## I'm Older But Not Old

A Positive Ageing Forum presented by Aged Care Psychiatry Service

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# **Dealing with Pain**

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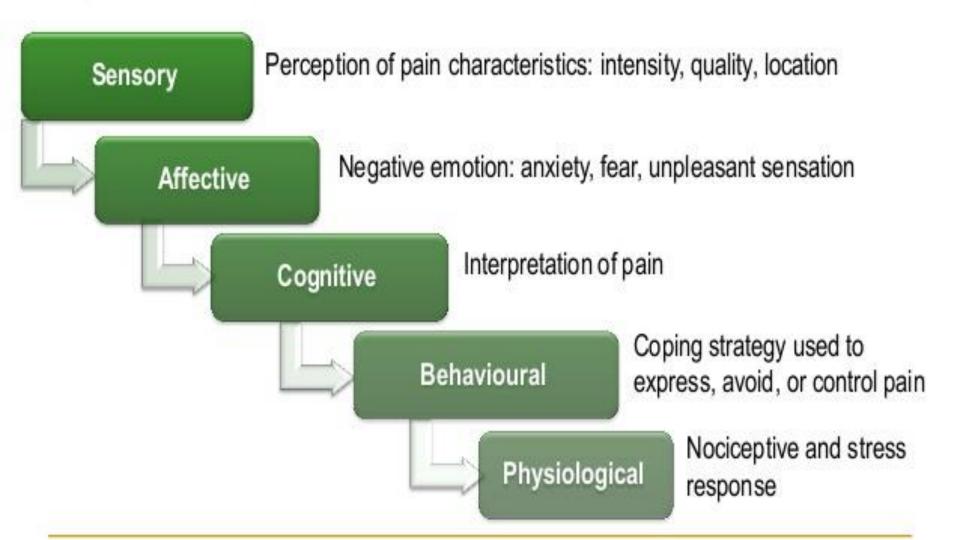
- 50% of older people living in community setting and up to 80% of those in institutional settings report persistent pain (Gagliese & Melzack 1997).
- Common diagnoses include osteoarthritis, degenerative joint disease, rheumatoid disorders, post-herpetic neuralgia, fibromyalgia, and diabetic neuropathy (Elliot et al 1999).



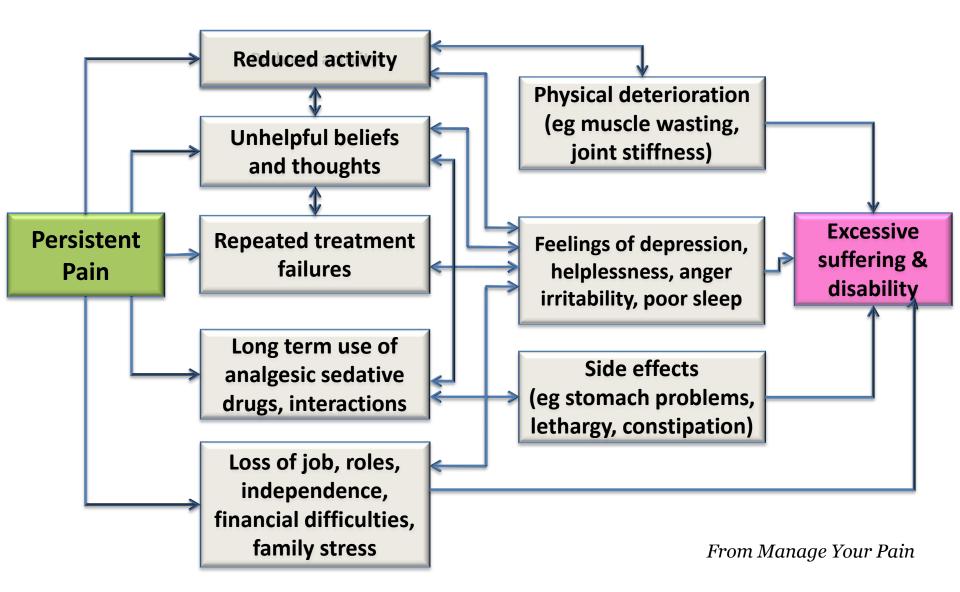
- Under-recognized and under-treated in older adults in all health care settings (Gibson 2007).
- This often leads to adverse consequences such as high levels of emotional distress, increased risk of falls, cognitive impairment, impaired social and recreational functioning, increased health cost and reduced quality of life (Kaye et al 2010, Gibson 2007).

