

GERIATRIC PAIN MANAGEMENT

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Introduction/ background

The opioid epidemic is ongoing and leaves a trace on every group affected. Elderly are at a greater risk for complication from acute/chronic opioid usage as it may lead to chronic usage, pneumonia, dependence, or even death. Using opioids as a sole option to treat geriatric pain is a time of the past. There have been many advances in pain therapy that allow for more treatment options

Methods

Fifteen peer reviewed articles were found through ETSU's Sherrod Library databases. The databases used included CINAHL Complete, Pub Med and Elsevier. The results were filtered to include the keywords geriatrics and opioids and were to be published within the last five years.

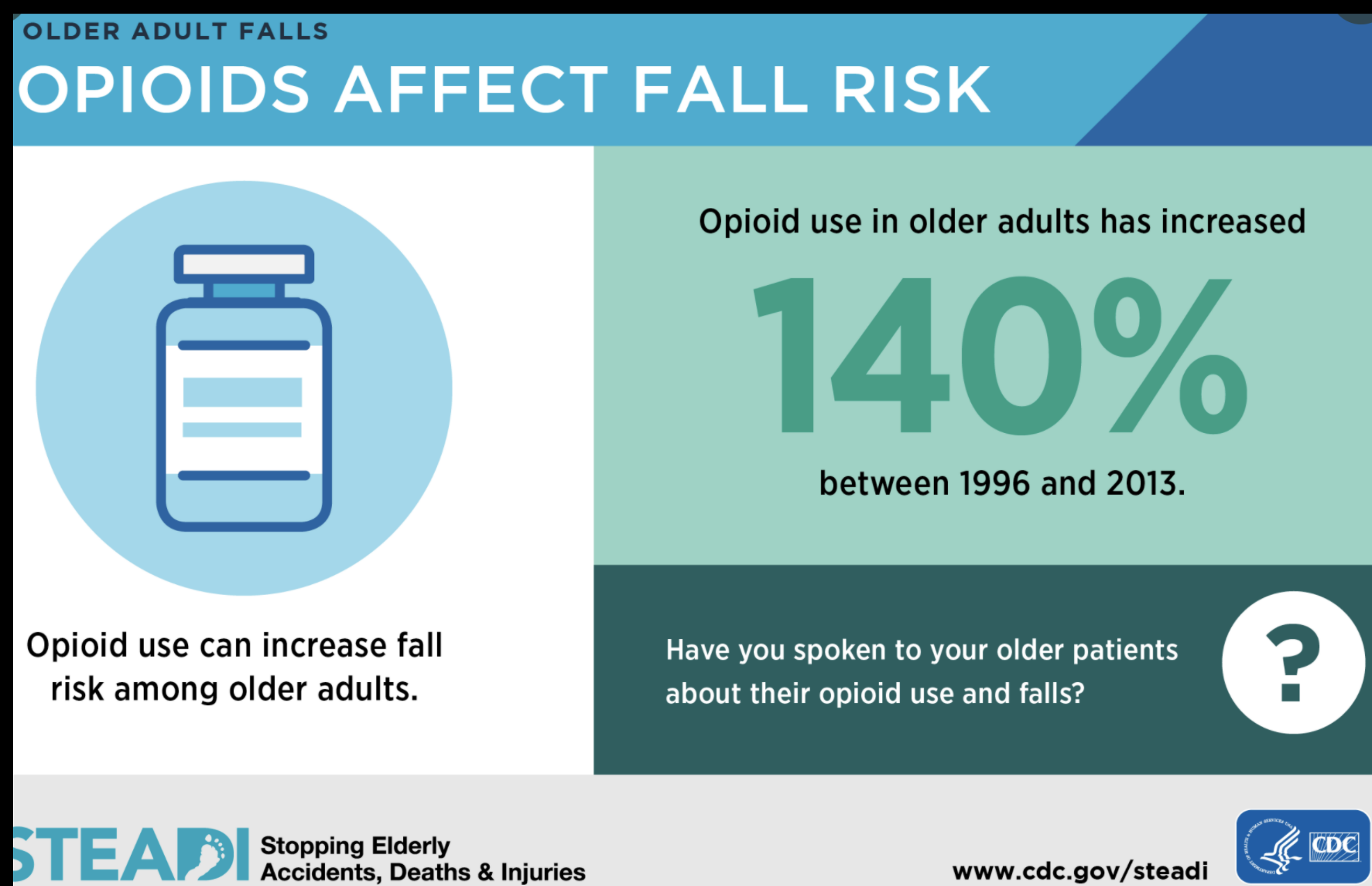


Figure 1. Opioid Fall Risk. Adapted from "STEADI-Older Adult Fall Prevention," by CDC, 2019. <https://www.cdc.gov/steady/training.html>

Results

From these articles there are solutions and nonopioid alternatives such as: Ketamine, intravenous acetaminophen, and multimodal pain therapy.

Studies show:

- ❖ 33% drop in pain scores of patients treated with intravenous acetaminophen (multimodal) postoperatively compared to sole opioid usage (Sanzone, 2016)
- ❖ $P < 0.001$ for self-reported pain scores in geriatric clients treated with femoral nerve blocks preoperative hip fractures (Hamilton, 2019)
- ❖ Shorter length of stay
- ❖ Decreased hospital costs
- ❖ Less opioid rescue options used

Conclusions

According to the literature there are various ways to effectively manage pain in geriatric patients without relying solely on opioids. A limitation that was noticed was that a majority of the literature focused on opioid use in postoperative geriatric patients.

Bibliography

1. Hamilton, G. M., Lalu, M. M., Ramlogan, R., Bryson, G. L., Abdallah, F. W., McCartney, C. J. L., & McIsaac, D. I. (2019). A Population-based comparative effectiveness study of peripheral nerve blocks for hip fracture surgery. *Anesthesiology*, 131(5), 1025–1035. <https://doi.org/10.1097/aln.0000000000002947>
2. Sanzone, A. G. (2016). Use of nonopioid analgesics and the impact on patient outcomes. *Journal of Orthopaedic Trauma*, 30, S12–S15. <https://doi.org/10.1097/bot.0000000000000563>