



# Global Year Against Cancer Pain

OCTOBER 2008 – OCTOBER 2009

## Cancer Pain in Older People

### Pain Is Common among Older Cancer Patients

- Cancer is predominantly a disease of aging. The majority of new cases and deaths occur in those over 60 years old.
- Up to 80% of older people with advanced cancer report pain, with the majority reporting moderate pain.
- Predictors of cancer pain in older people include female gender, advanced disease, comorbidities, lower social support, depressed mood, and lower physical functioning.

### Cancer Pain Has a Detrimental Impact on the Quality of Life of Older Patients

- It impairs elders' physical function, sleep, activities of daily living, life enjoyment, and mood.
- Older and younger cancer patients may be equally vulnerable to depression.
- Older spouse caregivers may also have multiple health concerns and are at high risk for psychological distress.

### Older Cancer Patients Are at Risk for Inadequate Pain Treatment

- They are less likely to receive adequate analgesia than younger patients.
- The risk for inadequate treatment and lack of access to services may be greatest for those in long-term care or nursing homes.
- Older people may be overlooked for specific anti-cancer treatments that could be beneficial for pain and other symptom control, especially chemotherapy, biological therapies, and radiation therapy.

### There Are Multiple Barriers to Effective Cancer Pain Management in Older People

- Barriers may be more common in older than in younger patients.
- Barriers may include knowledge deficits about pain and analgesia; reluctance to report pain; fear of opioid tolerance, addiction, and adverse effects; and concern that pain reports will not be taken seriously.
- Older people tend to access information and support for cancer and pain to a lesser extent than younger patients.

### Regular Pain Assessment with Standardized Tools Is Essential to Improved Management

- Proactive assessment should include physical, psychosocial, cognitive, and spiritual factors.
- Numeric rating and verbal descriptor scales are recommended for cognitively intact elders and those with mild-to-moderate cognitive impairment.
- Observational scales may be used with patients unable to verbally self-report their pain.

### Effective Management of Cancer Pain in Older People Is a Realistic Treatment Goal

- A multidisciplinary, interprofessional approach is required.
- Both pharmacological and nonpharmacological (e.g., physical and psychosocial) treatments should be considered.
- Most medications that are effective for younger people can be used.
- Opioids can provide safe and effective analgesia for moderate to severe pain.
- Opioids should be used with caution in those with impaired renal function.
- Pethidine (meperidine) should be avoided because of a high risk of adverse effects.
- Addiction is rare among older people using opioids for pain management.

- Nonsteroidal anti-inflammatory drugs (NSAIDs) may be effective for short-term management of mild to moderate cancer pain.
- There is a high risk of adverse effects.
- NSAIDs should be avoided if there is a history of renal or gastric problems.
- Cyclooxygenase-2 (COX-2) inhibitors may be effective and have fewer gastric effects.
- NSAIDs can be used in combination with opioids, but more research is needed.
- Long-term use should be avoided.
- Psychoeducational interventions can improve pain, knowledge, treatment compliance, and distress in older cancer patients.

### **Treatment Planning Should Be Responsive to the Risks Associated with Advancing Age**

#### *Comorbid medical conditions and polypharmacy*

- Older individuals are more likely than younger people to have other medical problems and disabilities.
- Comorbidities may be a predictor of poorer pain control, greater symptom burden, greater functional impairment, increased health care use, and mortality.

#### *Age-related changes in drug handling*

- Older people may be more sensitive to the effects of some analgesics.
- They may require lower doses of opioids to achieve adequate analgesia.
- They may have greater adverse effects, toxicity, and drug metabolism problems.
- Analgesics may be used safely when initially administered at a lower dose and titrated cautiously.
- The interactive and synergistic effects of multiple medications used to manage comorbidities must be considered.
- Drug interaction screening should be undertaken.

#### *Delirium*

- Advancing age is associated with increased risk for delirium.
- Unrelieved pain may precipitate delirium in older people.
- The relationship between analgesic use and delirium is not well understood.

### **References**

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