# Pain Tx Can Improve Cognition, Lift Depression

***To get handle on extent of patients' pain, ask them direct questions and pay attention to nonverbal cues.***

BY KATE JOHNSON
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ORLANDO — Pain is a comorbid condition too often overlooked in the setting of geriatric psychiatry, despite the potential for better mental health outcomes when it is treated, Dr. Jordan F. Karp said at the annual meeting of the American Association for Geriatric Psychiatry.

"I don't think enough attention is paid to assessing, diagnosing, and managing pain by many psychiatrists and other physicians who treat older adults," he said in an interview. "I highly doubt that clinicians are aware of the effects of pain on cognition."

Because pain has reached "epidemic" proportions among the elderly and can significantly worsen cognition and depression, it should be assessed and treated routinely as part of the psychiatric management of this population, said Dr. Karp, medical director of geriatric psychiatry at one of the referral pain clinics at the University of Pittsburgh Medical Center.

Studies suggest that up to 50% of community-dwelling seniors experience pain that interferes with normal functioning, and up to 80% of nursing home patients live with undertreated pain—the source of which can be musculoskeletal, neuropathic, visceral, metabolic, or other.

It is well known that persistent pain limits its mobility, increases the risk of falls, and can lead to social isolation, but it is not always appreciated that pain can also increase anxiety, depression, and cognitive impairment, said Dr. Karp, who has a clinical and research focus on both pain and affective disorders in older adults. He disclosed his advisory role with Eli Lilly & Co. and Myriad Genetics Inc.

In a recent survey of 56 patients in an older adult pain management program, he showed that higher pain severity was associated with poorer performance on a test of number/letter switching (Pain Med. 2006;7:444-52).

In another study of older adults (mean age 73 years), different investigators demonstrated lower neuropsychological function among 163 subjects with chronic low back pain (CLBP), compared with 163 who were pain free (Pain Med. 2006;7:60-70). Recent preliminary evidence also suggests reduced brain volume among eight seniors with CLBP, compared with eight who were pain free (Pain Med. 2008;9:240-8).

The comorbidity of pain and depression is a vicious circle, Dr. Thomas Meeks of the University of California, San Diego, said in a separate presentation at the meeting.

A link between depression and immune system dysfunction has been described, and both pain and weakened immunity have been associated with an increase in inflammatory cytokines. Inflammatory cytokines are also associated with anorexia, sleep disturbance, and fatigue and have been shown to negatively affect brain chemicals such as serotonin and norepinephrine, suggesting "there may be a role of inflammatory cytokines in late-life depression," he said.

Since the rise in inflammatory cytokines seen with acute pain can persist long after the source of the pain has been corrected, prompt diagnosis and treatment of pain is important to reduce the risk of persistent pain and chronic depression, Dr. Meeks said.

"As psychiatrists, we need to keep pain in mind and ask our patients about it," said Dr. Karp. In addition to various visual or verbal rating scales that can be used to inquire about pain, he said, certain direct questions might be helpful:

- Are you in pain now, or if not now, do you hurt more often than not?
- Where do you hurt?
- How has pain interfered with your life?
- Does pain interfere with your sleep?

"Insomnia is ubiquitous in this group," he said. "It has been associated with a decreased pain threshold, and it decreases patients' ability to actively cope with their pain problem."

Preliminary analysis from some of his pilot work has shown that insomnia and fatigue among older patients are associated with passive rather than active coping skills.

"Passive skills are less effective and involve things like catastrophizing, praying, or hoping the pain will stop, whereas more active coping involves increasing behavioral activities and using coping self-statements like 'I will get through this,' 'the pain will pass,' or 'the pain will not kill me,' " he said. When direct questioning is not useful or patients are nonverbal, behavioral observation can reveal a great deal about the pain an individual may be experiencing. "They may be grimacing or sighing; they may be irritable, disruptive, or verbally abusive; their body position may be rigid or guarded; or they might show their discomfort by fidgeting," said Dr. Karp.

The recently validated Elderly Pain Caring Assessment 2 provides further insight into nonverbal cues (Pain 2007;133:87-98). "It's unlikely that we are going to be able to introduce another assessment into our nursing homes, but informing staff about some of these probes may be useful," he said.

