



The immense cost of untreated pain

A holistic approach to pain management rather than medication alone is the best way to minimise the impact pain has on aged care residents, writes PRIYANKA RAI.

The last few years have seen a steady increase in media reports about alarming, horrific and deeply shameful cases of elder abuse in Australian homes and residential aged care facilities. Many reasons have been cited for these disturbing events including lack of funding, staffing shortages and inadequate training.

Despite these issues gaining much-needed attention, one key aspect of adequate care for our seniors remains absent from the national conversation – appropriate pain management.

Research tells us that pain is an issue for nearly one in three people aged over 65. Untreated, poorly managed or mistreated pain is a common thread among the many stories of neglect and abuse we have heard.

All kinds of pain continue to be treated as a one-dimensional medical condition, something to be fixed through increasing use of drugs. We now know there is far more to effective pain management than simply treating the symptoms. This is especially true for chronic pain, which is known to have a severe impact on people psychologically, emotionally and socially as well as physically.

Chronic conditions become increasingly prevalent as people age with arthritis, bone and joint disorders, cancer and other long-term illnesses becoming common. All of



Priyanka Rai

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these conditions are associated with acute and chronic pain. It is therefore unsurprising that an estimated 80 per cent of aged care residents are living with chronic pain.

Of particular concern is the prevalence of acute and chronic pain in people with cognitive decline, who are often unable to communicate their discomfort. Pain is now being recognised as a significant factor in behavioural and psychological symptoms of dementia (BPSD).

When you consider that people living with dementia account for half of people living in residential aged care facilities, it is easy to see how untreated chronic pain can result in BPSD, which can further lead to inappropriate use of chemical and physical restraints.

Despite the known prevalence of chronic pain conditions in aged care, there is no comprehensive pain management training and skills development across all elements of the sector.

There is a lack of standards for pain assessment and reporting within facilities and industry guidelines are inadequate to ensure quality care. When pain is assessed, there is insufficient provision of allied health support through the Aged Care Funding Instrument to allow for effective multidisciplinary pain management. This leads to an over reliance on medication to manage pain across aged care.

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Two out of three Australians aged over 75 take five or more medicines a day, while around half of all older adults are taking a medicine that is either harmful or unnecessary, according to research led by the Cognitive Decline Partnership Centre. This form of long-term use can be dangerous, particularly when it comes to commonly prescribed pain management medication like opioids.

With 3.1 million Australians prescribed 15.4 million opioid scripts last year, and an average of three deaths a day, we have a serious situation when it comes to opioids dependence. For our older people, the reliance on medication to manage pain often comes at a very high cost, including unwanted side-effects include nausea, constipation, falls and difficulties with breathing – opioids can even make the experience of pain worse.

We must recognise that there often is no quick fix for pain. A significant body of research has shown us that medication alone is not an effective long-term solution and that a holistic approach to pain management is the best way to minimise the impact of pain, reduce disability and improve function and wellbeing.

The evidence now shows that given chronic pain’s individual effects, interdisciplinary assessment and treatment may produce the best results for people with the most severe and persistent pain problems. These people often have complex care needs that require multiple health practitioners to work together and coordinate their efforts.

This can include non-opioid medications, special physical exercises, psychological approaches such as cognitive behaviour therapy and techniques for how to self-manage and mitigate pain. So best-practice pain management can mean having psychologists, physical therapists, and physicians on staff who can consult with one another and decide on the right course of medication and therapy.

This holistic, patient-centred, multi-modal approach to treatment is also a key recommendation of Painaustralia’s National Pain Strategy and a critical component of the National Strategic Action Plan on Pain Management.

If implemented, the plan will be the world’s first fully-funded government response to comprehensively addressing the burden of pain.

Above all, we need to understand the immense cost of neglecting pain, especially in older people. For every pain story shared, there remain countless more endured in silence due to an inability to communicate, or by being misbelieved and ignored.

We need to do more. We need more person-centred pain management approaches that can return dignity and quality of life to our seniors. ■

Priyanka Rai is the policy manager for Painaustralia, the national peak body working to improve the quality of life for people living with pain, their families and carers and to minimise the social and economic burden of pain.

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