



CATCH-ON

A HRSA GERIATRIC WORKFORCE ENHANCEMENT PROGRAM

Behavioral Pain Management in Older Adults

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CATCH-ON

Rush Center for Excellence in Aging

Disclosures

- This activity is being presented without bias and without commercial support.
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Overview

- Pain in older adults
- Defining pain
- Physiology of the pain response
- Cognitive Behavioral Treatment model
- LAMP: Intervention elements



Pain in Later Life

- 76% of community older adults¹
- 93% in long term care¹
- Older adults tolerate pain better³
 - Normative
 - Expectations for functional status
- Risk factor for accelerated cognitive decline⁴
- Undertreated, especially in dementia²



¹Abdulla et al, 2013; ²Balfour & O'Rourke, 2003; de Souto et al, 2013; Ferrell et al., 2001; ³Geerlings, 2002; ⁴Domenichiello & Ramsden, 2019

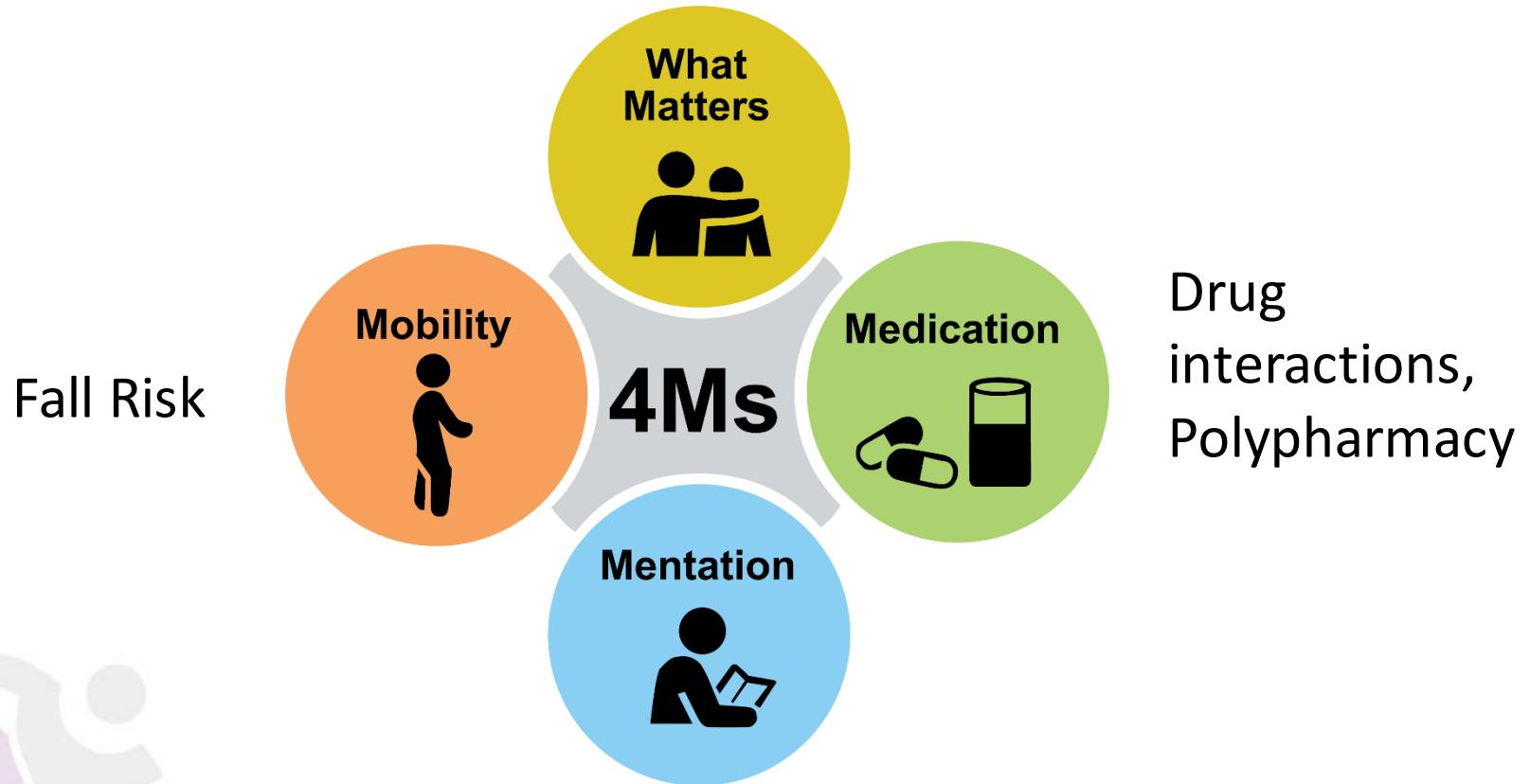
Barriers to Treating Late Life Pain

- Normalized
 - Don't assess
 - Minimize its impact
 - Older adults less likely to report
- Dementia
 - Older adult difficulty reporting
 - Misattribution of pain behaviors



Pain Medication Side Effects

Urinary retention, constipation,
ineffective over time



Sedation, Cognitive impairment, Delirium



What is Pain?

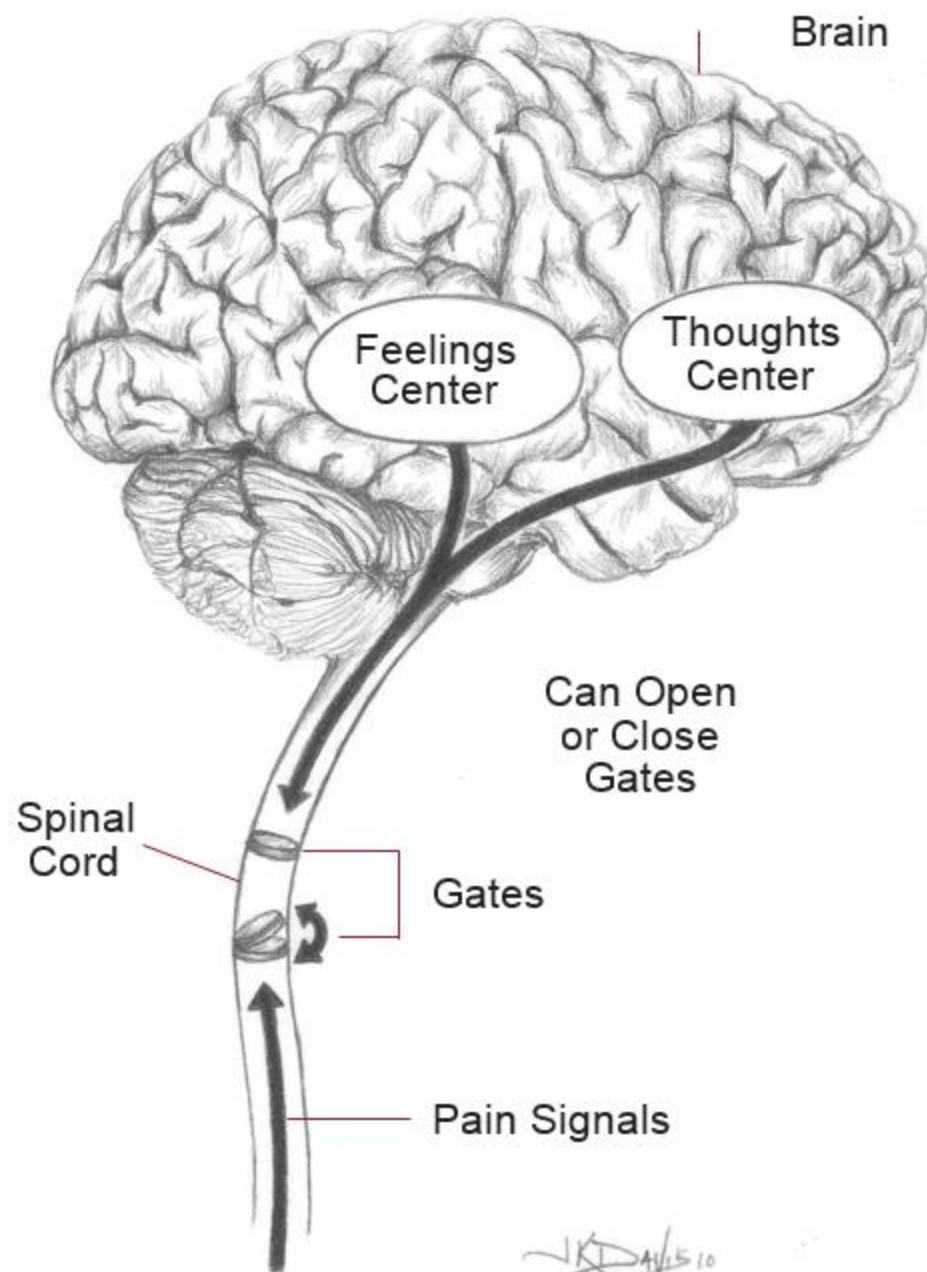
- Nociception
- Pain
- Suffering
- Pain behavior



