Challenges in Pain Assessment in Cognitively Intact and Cognitively Impaired Older Adults With Cancer

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Many people with cancer fear pain more than the disease itself. Yet most cancer pain can be relieved with rather simple strategies that are outlined in published evidence-based guidelines (Gordon et al., 2005; Miaskowski et al., 2005; National Comprehensive Cancer Network, 2009; Pergolizzi et al., 2008). Guidelines recommend universal screening of all patients to identify the presence of pain at the initial encounter; the patient’s self-report should be the foundation for ongoing assessment. The guidelines highlight the importance of a continuous process of comprehensive assessment as the first essential step in managing pain.

Although pain assessment and management are core competencies for every nurse in any clinical setting (American Society for Pain Management Nursing, 2010; Paice et al., 2006), failure to assess pain is a common and significant barrier to pain management (Miaskowski et al., 2005). Comprehensive, individualized, and ongoing assessment provides the information necessary for clinicians to develop interventions to relieve pain and improve patients’ quality of life.

Pain is a highly individualized experience, but assessment in older adults is similar to assessment in younger adults, with accommodations to address age-related changes and potential cognitive decline. Lack of comprehensive pain assessment increases the risk of undertreatment of pain in older adults with cancer. The purpose of this article is to describe best practices for assessing pain in older adults, including those with cognitive impairment.

The Undertreatment of Pain in Older Adults

Pain is not an inevitable consequence of aging, but it is prevalent among older adults. Cancer pain and persistent pain from chronic illnesses are common, and acute pain is frequent during and after many therapeutic and diagnostic procedures. When caring for older adults with cancer, healthcare professionals must assess cancer pain and treatment-related pain as well as other sources of pain that may be unrelated to the diagnosis of cancer. Older individuals have an increased risk for developing pain-causing conditions and illnesses (e.g.,