

# Aging, pain and palliative care

**“ Men and women are living longer. The life expectancies for American men and women are currently estimated at 74.2 and 79.9 years respectively.<sup>1</sup> France has one of the highest life expectancies, with 76.7 years and 83.8 years respectively.<sup>2</sup> The population is aging worldwide, especially in more developed regions, but also in undeveloped and developing regions. There will be a 15-fold increase in American centenarians by 2050.<sup>1</sup>**

The aging population presents many challenges to healthcare providers and policy makers. Older people accumulate an increasing number of medical co-morbidities and an escalating symptom burden. Symptoms increase in number and intensity as the end of life begins. Pain is the symptom that has received the most attention in the aging population.

Pain is a common and at times constant companion of older adults. A majority of residents in long-term care facilities will have evidence of a persistent pain syndrome. Persistent pain is commonly underassessed and undertreated, especially in the oldest old. The burden of unrelieved pain is immense.

Cognitive impairment is a common barrier to accurate pain assessment, as are the myths that older adults are less sensitive to pain and that pain is a natural aspect of aging. There are now a number of validated pain assessment tools that allow for a clearer assessment of pain in this population. For example, to improve the assessment of pain in cognitively impaired people, a group of French geriatricians constructed the DOLOPLUS-2 Scale,<sup>3</sup> which systematically evaluates pain behaviours and assesses somatic complaints, facial expressions, protective body postures, behavioural problems, and changes in communication or social life. The scale can be downloaded at [www.doloplus.com/versiongb/pdf/echelle.pdf](http://www.doloplus.com/versiongb/pdf/echelle.pdf)

The American Geriatrics Society has also published and disseminated detailed evidence-based guidelines for the management of persistent pain in older people.<sup>4</sup>

The palliative care paradigm fits comfortably in the spheres of geriatrics and pain medicine. The aim of palliative care is to relieve suffering and improve the quality of life of patients with advanced illnesses and their families. It is based

on an interdisciplinary approach that is offered simultaneously with other appropriate medical treatments and involves close attention to the emotional, spiritual and practical needs and goals of patients and of the people who are close to them.

Long-term care settings are becoming the sites where older adults more frequently receive healthcare. End-of-life care is currently inadequate because of chronic staff shortage, rapid staff turnover, poor reimbursement scales and limited physician participation.

Hospice care is one model of palliative care that provides high-quality, compassionate care for persons facing the end of life. Hospice care involves a team-oriented approach to expert medical care, pain management and emotional and spiritual support. Hospice care (in the US) is a social security benefit under the Medicare system and can be provided in the home and acute care hospitals. It provides measurable benefits in long-term care, including improved pain control and satisfaction of a patient's family.<sup>5</sup> The development of palliative care consultation teams in the nursing home is a practical and beneficial alternative to hospice care.

The aging of the world population is unprecedented, pervasive and profound. The accelerating trend to older populations is irreversible and affects every aspect of human life. This has led to a radical change in the epidemiology of living and dying. The palliative care paradigm allows for the relief of pain and suffering by ensuring a safe and attended death for older adults and their carers. It is incumbent on all societies to develop palliative care services to reach this ultimate goal. ”

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## References

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