Theories of Pain

- Gate control (Melzack & Wall 1965)
- Nonrestrictive Operant (Fordyce, 1976)
- Cognitive-Behavioral (Turk, Meichenbaum, & Genest, 1983)
- Biobehavioral model (Turk & Flor, 1999)
- ALL AGREE:
 - Simple nociception does not equal pain
 - Pain is a multidimensional construct
 - Sensory, behavioral, emotional, cognitive





Practice #1

- Explain Gate Control Theory to a low-literacy older adult patient



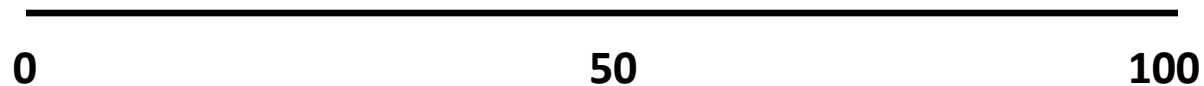
Pain Assessment

- Ideally:
 - Medical
 - Functional (physical therapy)
 - Emotional
 - Detailed history
 - Onset, course
 - Antecedents, consequences, reactions
 - Comorbidities
 - Treatments
 - Expectations



Pain Measures: Simple

- Pain rating 0 - 10
- Visual analog scale



- *Use anchors!!*
 - e.g., 0 is no pain, 5 is bad but tolerable, 10 requires emergency room visit



Pain Measures: Self Report

- *Assure reading level and visual acuity or use as interview measure*
- Validated with older adults:
 - Coping Strategies Questionnaire
 - Multidimensional Pain Inventory
 - McGill Pain Questionnaire– Short Form

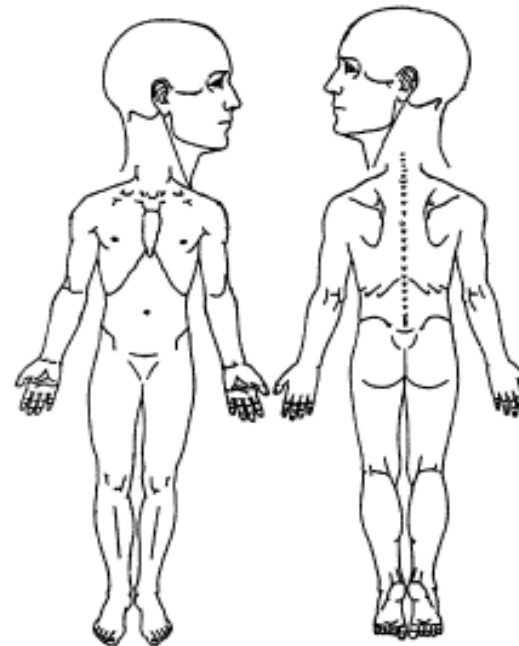


McGill – Short Form

Check the column to indicate the level of your pain for each word, or leave blank if it does not apply to you. __

Mild Moderate Severe

1	Throbbing	_____	_____	_____
2	Shooting	_____	_____	_____
3	Stabbing	_____	_____	_____
4	Sharp	_____	_____	_____
5	Cramping	_____	_____	_____
6	Gnawing	_____	_____	_____
7	Hot-burning	_____	_____	_____
8	Aching	_____	_____	_____
9	Heavy	_____	_____	_____
10	Tender	_____	_____	_____
11	Splitting	_____	_____	_____
12	Tiring-Exhausting	_____	_____	_____
13	Sickening	_____	_____	_____
14	Fearful	_____	_____	_____
15	Cruel-Punishing	_____	_____	_____



Mark or comment on the above figure where you have your pain or problems.

Indicate on this line how bad your pain is—at the left end of line means no pain at all, at right end means worst pain possible.

