Insert provider logo here

Non-Pharmacological Pain Management Strategies

Pain management is most effective when non-pharmacological and pharmacological approaches are combined. Using non-pharmacological pain management strategies can reduce the required dose of analgesia and offer other benefits such as increased function, relaxation and stress relief. Non-pharmacological interventions should be maximised for residents with and without dementia.

A multi-disciplinary approach to pain management will allow different ideas and treatment strategies to be explored. Residents and families should be encouraged to participate in planning pain management strategies.

Nutrition

Poor nutrition may make pain worse, and pain may contribute to poor nutrition. Dehydration can also increase sensitivity to pain. All staff can help ensure residents are eating as well as they can and staying hydrated. Side effects from medications (such as constipation, loss of appetite or stomach upsets) may also affect nutrition. A resident's nutritional status should be assessed when first admitted to a facility and on an ongoing basis depending on their risk of becoming malnourished. See Printable Resources for malnutrition screening tools.

Sleep

Pain can impact on sleep for residents and poor sleep can make pain worse. Using sedatives is not always effective and may have significant risks (they may stop working as tolerance builds and they may contribute to confusion and falls). Sleep medications should be discussed with the pharmacist and GP. Tips for sleep[1] can be discussed with the resident. Staff can also do the following:

- Ensure that all sleep requirements are added to the care plan.
- Structure night staff routines to ensure that residents are not disturbed unnecessarily.
- If residents wake, offer comfort and support, a warm drink and some breathing exercises to help settle them.

Complementary and Integrative Medicine (CIM)

CIM approaches are increasingly popular and residents have a right to access them. They can be helpful for pain relief in combination with other pain treatments. Care staff should be supportive of these treatments if residents choose to use them. CIM approaches should never be used without first discussing with nursing and medical staff. Some examples of CIM approaches include:

- Tai chi or yoga
- Meditation/mindfulness
- Guided imagery

[1] See Printable Resources in *Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition*

- Progressive muscle relaxation
- Deep & controlled breathing
- Music therapy
- Aromatherapy
- Acupuncture
- Massage, osteopathy and reflexology
- Pet therapy
- Digital and new age therapies
- Natural products e.g. vitamins and supplements

Psychological and educational approaches

Pain is a sensory and emotional experience: the mind is always involved. Psychological and educational approaches are essential for managing persistent pain and should be tailored to each resident's cognitive capacity.[2]

- Psychological factors including stress, anxiety, depression or fear can make the experience of pain worse.
- If residents display unhelpful ways of thinking about pain (e.g. focusing very deeply on their pain, feeling helpless or feeling scared about moving or doing activities), this may inhibit the effectiveness of treatment. It is important to reassure residents and encourage more helpful ways of thinking.[3]

Psychological and educational approaches to pain management

Educational Approaches	**Educational approaches** teach residents and families about pain and its impact, and can inform them on how to manage pain. Education is important for all, but some residents will also need psychological treatment approaches to ease their pain experience.
Psychological Approaches	Psychological treatment approaches can assist residents to change how they think, act and feel that is unhelpful for managing their pain. There are two broad categories: self-directed (or with aged care staff assistance) and health professional assisted (such as a psychologist).
	Creative activities help residents cope better with their pain and improve their quality of life. Examples include: craft, singing, music, and gardening. All staff, including PCAs and lifestyle staff, can help to encourage residents with creative pursuits. These activities should be considered as "therapies of clinical benefit" for residents. Suitably trained staff (i.e. lifestyle staff) can oversee the structure of these programs.[4]

[2] For more information about psychological and educational approaches to managing pain, refer to Chapter 3 of *Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition*. That section also includes a case study.

[3] See Table 6 of *Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition* or page 33 in the PMG Toolkit for tips on addressing unhelpful thoughts about pain for some examples of what you can say.

[4] Refer to Chapter 3 of *Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition* for more information on creative activities for pain management.

Self-directed or staff assisted	**Mental distraction** is shifting your attention away from pain by focusing on something else. See https://www.aci.health.nsw.gov.au/chronic-pain/painbytes/pain-and-mind-body-connection/how-can-distraction-be-used-to-manage-pain **Emotion regulation** is controlling or reducing the intensity of negative emotions. There are a number of techniques that can be self-taught or with the assistance of a health professional. See https://positivepsychology.com/emotion-regulation/ **Positive/guided imagery** uses mental images of pleasant sights, smells, sounds, tastes etc. to create a positive mental and emotional state.
Self-directed or staff assisted	**Mind-body approaches**, such as relaxation and mindfulness meditation can help people become aware of and accept their experiences. See the section on mindfulness meditation in the PMG Toolkit for more information.
	Acceptance Commitment Therapy (ACT) or **Cognitive Behavioural Therapy (CBT)** can reduce the effect of pain on residents' lives through teaching them how they may think in a different way, impacting on their behaviour and emotions. A clinical psychologist can help in pain management by implementing CBT or ACT.

Exercise

Physical activity benefits residents in many ways. It slows physical and cognitive deterioration, is a distraction from the pain itself, helps develop positive active coping strategies, improves mood, and encourages socialising with others. All residents should have regular physical activity that suits their needs and abilities. Activity programs should be assessed and planned by a qualified health professional.

For some residents who cannot participate in activity programs, it is still important to promote non-sedentary behaviours (e.g. not sitting all of the time).

There are three general principles for helping residents with pain to participate in physical activity safely:

1. Modify activity

Make changes to reduce strain, discomfort or agitation e.g. break up activities, use props, consider environment.

2. Pace and grade activities

Gradually increase activity in stages in a safe way. Take frequent, short breaks.

3. Manage flare-ups

Pain flare-ups are normal. Reassure the resident, provide distraction, avoid excessive rest & provide appropriate medications.

Movement, Exercise and Physical Activity[5]

Active Approaches – Exercise

Programs that focus on aerobic exercise, strength and training with resistance and balance training have the most impact for pain management.

Aerobic exercise

Sustained, repetitive movements of large muscle groups with more activity than normal, e.g. walking, water aerobics.

Balance exercise

Improving balance through exercises. e.g reducing the base of support, moving the centre of gravity, or reducing the need for upper limb support.

Strengthening exercise

Includes weight bearing (working on your feet) and resistance (where a load is added) e.g. mini knee bends (mini squats), heel raises, and bicep curls.

Multimodal exercise

A combination of each exercise type may be best for residents in pain. Exercise should be ongoing and should progress with guidance from a physiotherapist or exercise physiologist.

Active Approaches – Physical Activity

When formal exercise programs are not suitable, physical activity is important.

Unstructured movement

For some residents, it may be more realistic to promote non-sedentary behaviours than formal exercise programs (e.g. encouraging them not to sit for long periods of time).

Playful tasks (seated or standing)

Purposive play activities that are fun and/or social (e.g. Nintendo Wii, dancing, 'seated' lawn bowls).

Hobbies and recreational activities

Activities that incorporate physical activity (e.g. gardening).

Passive Physical Treatments[6]

These treatments are non-invasive. Not much evidence they work, and sometimes have risks.

Superficial heat or cold

(e.g. heat packs, superficial cold).

TENS

(Transcutaneous Electrical Nerve Stimulation).

Other considerations

Dealing with muscle pain

Movement and contractures

Transfers and manual handling

[5] Refer to Chapter 4 of *Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition* for more information about exercise and physical activity.

[6] Refer to Chapter 4 of *Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition* for more information about physical treatments.