

Effective Management of Pain in Older Adults With Cancer

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The U.S. government has compiled an extensive report on trends among the aged in America, titled “A Profile of Older Americans: 2009” (Administration on Aging, 2009). The publication highlights notable statistics and health indices in this quickly growing population. Indeed, in the 20th century, the population of Americans aged 65 years and older grew from approximately 3 million to 38.9 million people (Administration on Aging, 2009). The trend will continue as the Baby Boomer generation, which includes people born from 1946–1964, begins turning 65 in 2011. By 2030, the older population is expected to be twice as large as it was in 2007, totaling approximately 72.1 million people and representing 20% of the American population (Administration on Aging, 2009). Americans are living longer and surviving with chronic conditions such as cancer. Concomitantly, because of the decline in death rates, between 2007 and 2020, the population of adults older than 85 is predicted to grow from 5.5 million to 6.6 million Americans, according to the U.S. Census Bureau (Administration on Aging, 2009).

The Connections Among Aging, Cancer, and Pain

About 60% of new cancers occur in older adults, as well as 70% of cancer-related deaths. Yet, paradoxically, older adults are underrepresented in clinical trials (Talarico, Chen, & Pazdur, 2004). Few older adults are solicited and willing to enroll in trials of cancer therapies. Therefore, uncertainty exists regarding whether findings derived from studies of younger populations can be extrapolated to older populations. Literature on cancer in older adults suggests that the potential for increased adverse effects, as well as increased frailty, cognitive impairment, and physical impairments, may be associated with full, standard doses of chemotherapy treatments

being withheld, yet no data are available to support the theory (Rodin & Mohile, 2007). Meanwhile, the undertreatment of cancer has significant clinical implications, as suboptimal dosing can lead to reduced efficacy.

The prevalence of pain and its interference with daily activities increase with age (Thomas, Peat, Harris, Wilkie, & Croft, 2004). Pain is a ubiquitous problem among older adults, occurring in outpatient settings and nursing homes. About 25%–50% of community-dwelling older adults are estimated to have pain, and 45%–80% of nursing home residents endure substantial pain (American Geriatrics Society [AGS] Panel on Persistent Pain in Older Persons, 2002). Eighteen percent of older Americans take analgesics regularly. In addition, 45% of older Americans who take such medications have seen three or more doctors for management of their pain within the previous five years; 79% of those visits were to primary care physicians (AGS Panel on Persistent Pain in Older Persons, 2002). The consequences of unremitting pain include depression, decreased socialization, impaired ambulation, and increased healthcare utilization and costs (AGS Panel on Pharmacological Management of Persistent Pain in Older Persons, 2009). The repercussions of pain can be particularly dramatic in older patients.

Pain affects 80% of older adults with advanced cancer (Rao & Cohen, 2004). The treatment of older adults with cancer can be complex, often requiring healthcare professionals to target pain mechanisms associated with cancer as well as other comorbidities connected with chronic pain states. Hence, a comprehensive assessment is essential to identify all of the conditions contributing to pain in a patient. Common pain problems for older adults include arthritis, bone and joint disorders, back pain, postherpetic neuralgia, and diabetic neuropathy (AGS Panel on Pharmacological Management of Persistent Pain in Older Persons, 2009).

In this supplement to the *Oncology Nursing Forum*, in an article titled “Challenges in Pain Assessment in

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Cognitively Intact and Cognitively Impaired Older Adults With Cancer,” Carol P. Curtiss, MSN, RN-BC, addresses special considerations during assessment of pain in older adults. Subsequently, Jeannine M. Brant, PhD, APRN, AOCN®, addresses how best to tailor the pharmacologic management of pain for older adults in “Practical Approaches to Pharmacologic Management of Pain in Older Adults With Cancer,” including a discussion of the 2009 AGS recommendations. Notably, although not covered in this supplement, nonpharmacologic strategies are an equally important element of pain management for older adult patients. Such approaches (e.g., exercise, relaxation, hypnosis, the ap-

plication of hot or cold) can have additive beneficial effects when combined with analgesic regimens. The final article of this supplement, titled “Outcome Measures to Evaluate the Effectiveness of Pain Management in Older Adults With Cancer,” by Christine Miaskowski, RN, PhD, FAAN, focuses on outcome measures, especially in the realm of chronic pain management for older adults. In chronic pain management, the paradigm has shifted away from a focus on pain intensity numbers toward measurement and goals involving functional effects. This change is a notable one, as the management of pain influences function, particularly in older populations.

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