No Pain	_____	Worst Possible Pain
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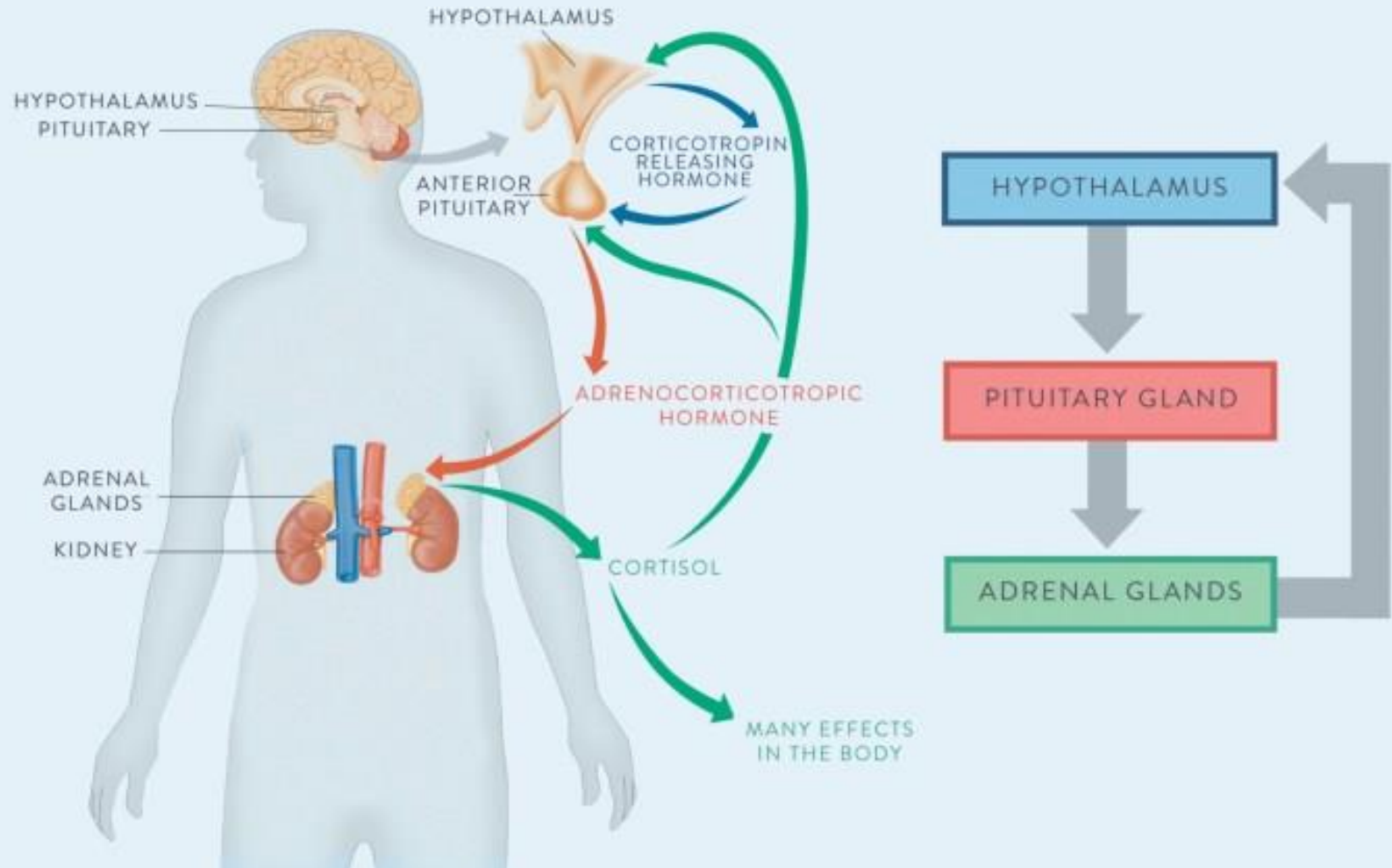
S	/33	A	/12	VAS	/10
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Mind-Body Connection

- Fight or Flight
- Rest & Digest



Stress & Sympathetic Nervous System

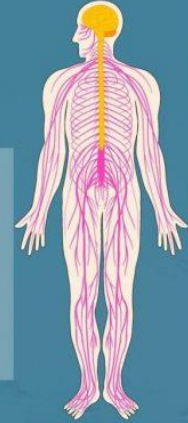


The Autonomic Nervous System Explained



The Sympathetic Nervous System

- Fight or flight
- Prepares the body for stress
- Cortisol and adrenaline
- Increases heart rate and blood pressure
- Decreases digestion