## **Components of pain**

#### Experience of pain includes:



#### Impact of Persistent Pain





Time off work, money worries, relationship concerns





Being less active



Depression, mood swings

#### The Pain Cycle

Loss of fitness, weak muscles and joint tissues

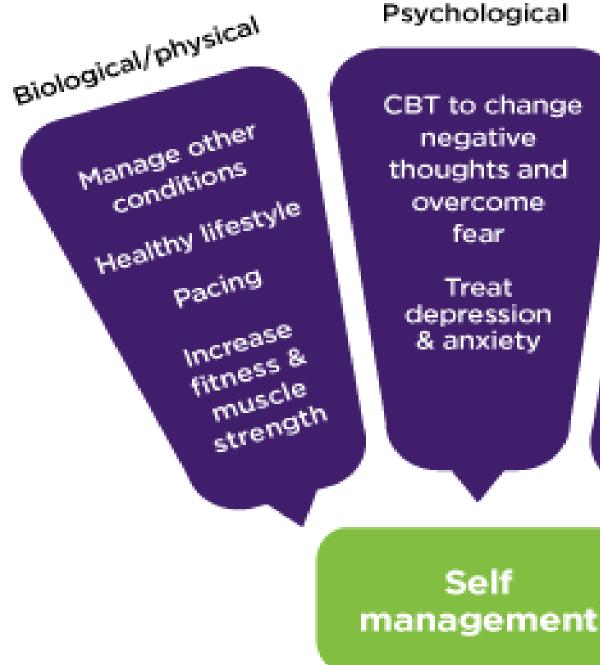


Negative thinking, fears about pain and the future



Stress, anxiety, fear, anger, frustration Lack of energy, tiredness





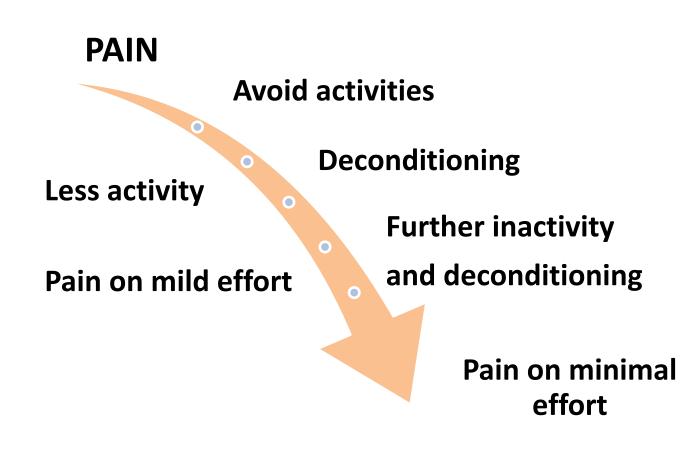
#### Psychological

CBT to change thoughts and

Family relationships Increase activities through pacing Relaxation Join support group

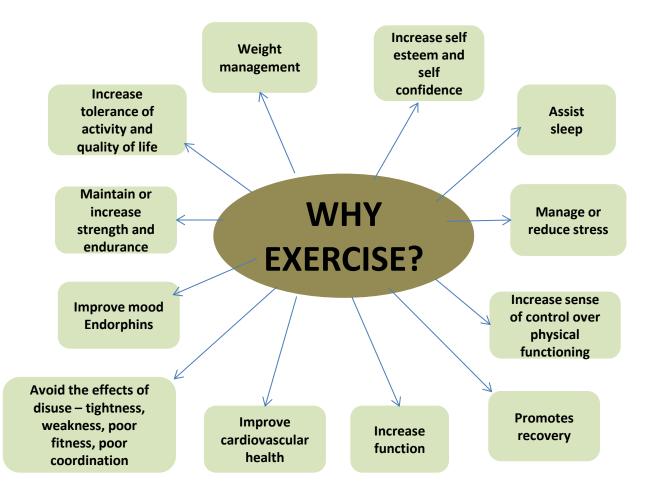
Social

#### The Downward Spiral



(Nicholas et al, 2000; Smeets et al, 2006)

#### Why Exercise?

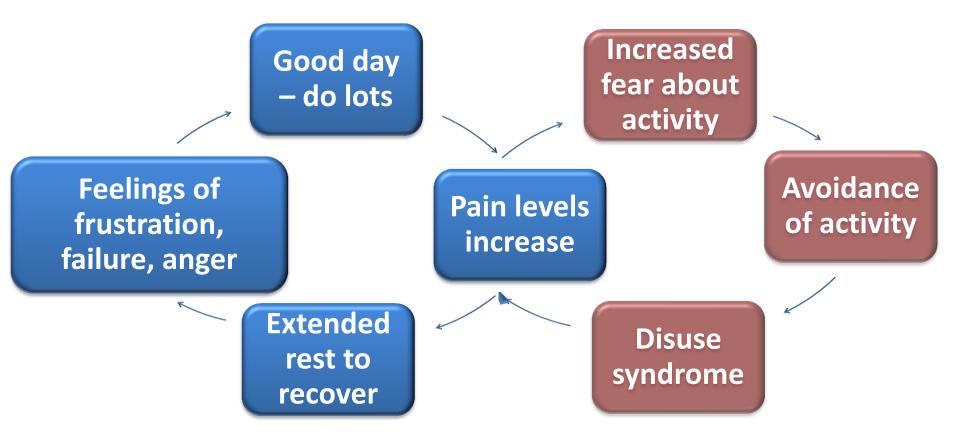


### The 5 Ps

- 1. Planning
- 2. Prioritising
- 3. Pacing
- 4. Progressing
- 5. Persistence



#### Pacing – Boom-Bust Cycle



Avoidant	Pacing	Overdoing
Stop when pain increases	Stop when time limit reached	Stop when task complete
Avoid pain-related activities	Break activity into small parts	Do whole activity at one time
Long periods of inactivity	Alternate rest and activity	Do not take breaks
Low level of overall	Steady level of	Variable level of
activity	activity	activity
	(Cane et al., 2013)	

