



## What Should We Do to Help Lessen Older Patients' Pain?

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To the Editor,

I read the article by Akbar et al.<sup>1)</sup> with great interest, as chronic pain in older persons is one of the most common conditions encountered by healthcare professionals, especially in acute-care hospitals. However, it is the least-heeded problem in hospitals, nursing homes, and home care. Pain is associated with substantial disability, falls, anxiety, sleep impairment, and isolation,<sup>2)</sup> and it reduces mobility, affects activities of daily living, and disrupts both familial and social relationships.<sup>3)</sup>

As the authors mentioned, cultural preferences and miscommunication between doctors and older patients are important barriers to pain management in older patients. Older patients admitted to acute-care hospitals assume that pain is the natural course of their acute illness and believe that it must be endured without treatment to recover from the illness, despite the available solutions to relieve pain. Furthermore, older people in Korea have often experienced poverty and are accustomed to enduring discomfort. To make the matters worse, some older patients mistakenly believe that they will become addicted to painkillers if they take them frequently. Therefore, it is important to ask patients about their pain during daily rounds and to constructively inform them that there are better solutions to relieve pain that avoid or reduce side effects.

Many hospitalized older patients have decreased cognitive function due to mild cognitive dysfunction, dementia, delirium, and other neurodegenerative disorders that affect pain assessment.<sup>4)</sup> Moreover, delirium and behavioral and psychological symptoms of dementia can result from pain. Even if attending physicians use numerical rating scales or visual analog scales to assess pain in older patients, they cannot precisely determine a decrease in cognitive function. In these situations, a multidisciplinary team approach is very important. Caregivers, family members, nurses, physiotherapists, and occupational therapists can also provide valuable information or feedback.

We have all learned about the importance of pain control and appropriate pain treatment solutions, and we already know how to reduce pain. If we approach older patients from a humanistic perspec-

tive rather than as a patient subgroup to be studied and treated, we can provide better medical services and improve the fundamental human rights of older persons.

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### CONFLICT OF INTEREST

The author claims no conflicts of interest.

### REFERENCES

1. Akbar N, Teo SP, Hj-Abdul-Rahman NA, Hj-Husaini A, Venkatasalu MR. Barriers and solutions for improving pain management practices in acute hospital settings: perspectives of healthcare practitioners for a pain-free hospital initiative. *Ann Geriatr Med Res* 2019;23:190-6.
2. Reid MC, Eccleston C, Pillemer K. Management of chronic pain in older adults. *BMJ* 2015;350:h532.
3. Abdulla A, Adams N, Bone M, Elliott AM, Gaffin J, Jones D, et al. Guidance on the management of pain in older people. *Age Ageing* 2013;42 Suppl 1:i1-57.
4. Krulewitch H, London MR, Skakel VJ, Lundstedt GJ, Thomason H, Brummel-Smith K. Assessment of pain in cognitively impaired older adults: a comparison of pain assessment tools and their use by nonprofessional caregivers. *J Am Geriatr Soc* 2000;48:1607-11.

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