The Parasympathetic Nervous System

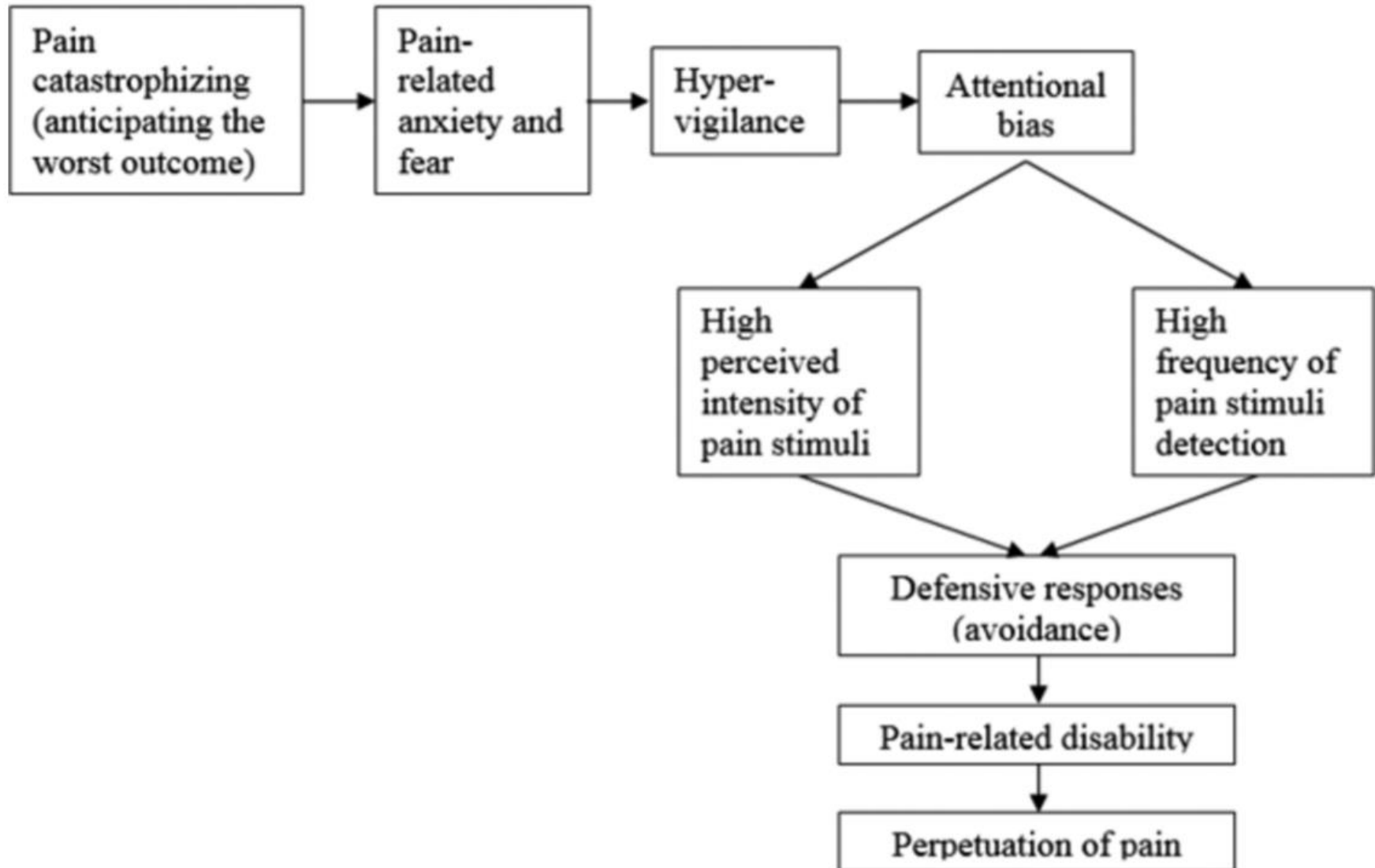
- Rest and digest
- Returns the body to a calm state
- Growth hormones, DHEA, Melatonin
- Decreased heart rate and blood pressure
- Repairs the body

