

Pain Assessment and Management **Ms Iris Hoiting, Project Officer**

Prevalence

Pain is a common experience for chronically ill patients and elderly people as they approach the end of life (Gibson & Lussier, 2012; Wajnberg et al., 2013). Pain is often part of the multiple symptoms and side effects that a person may experience at the end of life, or caused by other reasons such as injuries or falls. In the United States, for example, it was estimated that half of its older population in 2011 suffered from “bothersome pain” (Patel, Guralnik, Dansie & Turk, 2013), and in Hong Kong approximately 35% of the general population suffers from chronic pain, with older adults categorizing their pain as life-limiting (Wong & Fielding, 2011). For patients who are at the end of life, the prevalence of pain has been estimated to be around 51%, and among patients who are in the last month of their life, around 46% suffer from pain (Smith, 2010; Sykes & Thorns, 2003).

Despite the commonness of pain, older hospitalized people, as well as their care-givers, have identified insufficient pain control as a main issue that affects their quality of life, and something that can cause an increase in levels of depression and dependence (Abdulla et al., 2013). Given the prevalence of pain among patients and elderly people, and its negative effects on a persons’ quality of life, it is important to understand an individual’s pain experience, and know about appropriate interventions to manage pain.

Pain assessment in end-of-life care

While pain is a subjective experience that is hard to measure, several self-reporting pain assessment tools have been used in end-of-life care (for example, the [Edmonton Symptom Assessment Scale](#) (ESAS), the [Brief Pain Inventory short form](#) (BFI-sf) or the [Short Form McGill Pain Questionnaire](#) (SF-MPQ)). Unfortunately, there is still no commonly accepted pain classification tool in use that encompasses all the domains relevant to patients in end-of-life care (Hjermstad, et al., 2013; Knudsen et al., 2009; Hølen et al., 2006). Experts have, however, reached a consensus as to what are the most important and relevant domains of a patients’ pain experience that should be addressed when assessing the pain (Hølen et al., 2006). These domains are:

- Pain intensity (the most important dimension)
- Temporal patterns of pain
- Treatment and exacerbating/relieving factors
- Pain location
- Interference of pain with health-related quality of life

Psychosocial nature of pain, and non-pharmacological interventions

As pain not only affects a patient physically, but also psychologically, socially, and spiritually, solely aiming to eliminate and cure chronic pain with pharmacological interventions, may not be sufficient. Instead, when pain is properly assessed, multimodal approaches consisting of a combination of pharmacological interventions (see, for example, the three-step [Pain Relief Ladder](#)

introduced by the World Health Organization), and complementary interventions can be applied to reduce and manage the different aspects of pain.

An increasing body of literature has focused on the issue of managing pain in non-pharmacological ways. For example, in their study of the impact of different non-pharmacological interventions for managing pain in an intensive care unit, Gélinas et al. (2012) conclude that the following therapies tend to be most helpful to manage pain:

- Music therapy - which can alter behaviour, feelings, physiology
- Distraction - in order to focus on something other than the experience of pain
- Massage - improves relaxation and blood circulation
- Family presence - being there to emotionally support the patient

After their literature review on non-pharmacological pain interventions that are used by older people, Shrestha, Schofield and Devkota (2013) conclude that most elderly people use readily-available and cost-effective interventions for pain such as massage, exercise, relaxation, support groups, and/or distraction.

Improving the quality of life of patients suffering from a life-limiting disease is the main goal of end-of-life care. Managing pain, an impactful and complex phenomenon, through ongoing assessments, appropriate pharmacological and complementary interventions and education, is therefore crucial.

For more details on symptom management and complementary interventions, please see the [wisdom sharing](#) page on our website, and keep track of our upcoming [workshops](#).

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