



# Geriatric Chronic Pain: Issues and Challenges from the Research Literature



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## ABSTRACT

Researchers interested in chronic pain in older adults come from multiple disciplines; thus existing information about geriatric pain is widely scattered. To establish a foundation from which to construct future research and interventions for older women and men, we developed a comprehensive, multidisciplinary database of the chronic pain and aging literature published between 1990 and 1998. In this paper, we examined the focus of studies of chronic pain in later life, how chronic pain was assessed and treated, and the influence of chronic pain on older adults' quality of life. A search of ten electronic databases that index scientific journals yielded 302 articles that focused on chronic pain in later life. Given the disproportionate number of women in many of the study samples, gender comparisons were not always statistically feasible. Because a limited number of studies report gender comparisons in older adults, it is difficult to determine whether older women's experiences with chronic pain are unique and require special attention from health care providers or whether the causes, treatments, and consequences of chronic pain should be considered universal to the older population as a whole.

## Purpose of the Study

Given the prevalence of chronic pain in the lives of older adults in general, and older women in particular, it might be assumed that a large and well-documented literature on the topic is available. Unfortunately, this is not so. The geriatric-specific pain literature is limited in both size and scope (Melding, 1991; Roberto, 1994). In addition, researchers interested in chronic pain issues come from multiple disciplines (e.g., medicine, nursing, allied health sciences, social and behavioral sciences) and, as a result, existing information is widely scattered. Because of the absence of a thorough and accessible knowledge base, it has been a challenge to develop medical, social, and behavioral interventions that help reduce pain, maximize individual autonomy, and improve the quality of life of older adults living with chronic pain. To establish a foundation from which to construct future research and interventions, we developed a comprehensive, multidisciplinary database of the chronic pain and aging literature published between 1990 and 1998 (Roberto & Gold, 2001).

## Methods

The following ten electronic databases that index scientific journals were searched to identify articles focusing on biomedical, behavioral, and social aspects of chronic pain in later life:

<i>Abstracts in Social Gerontology</i>	<i>Psychfirst</i>
<i>Ageline</i>	<i>Psychlit</i>
<i>Article First</i>	<i>SocioAbs</i>
<i>Cumulative Index to Nursing and Allied Health</i>	<i>Sociofile</i>
<i>Medline</i>	<i>Uncover</i>

## Methods (continued)

Individual words (e.g., "pain") and combinations of key words (e.g., "chronic pain and elderly") used in the search were selected after a review of the indexing guidelines for each database. The search was limited to review articles that addressed issues of chronic pain in later life and to empirical studies that included adults 65 years of age and older as members of the sample.

To supplement the electronic search of journals, manual searches of several predominant pain-related journals and books available in the libraries at Duke and Virginia Tech were done. Because issues around pain from terminal disease differ from those of non-terminal pain, we excluded studies of pain associated with neoplasms.

Coding and analyses of the selected articles, books, and book chapters was completed in stages.

- Search information was read by 2 reviewers who classified articles by content and topics.
- Based on classifications above, a coding scheme was developed. Each article was coded for main categories and their components (e.g., pain treatment: nonpharmacological, pharmacological, psychosocial, surgical). Each article had one primary focus code and several secondary codes.

## Results

We initially identified approximately 4000 articles related to chronic pain and older adults. After eliminating duplicate articles across databases, articles that did not meet our inclusion criteria, and articles written by scholars not from North America or whose samples were not North American, we identified 302 unduplicated articles. Sixty-seven percent (201) of the articles provided quantitative or qualitative data on chronic pain and aging. The other 33% (101) provided a critical review of the literature or an overview of some aspect of chronic pain in later life later.

Of the 201 data-driven articles, 5% (11) focused specifically on older women, 5% (11) included only older men, and 9% (19) did not identify the gender of the study participants. The remaining 160 articles (81%) included both older women and men in their samples. In almost all of the mixed-gender samples, the number of women was either similar to the number of men or women significantly outnumbered men. Given the disproportionate number of women in many of the mixed-gender study samples (i.e., women often comprise 70% or more of the sample), gender comparisons were often neither statistically feasible nor substantively meaningful.

In only one-fourth of the studies (26%; 42 articles) did the authors present specific findings with respect to gender. When they occurred, gender differences appeared to be unique to the specific study; authors did not consistently report differences across studies focusing on similar problems or issues. For example, some authors reported that women used more medications to manage their pain (Chrischilles et al., 1990) whereas others reported no gender differences in medication use (Lipchik et al., 1993). The one consistent exception was studies that examined the relationship between chronic pain and depression; older women were consistently reported as having higher levels of depressive symptoms than were older men (Magni et al., 1993; Parmalee et al., 1991).

## Specific Findings

- *Diseases Associated with Chronic Pain.* Of the 302 articles identified, 32% (96) discussed pain as a cause or consequence of a specific disease; it was the primary focus of 15% (46) of the articles.
- *Pain Location.* Thirty-five percent (105) of the identified articles explicitly discussed chronic pain in certain areas of the body. Because of the high prevalence of back pain complaints in later life (Mobily & Herr, 1992), it is not surprising that it had the greatest number of citations (10%; 29 articles).
- *Pain Management.* Pharmacological treatments were widely discussed in the chronic pain literature; 27% (82) of the articles specifically described the use of medications; nonpharmacologic treatments were discussed in 29% (60) of the articles.
- *Quality of Life (QOL) and Chronic Pain.* Eight percent (24) of the articles explicitly addressed QOL as an outcome variable or mentioned QOL in the title or text. The primary theme throughout these articles was that chronic pain significantly reduces overall QOL for older adults.

## Conclusions

Based on the sample composition of the majority of studies identified, it is apparent that what is known about chronic pain in later life comes primarily from the study of older women.

Because only a limited number of studies reported gender comparisons, it cannot be determined if the chronic pain experiences of older women are unique and require special attention from health care providers or if the causes, treatments, and consequences of chronic pain should be considered common to the older population as a whole.

Researchers must make a more concerted effort to examine and report gender differences and similarities in the pain of experience within the older population. This information will help clinicians design efficacious treatment strategies for those older women and men suffering from chronic pain.

## References

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