

Pain Facts

1. Nearly half of hospitalized older persons report pain; 19% have moderately or extremely severe pain; 13% are dissatisfied with their pain control (Desbiens et al. 1997).
2. Cancer is the second leading cause of death, and is associated with a high prevalence of pain. More than a quarter (26%) of cancer patients aged over 65 years of age who are in daily pain did not receive any analgesic agent (Bernabei et al. 1998).
3. In patients with hip fracture, severe pain or inadequate analgesia after surgery can lead to increased confusion, slower recovery, and poorer ambulation and function (Morrison et al. 2003a, Morrison et al. 2003b).
4. For those who cannot communicate their pain, one must rely on nonverbal signs of pain (e.g., grimacing, guarding, agitation, frown eyebrows).
5. Multidisciplinary pain programs that combine several modes of pharmacological and nonpharmacological treatment have demonstrated efficacy for the management of persistent pain in older adults. However, this approach appears to be underused
6. Pharmacological therapy for persistent pain is most effective when combined with nonpharmacological approaches: physical therapy (e.g., exercise program, TENS, application of heat or cold), psychological methods (e.g., relaxation, cognitive-behavioral therapy), educational programs, social interventions and complementary therapies (e.g, acupuncture).
7. Meperidine (Demerol) is 7-10 times less potent than morphine and its toxic metabolite normeperidine builds up to dangerous levels when over 600mg is administered in a day or when lower amounts are given for more than 48 hours.
8. A bowel regimen that includes a stimulant laxative is needed for the duration of opioid therapy. A stool softener may be added to the regimen, but without the laxative component, bloating, cramps and constipation often occur.
9. Treating abdominal pain with opioids does not obscure the diagnosis or delay time to surgery for patients with a surgical abdomen. Treating abdominal pain with a Non Steroidal anti-inflammatory drug may delay the time to surgery.
10. Pain is the second most common cause of workplace absenteeism. Over three-quarters of the costs of pain to industry involve lost productivity of employees who report to work while coping with pain, rather than replacement costs for those who call in sick.
11. 80% of the 45 million Americans who undergo surgery annually in America experience a gap in their pain relief. Many of those are due to technical problems.

12. Arthritis is the leading cause of disability in America with its prevalence growing at an alarming rate.
13. Over half of older adults have experienced daily pain for more than a year and over 20% of those with pain receive no analgesics.
14. About 1% of the population experiences neuropathic pain with fewer than 5% of them receiving treatments known to be effective.
15. Too much or too little sleep increases next-day pain severity.
16. Fifteen percent of adults experiences at least one migraine headache in the past 3 months, with those 18-44 years old most commonly affected. Although 20-30% of Americans live with chronic pain, just over 4% of the population takes opioid medications.
17. Following hip surgery, inadequate analgesia is associated with poorer ambulation/functioning, confusion and slower recovery.
18. Children exposed to repeated painful experiences are at risk for developing an abnormal heightened sensitivity to pain and attention deficits.
19. A 26 week old fetus has a nervous system sufficiently developed to feel pain.
20. Women tend to be more sensitive to pain than men; be better able to discriminate different noxious stimuli; have a higher prevalence of painful disorders and be less satisfied with the quality of their pain treatment than men.
21. Genetic polymorphisms affect the way codeine is metabolized, with people from an Asian, Caucasian, or middle Eastern heritage less likely to convert codeine into its active morphine form. Alternatively, some women are ultra-rapid metabolizers of codeine and are warned against taking the drug during pregnancy or lactation.
22. The cardio-protective effects of aspirin are undone by ibuprofen, but unaffected by naproxen. Those taking aspirin and an NSAID should to implement gastro-protection as part of therapy.

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