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ASHP: Work Needed in Pain Control for Elderly

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MedPage Today Action Points

- Note that this study was published as an abstract and presented at a conference. These data and conclusions should be considered to be preliminary until published in a peer-reviewed journal.
- Explain that educating prescribers about the 2009 American Geriatric Society's treatment guidelines for persistent pain led to limited improvements in choice of drug therapy.
- Point out that before the educational program, none of the patients with cognitive impairment were being assessed on the Pain-Advanced Dementia tool, but following the program, the appropriate assessment was done in 71%.

Review

NEW ORLEANS -- Educating prescribers about the 2009 American Geriatric Society's treatment guidelines for persistent pain led to limited improvements in choice of drug therapy, but more appropriate pain assessment, a researcher reported here.

An educational program about the updated guidelines resulted in a decrease in the use of nonsteroidal anti-inflammatory drugs (NSAIDs) or cyclo-oxygenase (COX)-2 inhibitors from 44% to zero percent among patients with gastrointestinal disorders, but had little effect on prescribing of opioids, according to Lauren M. Corrado, PharmD, and colleagues from the Long Island Jewish Medical Center in New Hyde Park, N.Y.

"Importantly, however, we found a great improvement in pain assessment, particularly among cognitively impaired patients," she told *MedPage Today* during a poster presentation at the midyear clinical meeting of the American Society of Health-System Pharmacists.

Before the educational program, none of the patients with cognitive impairment were being assessed on the Pain-Advanced Dementia tool, but following the program, the appropriate assessment was done in 71%.

"They had been using an inappropriate adult scale or a pediatric scale," she explained.

More than 17 million elderly patients in the U.S. experience persistent pain each year. Following the recognition of potential hazards associated with the use of NSAIDs and COX-2 inhibitors, the American Geriatric Society advised against the use of these drugs for chronic pain in older patients, recommending opioids as first-line therapy.

"This was a huge change, and we wanted to see how well we did in adhering to the new guidelines," Corrado said.

So she and her colleagues conducted a retrospective chart review, which included 50 patients (mean age 78) treated for chronic painful conditions such as arthritis, skin ulcers, and diabetic neuropathy.

The study did not include trauma, surgical, or cancer patients.

The intervention consisted of seminars, in-service sessions, and the provision of educational materials for healthcare staff. Also, a central database was created to track medication use and outcomes.

Three-quarters of the patients were women, and the most common reasons for admission were musculoskeletal conditions, infectious diseases, and cardiovascular disorders.

Comorbidities such as hypertension, diabetes, and arthritis were common, being present in half or more of patients.

Before the educational program was implemented, the researchers identified these areas for potential improvement among caregivers at their center:

- Use of correct pain assessment tools for cognitively impaired patients
- More use of opioids among elderly patients with chronic pain
- Prevention of constipation with opioid use
- Reliance on short- and long-acting opioids for pain management
- Cautious use of NSAIDs and COX-2 inhibitors for pain control in older patients

They found that opioids were being given to 58% of patients before the program and 64% of patients after the program.

Before and after the educational program, 35% and 31% of patients had scheduled orders for opioids, respectively, while 66% and 69% had orders for as-needed use. Also, 50% and 80% had orders for both, respectively.

A prescribed bowel regimen was noted in the chart in two-thirds of patients before the program, but subsequently in less than one-third.

Contraindications to the use of NSAIDs or COX-2 inhibitors, such as renal impairment or coronary artery disease, were present in 100% of patients receiving these drugs before the program, and in 63% of patients after the educational efforts.

"The study has identified areas where improvements have been seen, but further education is needed at our center to ensure the safe and effective management of

chronic pain among elderly patients," Corrado concluded.

The authors had no financial disclosures.

Primary source: American Society of Health-System Pharmacists

Source reference:

Corrado L, et al "Evaluation of the management of persistent pain in older adults admitted to a tertiary care teaching hospital before and after prescriber education on the American Geriatric Society 2009 recommendation" ASHP 2011; Abstract 3-119.

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