Practice #2

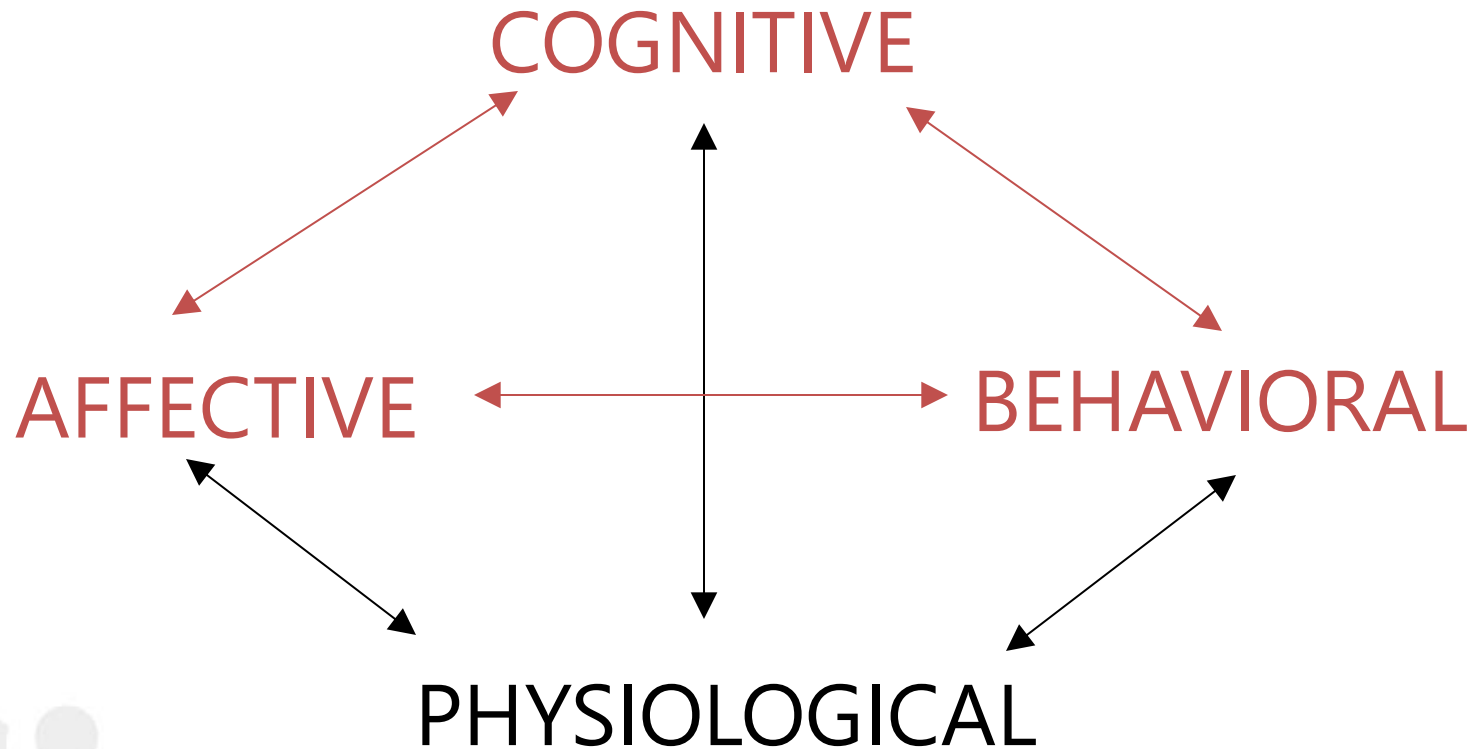
- Explain to a patient how stress works in the nervous system in the context of chronic pain
 - Autonomic Nervous System
 - Sympathetic Nervous System over-activity
 - Fight or Flight
 - Parasympathetic Nervous System under-activity
 - Rest & Digest