Regardless of whether patients live in the community or in a nursing home, treating their pain with opioids can raise concerns about sedation and cognitive impairment. The decision should involve an individualized risk-benefit analysis.

"While opioids do increase the risk of sedation, confusion, falls, and constipation, for some people the analgesia that results outweighs these potential risks—and cognition actually seems to improve," he said. "Perhaps they are less distracted by pain and are better able to focus and concentrate."

Health care professionals should regard persistent pain in the elderly as treatable, with the potential for improvement in many patients. "We need to get the word out that the management of pain should be moved up the priority list, because we can get these patients feeling and functioning better," Dr. Karp said. ■

# Stoicism, Safety Concerns May Limit Pain Management

BY KATE JOHNSON
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ORLANDO — Despite a high prevalence of chronic pain in older adults, adherence to pain medications is low—fueled largely by patients' stoicism, beliefs about pain and aging, and concerns about safety and addiction, according to Dr. Stephen Thielke, a psychiatrist at the University of Washington, Seattle.

Chronic pain not only results in suffering but also is strongly associated with depression and declines in health status, he reported at the annual meeting of the American Association for Geriatric Psychiatry. Recent work by his group has demonstrated that people who report more pain are less likely to respond to integrated depression treatment, compared with those with less pain (Am. J. Geriatr. Psychiatry 2007;15:699-707).

Although 75% of seniors in Medicare surveys report having arthritis (the most common cause of pain in this population), only about 40% of them report actively treating it. In other samples, only about half of patients who report functional impairments from pain take any medication for it, Dr Thielke noted, which differs from seniors' use of treatments for other chronic medical conditions. "There is clearly something different about treating arthritis pain, compared [with] treating other medical problems," he said.

Research about the experience of seniors who have arthritis pain has helped to identify some of the factors involved in seniors' use of medications.

In a recent qualitative study of 19 older adults with arthritis pain, only 4 subjects (21%) were taking pain medications as directed; the remaining 79% "purposefully did not take their OA [osteoarthritis] medications as prescribed." (Arthritis Rheum. 2006;55:272-8) Many of them "described treatment behaviors that we might consider irrational," noted Dr Thielke, such as filling prescriptions and then throwing the medication away, putting lower dose pills into a bottle with a higher dose on the label, and hiding their nonadherence from family members.

Stoicism was a common theme, he said, with patients minimizing their pain and reporting high pain tolerance. Fear of addiction was reported by many patients as a key barrier to using stronger painkillers. At the same time, 18 of 19 of the participants (95%) were taking at least one herbal remedy and/or vitamin for their arthritis.

**Patients minimize their pain and report high pain tolerance. Fear of addiction also has been reported as a key barrier to using stronger painkillers.**

Further insights have come from focus groups of older patients with osteoarthritis, which revealed that many of them considered pain "a normal part of getting older," felt that medications are potentially harmful, and saw medication as masking rather than curing their pain (Arthritis Rheum. 2006;55:905-12).

"Patients placed more emphasis on acceptance, rather than treatment, of pain, and safety, rather than effectiveness, of treatments, and they tended to see pain medications as high risk," noted Dr Thielke. He also reported other research findings that suggested the elderly have limited knowledge about arthritis medications, with few individuals being able to list potential side effects or to describe preventive use of medications (Rheumatology 2006;46:796-800). He speculated that recent publicized safety concerns about NSAIDs and opioid analgesics further complicate patients' efforts to choose treatments that are safe and that patients might conclude that all pain-relieving medications are too risky to try.

Physicians may be complicit in fostering the expectation that pain should be accepted rather than treated by avoiding direct conversations with patients about the consequences of pain and their concerns about treatments for it, Dr. Thielke said. This can add to the patients' perception that they should tough it out. Patients may consider their need for pain medication as wasteful, rash, hedonistic, or selfish, and their ability to forgo analgesia as stoical, patient, thrifty, and selfless, he said. Prescription directions that advise taking "as needed" also are interpreted differently by patients and physicians.

"Many patients will interpret 'as needed' as 'when desperate' or 'when all else fails'," he said, while the provider intends it to mean 'to improve symptoms' or 'to enhance quality of life'. The goal is to make patients understand that their use of pain medication is not a statement about their character strength or toughness; rather, they are trying to improve their health, functioning, overall well-being, and safety. Focus on functioning, not just pain." ■