

CHRONIC PAIN AND THE OLDER ADULT

DID YOU KNOW...

- Chronic pain can cause depression, decreased socialization, sleep disturbance and difficulty walking, and leads to increased use of health care services. (CPJ/RPC, April 1999)
- Antidepressants are generally more effective for chronic pain than are narcotics. (Moulin D, et al, Lancet 1996; 347:143)

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Does This Sound Familiar?

Mike, 73, has had insulin dependent diabetes and osteoarthritis for 15 years. Several weeks ago he cut his leg while coming down from a ladder. He had been receiving visits from a community nurse for care of his wound. The wound had been slow to heal and he developed an infection of the tissue around the wound. He was admitted to hospital for further treatment.

Mike told his nurse that he has “unrelenting” pain in his legs that has kept him awake at night for several years. Resting with his legs up on a footstool helps but he states he finds “it hard to sit and do nothing. Whenever I had time to sit I always read. I loved to read. Now I have no vision in my left eye and blurred vision in my right, so how can I read now?”

At home his doctor had prescribed Tylenol #3 for pain. He was also prescribed tranquilizers at bedtime which initially helped, but then the insomnia returned. Another sleeping medication was added a few months ago which was also taken at night but with limited effect. Also, to help calm him, he was taking another tranquilizer several times a day. He thought these medications were “anti-depressants” and couldn’t understand why he wasn’t feeling better. He stated that although he took Tylenol #3 three to four times a day, plus all the tranquilizers, he was still in pain and not sleeping.

In hospital, the tranquilizers were gradually reduced and he was started on anti-depressants, which are also useful in helping chronic pain. His anti-depressant medication was gradually increased until he was getting seven hours of sleep most nights and reporting his pain as “bearable”. Mike found that plain Tylenol was all he needed when his legs really ached.

At the same time, Mike discovered audio books. He could once again sit in his chair with his feet up and “enjoy a good story”. This combination of more effective medication and relaxation gave Mike more control over his pain and his life.

About Medications for Chronic Pain...

In "Does This Sound Familiar", Mike was prescribed an antidepressant to help him treat his chronic pain. Antidepressants work on changing the chemistry of the brain to reduce the pain "signals". Antidepressants can also be helpful in treating sleep problems because of their sedating effect. Medications used to treat chronic pain generally fall into the following categories:

- Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): includes Aspirin, Naproxen, Celebrex, Ibuprofen, Tylenol/Acetaminophen
- Narcotic/Opioids: includes medications codeine or morphine based medications
- Tranquilizers or Sedatives: includes tranquilizers such as Valium/Diazepam, Ativan/Lorazepam, Oxazepam, and Temazepam/Restoril or muscle relaxants such as Flexeril
- Adjuvant or Alternative Analgesics: includes antidepressants such as Nortriptyline or Amitriptyline, anticonvulsants such as Tegretol/Carbamazepine, or corticosteroids such as Prednisone

It may be helpful to review the medications you are using to treat chronic pain with your health care specialists in order to find the combination that is best for you.

About non-medication approaches for chronic pain...

It is also helpful to consider the use of alternative treatments or approaches that do not involve medication to help manage pain. Examples include:

- Exercise: reduces stress and increases mobility, flexibility, and fitness.
- Cognitive/Behavioural therapy: learning more adaptive ways to think, feel, and behave can change our experience of pain. Emphasizes the mind and body connection.
- Acupuncture
- Heat or cold therapies
- Massage
- Relaxation exercises: breathing and progressive muscle relaxation techniques to break the pain cycle and develop the "relaxation response".
- Distraction techniques: actively refocusing one's thoughts and behaviour on positive activities and away from the negative experience of pain

TELL US WHAT YOU THINK...

Your feedback is important to us. Please fill out the short survey below and return it to us by fax at (705) 789-7245 or by mail: RISK Project, Muskoka-Parry Sound Health Unit, 34 Chaffey St., Huntsville, On., P1H 1K1. Thank you!

(Please circle the appropriate answer):

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|--|------------|------------|------------|-----|
| 1. Is the information in this newsletter useful to you? | All of it | Some of it | None of it | |
| 2. Is the layout and design easy to read? | Yes | OK | No | |
| 3. This newsletter is published three times a year. Should it come out more or less often? | More often | Just right | Less often | |
| 4. How would you like to receive this newsletter? | Mail | Pick-up | E-Mail | Fax |

5. How can we improve this newsletter? _____

6. Other topic suggestions for newsletter: _____
