

# Executive summary

## Executive summary

In 2010, the International Association for the Study of Pain (IASP) at its Montreal meeting declared that:

Access to pain management is a fundamental human right

- The right of all people to have access to pain management without discrimination
- The right of people in pain to acknowledgment of their pain and to be informed about how it can be assessed and managed
- The right of all people with pain to have access to appropriate assessment and treatment of the pain by adequately trained health care professionals

This has become known as the Declaration of Montreal. As the Australian Chapter of the IASP, the Australian Pain Society commits to supporting this declaration.

## Key points

- The burden of pain among elderly people living in Australian residential aged care facilities is increasing
- Pain is currently under-diagnosed and inadequately managed in Australian residential aged care facilities
- This pain is unnecessary and leads to a serious decline in quality of life
- Residents' pain can be better managed through the adoption of a multidisciplinary approach that considers the biological, psychological and social aspects of pain
- All residential aged care facilities in Australia should adopt a "pain-vigilant" culture, whereby all staff are aware of the possibility of residents' pain and that there are processes in place to manage pain
- All residential aged care facilities in Australia should adopt a "pain-therapeutic" culture with the adoption of evidence-based best practice

## Chapter 1

### About pain

Our experience of pain is a complex interaction of sensory input, its context and interpretation, our attitudes and culture, memories, anticipated consequence, environment and emotions.

- There is a difference between acute (short-term) and chronic (long-term, persistent) pain
- Chronic pain is best managed using a multidisciplinary and bio-psycho-social approach
- It is essential that pain management is embedded into holistic, person-centred care

## Chapter 2

### Identification and assessment of pain in aged care residents

Accurate identification and assessment of pain is essential to ensure better pain intervention for residents so that function and quality of life may be improved.

- Pain is easily missed in residential aged care facilities. Everyone in a residential aged care facility should be responsible for identifying and managing pain in a timely way
- The best outcomes are achieved when residents and their families are involved and encouraged to be part of the team in pain assessment and management
- The key to effective pain assessment and management is multidisciplinary collaboration between doctors, nurses, allied health clinicians and other care staff and a recognition that the resident and their family are part of the team
- New acute pain, or treatable recurrent and persistent pain, should be promptly identified and appropriately managed
- Pain should be assessed at rest and during movement (for example, during transfers). Pain should be assessed regularly in the daily cycle (for example, both during the day and at night)

## Chapter 3

### Beyond medication: psychological and educational approaches to pain management

Psychological and educational approaches are important considerations that can replace or supplement medication management of pain.

- Psychological and/or educational approaches are essential for best practice management of persistent pain
- Cognitive behavioural therapy teaches residents to change the way they think and act and can reduce the effect of pain on their lives
- Therapy aims for residents to take an active role in their pain, rather than being passive recipients of treatment
- Psychological treatments should be individualised to each resident's needs and level of cognition
- Be aware that personal, social and cultural beliefs can lead to under-reporting of pain in older people
- To improve adherence, it is useful to involve family members and carers in the treatment, where possible
- Creative activities can help older people to cope better with pain and improve quality of life
- Pain affects sleep and poor sleep can make the pain experience worse
- Psychological approaches should be part of a multidisciplinary pain management program
- Staff need to be supported to prevent burnout and ensure the best care
- Policies that support residents' rights to quality pain management from the multidisciplinary team need to be developed throughout the residential aged care facility's documentation and practice manuals
- An audit trail for these policies should be evident

## Chapter 4

### Movement and physical activity

Physical activity is key in managing pain and improving quality of life for residents.

- Organisations should have policies in place which provide for all residents:
  - To have a regular physical activity assessment (by a qualified health professional)

- To have appropriate formal, structured physical activity programs provided
- Where residents have medical conditions (for example, stroke), the physical activity program should be overseen by a suitably qualified health professional (for example, a physiotherapist)
- Any sort of physical activity, both structured exercise or general physical activity, is both possible and beneficial for aged care residents living with pain
- While there are barriers to physical activity in the elderly, there are strategies to increase participation
- Physical activity that is enjoyable, or that has meaning, is more likely to be acceptable and adherence is likely to be higher
- Using strategies such as pacing (time contingent) activity is important when pain is recurrent or persistent
- A pain-contingent approach may be appropriate for acute pain management (for example, post-surgical pain, post fracture pain)
- Sometimes pain may flare up. While there are methods to mitigate this and while review of a flare-up is necessary, flare-ups are normal and to be expected
- Not all exercise is equal, use different types of exercise for different outcomes
- Manual handling techniques may need to be modified according to an individual's pain complaint
- Introducing a multidisciplinary pain management program should be considered

## Chapter 5

### Complementary approaches to pain

Complementary approaches to pain management mainly involve mind and body approaches.

- Complementary and integrative medicine (CIM) is becoming increasingly popular
- Older adults in residential aged care facilities can use CIM to manage their pain
- An holistic approach to pain management that uses complementary and integrative approaches can improve the quality of life of an elderly person
- CIM is viewed positively in residential care by older adults, families and staff
- Residents should be provided with a choice of CIM to allow them to be active participants in their care and work effectively with doctors and staff to determine the care they receive
- Staff and doctors are encouraged to adopt an open mind to residents' personal choices, culture,

and spirituality when documenting their use of complementary and integrative approaches

## Chapter 6

### Pharmacological treatments

When using medications as part of the management of pain in the older person, always consider combining with non-pharmacological options.