Social Relationships



Cognitive Behavioral Model



Pain and Fear Cycle


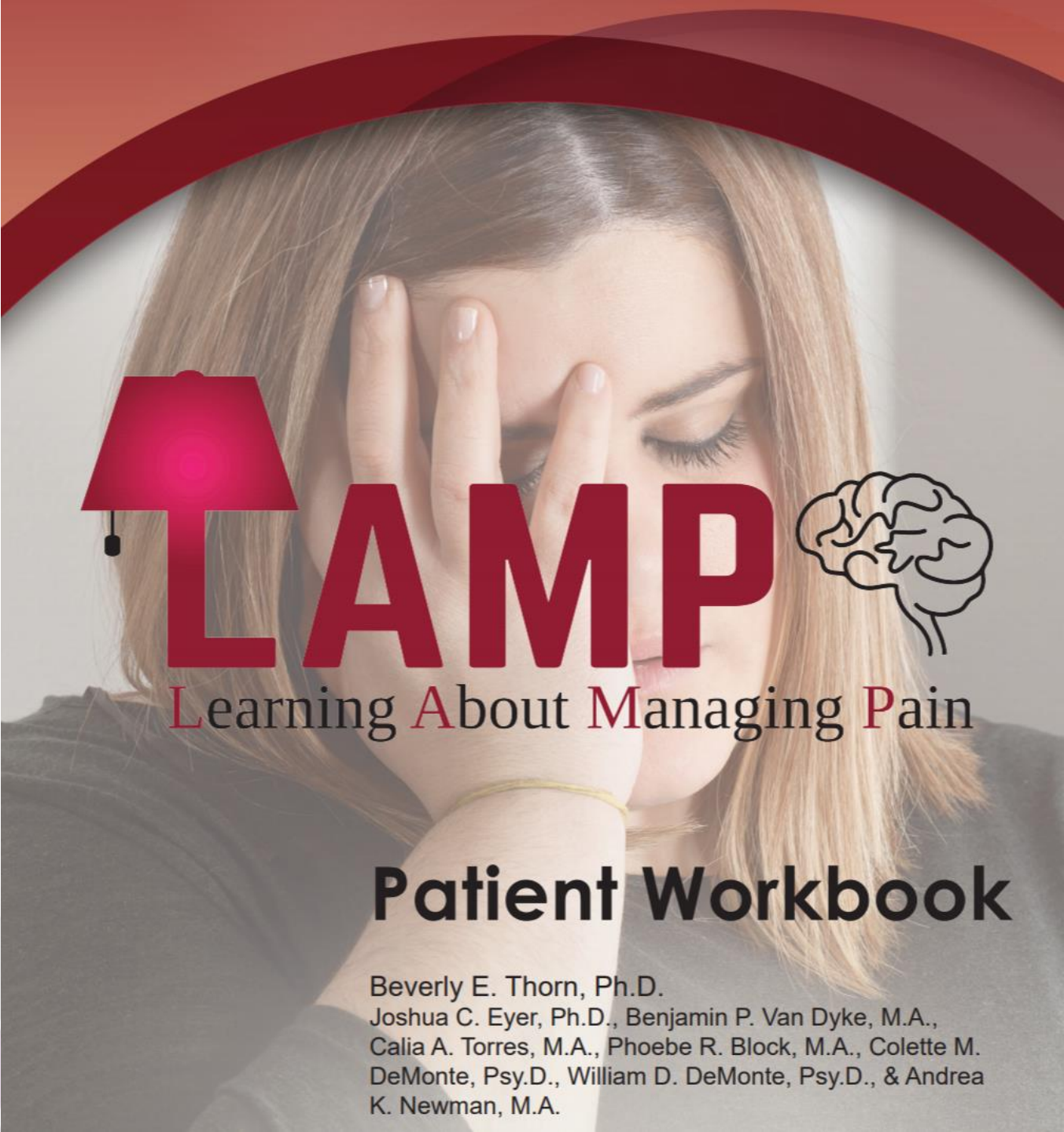




Barbara's* story

- 74yo African American woman with depression
- COVID, race protests, insurrection
 - **What Matters**
 - Mobility
 - Medication
 - Mentation

**pseudonym, not her actual photo*



LAMP

Learning About Managing Pain

Patient Workbook

Beverly E. Thorn, Ph.D.

Joshua C. Eyer, Ph.D., Benjamin P. Van Dyke, M.A.,
Calia A. Torres, M.A., Phoebe R. Block, M.A., Colette M.
DeMonte, Psy.D., William D. DeMonte, Psy.D., & Andrea
K. Newman, M.A.

