


Chapter 9

Decoding the Complexity of Pain in Older Adults: Differentiating Types and Tailoring Multidisciplinary Approaches

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ABSTRACT

Pain in older people is a multifaceted phenomenon influenced by physiological, psychological, and social changes associated with ageing. This chapter decodes the complexity of pain by differentiating between acute, chronic, nociceptive, neuropathic, and psychogenic pain, emphasising the nuances in older populations. Drawing on the available research, it explores age-specific pain assessment challenges and highlights the necessity for interdisciplinary, person-centred strategies. Innovative technological interventions and integrative therapies are discussed to illustrate how multidisciplinary approaches can be tailored to meet the unique needs of older adults, promoting dignity, functionality, and quality of life.

1. INTRODUCTION

The increasing age of the global population has necessitated a critical examination of pain management strategies, particularly as they pertain to older adults. This population is often burdened with chronic pain due to the prevalence of degenerative diseases, comorbidities, and age-related physiological changes (Hackett et al., 2020).

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Understanding the dynamics of pain perception and management in older adults is paramount, given the complex interplay of biological, psychological, and social factors that influence their overall health status and quality of life (Booker et al., 2021). The emerging body of literature underscores the urgent need to refine pain care strategies that are sensitive and responsive to the unique needs of this demographic.

The scope of this chapter expands upon the diverse modalities available for pain management in older adults, scrutinising pharmacological and non-pharmacological approaches, and emphasising a multidisciplinary care framework. Traditional reliance on opioids as a primary treatment for chronic pain in this population comes under scrutiny, as practitioners recognise potential adverse effects, including cognitive impairment and increased disability (Pask et al., 2020). This prompts an exploration of alternative therapies, including behavioural interventions and integrative health modalities, that enhance the efficacy of pain management while minimising risks associated with pharmacotherapy (Tang et al., 2019).

Non-pharmacological strategies, such as cognitive-behavioural therapy (CBT) and mindfulness-based stress reduction, are gaining traction in scholarly discourse as viable options for alleviating pain and improving function in older adults (Morone, 2019; Niknejad et al., 2018). These approaches promote self-management skills that empower older individuals to navigate their pain with greater agency while addressing underlying psychosocial factors contributing to their suffering (Niknejad et al., 2018). Intriguingly, the integration of technology, including mobile health applications and telehealth services, presents a contemporary avenue to bridge gaps in pain management accessibility, especially for older adults living in rural or underserved areas (Dunham et al., 2021; Suntai et al., 2020).

Furthermore, the role of interprofessional collaboration becomes imperative in fostering comprehensive care pathways tailored to meet the complexities of older adults' pain experiences. Effective pain management necessitates that various healthcare providers—physicians, nurses, psychologists, and allied health professionals—coalesce their expertise to deliver care that is holistic, addressing not merely the physiological aspects of pain but also its psychological and social dimensions (Golden et al., 2019). This collaborative model is reinforced by evidence indicating significant benefits in outcomes when care is coordinated across disciplines (Golden et al., 2019).

Equally critical is the need for culturally competent pain assessment techniques that ensure older adults from diverse backgrounds receive equitable care. Challenges persist in the use of self-report pain scales, particularly among older adults with cognitive impairments or those from minority backgrounds (Booker & Herr, 2016; Zwakhalen et al., 2018). The development and validation of culturally sensitive pain assessment tools should be prioritized so that all individuals feel both understood and valued in their pain management journey (Booker & Herr, 2015; Rostad et al., 2017).

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