plan, clinicians must move beyond evaluation of self-reported ratings of pain intensity (Dworkin et al., 2005, 2008; Turk & Dworkin, 2004; Turk et al., 2003, 2008). Indeed, clinicians should consider three specific areas when they evaluate the effectiveness of a pain management plan: (a) the effectiveness of the analgesic regimen; (b) the safety and tolerability of the analgesic regimen; and (c) the impact of the plan on an older person’s mood and ability to function.

Unrelieved chronic pain can have a significant impact on older adults’ activity levels and their ability to function. However, most clinicians focus their assessments on changes in pain intensity scores. Although pain intensity scores are assessed routinely, changes may not be that significant, as patients with chronic pain often have no more than a 30%–50% reduction in pain intensity (Weiner, 2007). However, evidence suggests that although patients may report similar levels of pain intensity before and after the initiation of a pain management program, activity levels improve with treatment (Dworkin et al., 2005). Indeed, outcomes such as physical function, mood, endurance, sleep, appetite, and interpersonal interactions may improve with pain treatment and may better reflect the impact of analgesic therapy.

Consequently, an appraisal of the effect of an analgesic regimen on various aspects of a person’s mood and functional status is essential to determine whether the pain management plan is effective. In fact, in older adults with cognitive impairment, evaluation of changes in functional status may provide more accurate understanding of the efficacy of treatment. In addition, the safety and tolerability of the analgesic regimen must be.

Purpose/Objectives: To identify the most appropriate outcome measures to determine the effectiveness of pain management plans in older adults with cancer.

Data Sources: PubMed literature searches, medical and nursing textbooks, and clinical experience.

Data Synthesis: Unrelieved chronic pain can have a significant impact on older adults’ activity levels and their ability to function. Hence, effective pain management in older adults requires a comprehensive approach, including assessment of functional outcomes. Because the goals of pain management are broad, healthcare professionals should use an array of functional outcome measures along with pain intensity ratings to better assess the effectiveness of analgesic medications.

Conclusions: Particularly in older adults, evaluation of functional outcomes provides a better indication of the effectiveness of pain management strategies than pain intensity ratings. Appropriate outcome measures for older adults in the outpatient setting include pain relief, physical functioning, emotional functioning, patients’ ratings of global improvement and satisfaction with treatment, and symptoms and adverse effects associated with analgesic medications.

Implications for Nursing: Healthcare providers should manage pain in older adults with cancer in an interdisciplinary environment with pharmacologic and nonpharmacologic interventions. The primary goals are decreasing pain and improving function and quality of life.