LAMP Intervention

Literacy **A**dapted **M**anagement of **P**ain

- Pain Facts
- Understanding our own experience
- Pain Toolbox
- Adaptations for older adults



- Pain Fact #1: Chronic Pain and Short-Term Pain Are Different
- Pain Fact #2: Stress & pain are related
- Pain Fact #3: The Stress Response has four parts
- Pain Fact #4: How we think about stress matters
- Pain Fact #5: The Brain Decides When You Are in Pain



- Pain Fact #6: Brain Signals Open or Close a Pain Gate
- Pain Fact #7: Fear of Pain Can Get in the Way of Physical Activity
- Pain Fact #8: Pain Can Get in the Way of Living the Life You Want to Live
- Pain Fact #9: Pain and Emotions Are Related
- Pain Fact #10: Pain Can Affect Your Relationships



- Pain Fact #11: There Are Three Ways of Talking to Others
- Pain Fact #12: Your Thoughts Affect Your Pain
- Pain Fact #13: Thoughts, Feelings, and Actions Affect Each Other
- Pain Fact #14: Thoughts and Facts Are Different
- Pain Fact #15: Rules and Deep Beliefs Can Really Hook You
- Pain Fact #16: Sleep Affects Your Pain and Your Health



Thoughts are not facts

- Challenge: Evidence
- Accept: Helpfulness
- Shift: Reframing



Cognition / Thoughts

- Irrational beliefs
 - Cognitive distortions
 - Self defeating thoughts
- Increase self-efficacy and hopefulness / assertiveness
- Reframing
- Problem solving / goal setting
- Divert attention
- Mindfulness of pain & non-pain areas
- Imagery



Behavior

- Pacing activities
- Increase pleasurable activities
- Diaphragmatic breathing
- Progressive Muscle Relaxation
- Passive Muscle Relaxation
- Autogenic Relaxation
- Hypnosis



Physical Activity

Pain and Fear Cycle



- Doctor approved activity
- Physical therapy
- Pacing
- Strengthening muscles

FUN!

- Increase pleasurable activity
- Creativity in new ways for old activities
- Older Adult Pleasant Events Schedule

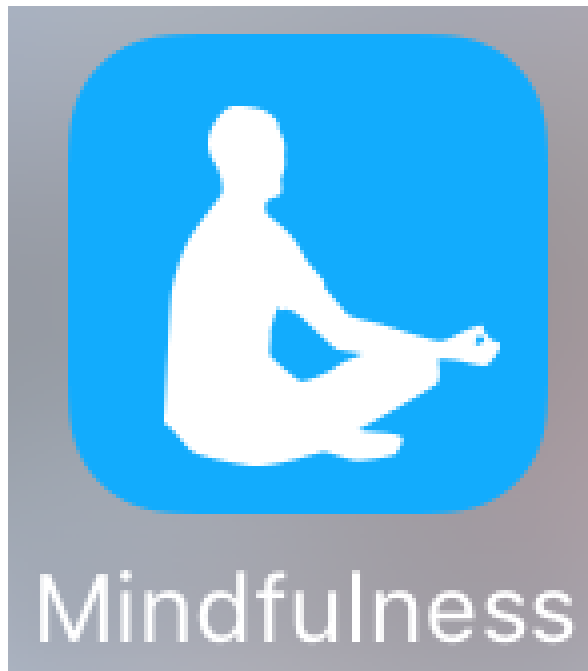


Resources

- www.catch-on.org
 - >Health Professionals
 - >Toolbox
 - > Curriculum & Faculty Development
 - Scroll down to Classroom Materials for Faculty
- www.Gerocentral.org
 - >Clinical Toolbox
 - >Pain
 - >Depression
 - >Other options



Apps





Center for Excellence in Aging



CATCH-ON

Collaborative Action Team Training for Community Health - Older Adult Network
A RUSH GERIATRIC WORKFORCE DEVELOPMENT PROGRAM



E4 CENTER

Center of Excellence for
Behavioral Health Disparities in Aging

AT RUSH UNIVERSITY MEDICAL CENTER

Foundational Competencies in Older Adult Mental Health Online Certificate Program

The growing population of older adults presents a unique opportunity for mental health professionals to expand clinical practice and experience deeply meaningful clinical work.

This peer-reviewed, 14-hour online certificate program provides foundational knowledge in older adult mental health for health care providers who work with older adults.

<https://bit.ly/MHcertificate>





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For more information and **FREE CE**,
please visit:

<http://catch-on.org/>

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