- Pain management is more effective when it combines both pharmacological and non-pharmacological approaches
- When making a diagnosis, consider what type of pain the person has and the impact of that pain
- Choose an appropriate medication(s) for the type and severity of pain
- Consider the whole person, including their psychosocial state and co-existing medical conditions
- Consider a collaborative medication review, conducted by a clinical pharmacist on referral from the resident's usual GP, in particular if there are concerns regarding interactions or side effects when a new medicine is prescribed.
- Use "around the clock" administration for chronic pain
- Opioid analgesia has a clear role in acute severe nociceptive pain and end of life care, but a less clearly defined role for chronic pain of any aetiology (cause)
- **For mild acute nociceptive pain:** use paracetamol. Short-term, low dose NSAIDs can be used with caution
- **For moderate-severe acute nociceptive and neuropathic pain:** multi modal analgesia using paracetamol, an NSAID and an opioid can be effective – but consider side effects and manage them carefully
- **For chronic nociceptive pain:** non-pharmacological strategies are the preferred option. Opioids are less effective and need to be carefully managed
- **For chronic neuropathic pain:** consider the potential role for antidepressant and antiepileptic adjuvant drugs (e.g. post-shingles pain, osteoarthritis with sensitisation, cancer pain)
- Response to medications varies between people and conditions; be prepared to trial, re-assess analgesia and adverse effects and then change medication strategy if pain relief is inadequate
- Use of a 24-hour behaviour chart is important to accurately assess response. Care staff under direction of nursing staff should monitor behaviour

and mood after new medications commence or after dose changes

- Prominent charts and guidelines outlining key points should be present for all nursing staff in a residential aged care facility
- For complex pain problems, request a GP review for referral to a suitable pain management or aged care specialist
- Staff should receive mandated training regarding medication management for pain. It is recommended that the residential aged care facility employ a nurse practitioner to oversee medication training and review practice and policy for the facility

## Chapter 7

### Dementia and cognitive impairment: special considerations

If a resident with dementia has a change in function, consider (along with other options) that pain may be a cause.

- We assume many people with dementia who live in residential aged care facilities experience pain
- It is difficult to treat pain in dementia because most pain treatments rely on some cognitive skills. Our understanding of the experience of pain in dementia is limited
- All aged care staff should be aware of the red flags for pain in this vulnerable group of people
- There have been recent advances in the identification and assessment of pain for people with dementia, with the development of a number of validated pain assessment scales
- Use self-report scales in mild to moderate dementia and observational scales in more advanced dementia. Observational scales may not be accurate
- Unrelieved pain is a major driver of Behavioural and Psychological Symptoms of Dementia (BPSD), including agitation, aggression and negative mood
- Not all pain needs to be treated. The aim of treatment is to improve function and emotional wellbeing
- Personal care assistants are uniquely positioned to identify pain in residents with dementia
- Formalised systems and policies to identify and treat pain for people with dementia in residential aged care facilities are essential

## Chapter 8

### Pain at the end of life

An end of life care plan can make it easier to have holistic, person-centred care because it ensures the physical, emotional and spiritual needs of the resident and family are comprehensively addressed.

- A palliative approach can help anyone with a life-limiting or incurable illness. It aims to improve the person's level of comfort and function, and address their psychological, spiritual and social needs
- End of life care aims to relieve pain and suffering in the last days of life, in ways that respects the person's autonomy, dignity and wishes
- The aim of palliative care is not to hasten or prolong death
- If the resident has family, their involvement in the palliative approach is essential to ensure that the resident's wishes are respected, especially if they are unable to communicate them
- Early and ongoing communication and support for family is important to avoid stress for both family and for care staff who interact with them
- Recognising when a resident is approaching the end of life is a key challenge for residential care staff
- Care workers play an important role in noticing day-to-day changes in residents
- Advance Care Planning is an important way of ensuring residents' wishes are met
- The keys to ensuring residents have adequate relief of symptoms in the last days of life are anticipatory prescribing and access to medications and associated equipment

## Chapter 9

### Pain and nutrition

Pain and medications can have an adverse effect on a resident's appetite and their appreciation of food. Food and nutrition should be assessed and monitored in people who have acute and chronic pain.

- Ensure residents are drinking enough fluids by establishing daily routines. There should be regular times for drinking a variety of beverages that are readily available and easy to access
- Consider the impact of any recent changes in pain levels or medications on dietary intake and/or bowel habits
- Establish a regular routine for screening for malnutrition and muscle wasting

## Chapter 10

### Quality and systems issues

For successful pain management it is essential to have comprehensive information systems, the advancement and application of clinical knowledge, well developed systems for care delivery and robust monitoring systems.

- Pain management is a fundamental human right. Residents of residential aged care facilities are particularly vulnerable to under-treatment of pain
- The aged care reforms shift the focus of quality assurance to resident-centred outcomes
- A new set of quality standards, the Aged Care Quality Standards, will apply to all Commonwealth subsidised aged care providers from 1 July 2019
- Potential new residential care funding arrangements are being investigated
- The Australian Pain Society proposes indicators for the assessment of pain in residential aged care facilities and for an ideal pain management system
- A systematic education program for staff at all levels is highly recommended