# Thoughts can be barriers to good pacing

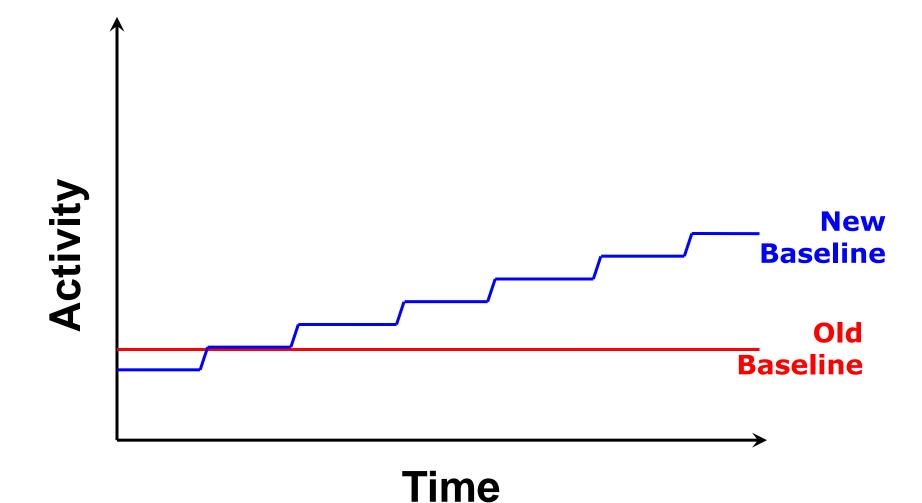
Lack of Acceptance

Fear Avoidance

- I should be able to mow the lawn in one go
- This pain is not going to beat me, I am going to ignore it and push through
- I have to keep going when my pain is low

- What's the point of trying, I always end up worse than when I started
- I have to be very careful not to increase my pain
- Pain means I am damaging my body

#### **Progressing – Graded Exposure**



#### **Communication styles**

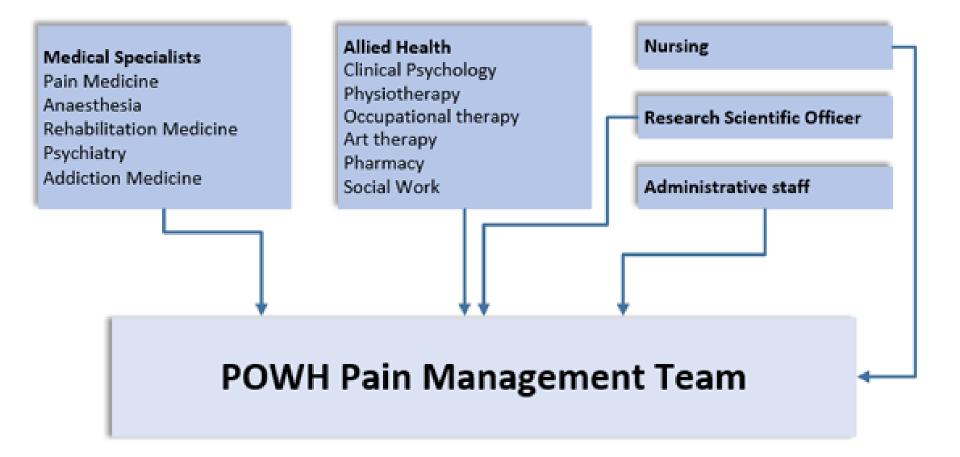
Passive	Assertive	Aggressive
Thinking your needs don't matter at all	Recognising that your needs matter as much as anyone else's	Thinking that only your needs matter
Give in	Compromise	Take
Not talking, not being heard	Talking and listening	Talking over people
Trying to keep the peace	Making sure things are fair - for you and others	Looking out for yourself
Allowing yourself to be bullied	Standing up for yourself	Bullying others
Not saying what you think, or not saying anything	Express your point clearly and confidently	Can lead to shouting, aggression or violence
Damages relationships – other people respect you less	Enhances relationships – other people know where they stand	Damages relationships – other people don't like aggression
Damages your self- esteem	Builds your self-esteem	Damages others' self- esteem

## **Effective communication**

- Enhances
  - Understanding
  - Respect
  - Good will
- Others are not
  - Confused
  - Threatened
  - Intimidated
- Increases the chances of your own needs being met

## Why set goals?

- Goals give us:
  - Direction
  - Motivation
  - A sense of accomplishment
  - A feeling of control
  - A reason to get out of bed
- Focus your energy on the things you can do



#### Tony Hollins, Clinical Psychologist

Skye Pailthorpe, Physiotherapist

