

AgePage

Pain: You Can Get Help

Phyllis loves playing with her grandchildren, working in the garden, and going to bingo games. But, at age 76, the constant knee pain from osteoarthritis is taking a toll. It keeps her awake at night and stops her from doing activities she enjoys. The pain's getting to be too much to handle, but she doesn't know what to do about it.

You've probably been in pain at one time or another. Maybe you've had a headache or bruise—pain that doesn't last too long. But, many older people have ongoing pain from health problems like arthritis, diabetes, shingles, or cancer.

Pain can be your body's way of warning you that something is wrong. Always tell the doctor where you hurt and exactly how it feels.

Acute Pain and Chronic Pain

There are two kinds of pain. Acute pain begins suddenly, lasts for a short time, and goes away as your body heals.

You might feel acute pain after surgery or if you have a broken bone, infected tooth, or kidney stone.

Pain that lasts for 3 months or longer is called chronic pain. This pain often affects older people. For some people, chronic pain is caused by a health condition such as arthritis. It may also follow acute pain from an injury, surgery, or other health issue that has been treated, like post-herpetic neuralgia after shingles.

Living with any type of pain can be hard. It can cause many other problems. For instance, pain can:

- Get in the way of your daily activities
- Disturb your sleep and eating habits
- Make it difficult to continue working
- Be related to depression or anxiety
- Keep you from spending time with friends and family

Describing Pain

Many people have a hard time describing pain. Think about these questions when you explain how the pain feels:

- Where does it hurt?
- When did the pain start? Does it come and go?
- What does it feel like? Is the pain sharp, dull, or burning? Would you use some other word to describe it?
- Do you have other symptoms?
- When do you feel the pain? In the morning? In the evening? After eating?

■ Is there anything you do that makes the pain feel better or worse? For example, does using a heating pad or ice pack help? Does changing your position from lying down to sitting up make it better?

■ What medicines, including over-the-counter medications and non-medicine therapies have you tried, and what was their effect?

Your doctor or nurse may ask you to rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine. Or, your doctor may ask if the pain is mild, moderate, or severe. Some doctors or nurses have pictures of faces that show different expressions of pain and ask you to point to the face that shows how you feel. Your doctor may ask you to keep a diary of when and what kind of pain you feel every day.

Attitudes About Pain

Everyone reacts to pain differently. Some people feel they should be brave and not complain when they hurt. Other people are quick to report pain and ask for help.

Worrying about pain is common. This worry can make you afraid to stay active, and it can separate you from your friends and family. Working with your doctor, you can find ways to continue to take part in physical and social activities despite having pain.

Some people put off going to the doctor because they think pain is part of aging and nothing can help. This is not true!

It is important to see a doctor if you have a new pain. Finding a way to manage pain is often easier if it is addressed early.

Treating Pain

Treating, or managing, chronic pain is important. Some treatments involve medications, and some do not. Your treatment plan should be specific to your needs.

Most treatment plans focus on both reducing pain and increasing ways to support daily function while living with pain.

Talk with your doctor about how long it may take before you feel better. Often, you have to stick with a treatment plan before you get relief. It's important to stay on a schedule. Sometimes this is called "staying ahead" or "keeping on top" of your pain. Be sure to tell your doctor about any side effects. You might have to try different treatments until you find a plan that works for you. As your pain lessens, you can likely become more active and will see your mood lift and sleep improve.

Medicines to Treat Pain

Your doctor may prescribe one or more of the following pain medications. Talk with your doctor about their safety and the right dose to take.

■ **Acetaminophen** may help all types of pain, especially mild to moderate pain. Acetaminophen is found in over-the-counter and prescription medicines.

Pain Specialist

Some doctors receive extra training in pain management. If you find that your regular doctor can't help you, ask him or her for the name of a pain medicine specialist. A pain specialist may be a doctor, nurse, or anesthesiologist.

If you or a loved one is managing pain from cancer or other serious illness, ask to be seen by a palliative care specialist. These specialists are trained to manage pain and other symptoms for people with serious illnesses.

People who have more than three drinks per day or who have liver disease should not take acetaminophen.

■ **Nonsteroidal anti-inflammatory drugs (NSAIDs)** include aspirin, naproxen, and ibuprofen. Long-term use of some NSAIDs can cause side effects, like internal bleeding or kidney problems, which make them unsafe for many older adults. You may not be able to take ibuprofen if you have high blood pressure.

■ **Narcotics** (also called **opioids**) are used for moderate to severe pain and require a doctor's prescription. They may be habit-forming. They can also be dangerous when taken with alcohol or certain other drugs. Examples of narcotics are codeine, morphine, and oxycodone.

■ **Other medications** are sometimes used to treat pain. These include antidepressants, anticonvulsive medicines, local painkillers

like nerve blocks or patches, and ointments and creams.

As people age, they are at risk for developing more side effects from medications. It's important to take exactly the amount of pain medicine your doctor prescribes. Don't chew or crush your pills if they are supposed to be swallowed whole. Talk with your doctor or pharmacist if you're having trouble swallowing your pills.

Mixing any pain medication with alcohol or other drugs can be dangerous. Make sure your doctor knows all the medicines you take, including over-the-counter drugs and dietary supplements, as well as the amount of alcohol you drink.

Remember: If you think the medicine is not working, don't change it on your own. Talk to your doctor or nurse.

What Other Treatments Help with Pain?

In addition to drugs, there are a variety of complementary and alternative approaches that may provide relief. Talk to your doctor about these treatments. It may take both medicine and other treatments to feel better.

■ **Acupuncture** uses hair-thin needles to stimulate specific points on the body to relieve pain.

