Cancer Pain in Older People

Pain Is Common among Older Cancer Patients
- Cancer is predominantly a disease of aging. The majority of new cases and deaths occur in those over 60 years old.
- Up to 80% of older people with advanced cancer report pain, with the majority reporting moderate pain.
- Predictors of cancer pain in older people include female gender, advanced disease, comorbidities, lower social support, depressed mood, and lower physical functioning.

Cancer Pain Has a Detrimental Impact on the Quality of Life of Older Patients
- It impairs elders' physical function, sleep, activities of daily living, life enjoyment, and mood.
- Older and younger cancer patients may be equally vulnerable to depression.
- Older spouse caregivers may also have multiple health concerns and are at high risk for psychological distress.

Older Cancer Patients Are at Risk for Inadequate Pain Treatment
- They are less likely to receive adequate analgesia than younger patients.
- The risk for inadequate treatment and lack of access to services may be greatest for those in long-term care or nursing homes.
- Older people may be overlooked for specific anti-cancer treatments that could be beneficial for pain and other symptom control, especially chemotherapy, biological therapies, and radiation therapy.

There Are Multiple Barriers to Effective Cancer Pain Management in Older People
- Barriers may be more common in older than in younger patients.
- Barriers may include knowledge deficits about pain and analgesia; reluctance to report pain; fear of opioid tolerance, addiction, and adverse effects; and concern that pain reports will not be taken seriously.
- Older people tend to access information and support for cancer and pain to a lesser extent than younger patients.

Regular Pain Assessment with Standardized Tools Is Essential to Improved Management
- Proactive assessment should include physical, psychosocial, cognitive, and spiritual factors.
- Numeric rating and verbal descriptor scales are recommended for cognitively intact elders and those with mild-to-moderate cognitive impairment.
- Observational scales may be used with patients unable to verbally self-report their pain.

Effective Management of Cancer Pain in Older People Is a Realistic Treatment Goal
- A multidisciplinary, interprofessional approach is required.
- Both pharmacological and nonpharmacological (e.g., physical and psychosocial) treatments should be considered.
- Most medications that are effective for younger people can be used.
- Opioids can provide safe and effective analgesia for moderate to severe pain.
- Opioids should be used with caution in those with impaired renal function.
- Pethidine (meperidine) should be avoided because of a high risk of adverse effects.
- Addiction is rare among older people using opioids for pain management.
Nonsteroidal anti-inflammatory drugs (NSAIDs) may be effective for short-term management of mild to moderate cancer pain.

There is a high risk of adverse effects.

NSAIDs should be avoided if there is a history of renal or gastric problems.

Cyclooxygenase-2 (COX-2) inhibitors may be effective and have fewer gastric effects.

NSAIDs can be used in combination with opioids, but more research is needed.

Long-term use should be avoided.

Psychoeducational interventions can improve pain, knowledge, treatment compliance, and distress in older cancer patients.

Treatment Planning Should Be Responsive to the Risks Associated with Advancing Age

Comorbid medical conditions and polypharmacy

Older individuals are more likely than younger people to have other medical problems and disabilities.

Comorbidities may be a predictor of poorer pain control, greater symptom burden, greater functional impairment, increased health care use, and mortality.

Age-related changes in drug handling

Older people may be more sensitive to the effects of some analgesics.

They may require lower doses of opioids to achieve adequate analgesia.

They may have greater adverse effects, toxicity, and drug metabolism problems.

Analgesics may be used safely when initially administered at a lower dose and titrated cautiously.

The interactive and synergistic effects of multiple medications used to manage comorbidities must be considered.

Drug interaction screening should be undertaken.

Delirium

Advancing age is associated with increased risk for delirium.

Unrelieved pain may precipitate delirium in older people.

The relationship between analgesic use and delirium is not well understood.

References


