Pain in the elderly cancer patients - underreported and undertreated

- Elderly cancer patients are at higher risk of inferior pain treatment and inadequate use of analgesics\textsuperscript{1,2,3,4}

- The frail and cognitively impaired are at a particular disadvantage\textsuperscript{2,4,5}

What are the treatment goals?

- to maintain and optimise quality of life and functioning through improvement in pain
  - restful sleep
  - no pain at rest
  - no interference with activity
Basic principles for management

• Thorough and comprehensive assessment
• Treatment
  – treat underlying causes whenever appropriate
  – multidisciplinary and multimodal approach
    (non-pharmacological and pharmacological)
  – psychological, social and physical rehabilitation
• Reassess and revise treatment

Assessment

- Define the pain complaint
  - location, intensity, quality, duration, relieving and aggravating factors, interference
  - behaviour
- Define the “overall status”
  - past and current medical problems, functional and cognitive status, psychological and social conditions
- Thorough physical and neurological examination
- Appropriate laboratory and radiographic tests

Pharmacological management

- Use the WHO pain ladder and guidelines
- Prescribe one drug at a time
- Choose the drug with
  - shortest half-life
  - fewest potential side effects
  - fewest potential drug interactions
  - compatible with comorbidity and endorgan function
- Start low - go slow
- Be aware of additive effects
- Anticipate and treat side effects

Conclusion

• Pain management of elderly cancer patients needs improvement by
  – abandoning old myths
  – thorough assessment
  – adequate treatment
  – continuous monitoring and reassessment
  – more research