■ **Biofeedback** helps you learn to control your heart rate, blood pressure, muscle tension, and other body functions. This may help reduce your pain and stress level.

Can I Get Addicted to Pain Medicine?

Sometimes, strong medications called opioids are needed to control pain. Opioid pain relievers are generally safe when taken for a short time as prescribed by your doctor, but they can become addictive, especially if they are misused. Regular use can lead to dependence. Never take opioids in greater amounts or more often than prescribed.

Using opioids can also increase risk for falls, dizziness, and other ailments in older adults.

Becoming addicted to prescription pain medicine can happen to anyone, including older adults. Sometimes, these treatments are the only ones available that can help. But, sometimes other treatments can and should be tried first or can be used intermittently or simultaneously. So, ask your doctor if there is another medicine or a non-medicine alternative you can try. Tell your doctor if you or a family member has a history of alcohol or drug abuse.

For more information about opioid use, visit the Centers for Disease Control and Prevention's website at www.cdc.gov/drugoverdose/patients/index.html.

Opioid addiction can be treated. If you or someone close to you needs help for a substance use disorder, talk with your doctor, or contact the Substance Abuse and Mental Health Services Administration at **1-800-662-4357** (toll-free) or <https://findtreatment.samhsa.gov>.

- **Cognitive behavioral therapy** is a form of short-term counseling that may help reduce your reaction to pain.
- **Distraction** can help you cope with acute pain, taking your mind off your discomfort.
- **Electrical nerve stimulation** uses electrical impulses to relieve pain.
- **Guided imagery** uses directed thoughts to create mental pictures that may help you relax, manage anxiety, sleep better, and have less pain.
- **Hypnosis** uses focused attention to help manage pain.
- **Massage therapy** can release tension in tight muscles.
- **Mind-body stress reduction** combines mindfulness meditation, body awareness, and yoga to increase relaxation and reduce pain.
- **Physical therapy** uses a variety of techniques to help manage everyday activities with less pain and teaches you ways to improve flexibility and strength.

Helping Yourself

There are things you can do yourself that might help you feel better. Try to:

- **Keep a healthy weight.** Putting on extra pounds can slow healing and make some pain worse. A healthy weight might help with pain in the knees, back, hips, or feet.
- **Be physically active.** Pain might make you inactive, which can lead to more pain and loss of function. Activity can help.

- Get enough sleep. It can reduce pain sensitivity, help healing, and improve your mood.
- Avoid tobacco, caffeine, and alcohol. They can get in the way of treatment and increase pain.
- Join a pain support group. Sometimes, it can help to talk to other people about how they deal with pain. You can share your thoughts while learning from others.

Cancer Pain

Some people with cancer are more afraid of the pain than of the cancer. But most pain from cancer or cancer treatments can be controlled. As with all pain, it's best to start managing cancer pain early. It might take a while to find the best approach.

One special concern in managing cancer pain is “breakthrough pain.” This is pain that comes on quickly and can take you by surprise. It can be very upsetting. After one attack, many people worry it will happen again. This is another reason to talk with your doctor about having a pain management plan in place.

Alzheimer’s Disease and Pain

People who have Alzheimer’s disease may not be able to tell you when they’re in pain. When you’re caring for someone with Alzheimer’s, watch for clues. A person’s face may show signs of being in pain or feeling ill. You may see a person frequently

changing position or having trouble sleeping. You may also notice sudden changes in behavior such as increased agitation, crying, or moaning. Refusing to eat may be a sign that the person has tooth pain or other oral health issues. It’s important to find out if there is something wrong. If you’re not sure what to do, call the doctor for help.

Pain at the End of Life

Not everyone who is dying is in pain. But, if a person has pain at the end of life, there are ways to help. Experts believe it’s best to focus on making the person comfortable, without worrying about possible addiction or drug dependence. For more information, visit www.nia.nih.gov/health/providing-comfort-end-life.

Some Facts About Pain

- **Most people don’t have to live with pain.** There are pain treatments. While not all pain can be cured, most pain can be managed. If your doctor has not been able to help you, ask to see a pain specialist.
- **The side effects from pain medicine are often manageable.** Side effects from pain medicine like constipation, dry mouth, and drowsiness may be a problem when you first begin taking the medicine. These problems can often be treated and may go away as your body gets used to the medicine.

■ **Your doctor will not think you're a sissy if you talk about your pain.** If you're in pain, tell your doctor so you can get help.

■ **If you use pain medicine now, it will still work when you need it later.** Using medicine at the first sign of pain may help control your pain later.

■ **Pain is not "all in your head."** No one but you knows how your pain feels. If you're in pain, talk with your doctor.

For More Information About Pain and Pain Management

American Academy of Pain Medicine

1-847-375-4731
info@painmed.org
www.painmed.org

American Chronic Pain Association

1-800-533-3231 (toll-free)
acpa@theacpa.org
<https://theacpa.org/Support-Groups>

Eldercare Locator

1-800-677-1116 (toll-free)
www.eldercare.gov

National Cancer Institute

1-800-422-6237 (toll-free)
cancergovstaff@mail.nih.gov
www.cancer.gov

National Center for Complementary and Integrative Health

1-888-644-6226 (toll-free)
1-866-464-3615 (TTY/toll-free)
info@nccih.nih.gov
<https://nccih.nih.gov/health/pain/chronic.htm>

National Institute on Drug Abuse

1-301-443-1124
websubmission@mail.nih.gov
www.drugabuse.gov

For more information about health and aging, contact:

National Institute on Aging Information Center

1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov
www.nia.nih.gov

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts. Visit <https://order.nia.nih.gov> to order free print publications.



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