

Perception and Thoughts Regarding Chronic Pain among Geriatric Age Group: A Qualitative Study

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ABSTRACT

Introduction: Only 30% of the patients in India receive adequate pain management. Pain, being a subjective and common symptom in old people, may cause stereotyping. The objective of this qualitative study is to gain insight into how geriatric patients with chronic non-cancer pain describe their pain and consequently suggest necessary augmentation to pain diagnosis and management practice.

Material and methods: This qualitative study was conducted among patients aged >65 years attending the OPD of MKCG MCH with c/o chronic non cancer pain. In depth interviews were conducted and data analysed using CAQDAS Dedoose 7.1.3 web software. Data collection and analysis were concurrent and analysis iterative; emerging themes could thus be included in the following interviews. Analysis was guided by the principles of Framework Analysis.

Results: 23 men and 37 women participated in the study. Participants most commonly described their condition as joint pains (34 participants). 18 had multiple sources of pain. Three themes were observed from analysis of the data with respect to description of pain by older adults. These were: differences in describing pain using a simple scale; using experiences and examples to describe the severity of pain; and, relating pain with its impact on daily activities. Most of the respondents qualified their pain as Continuous. Many had deep pain while some had contact pain and electric pain. A few qualified their pain as stabbing, pricking, crushing and pulsing.

Conclusion: Assessment of chronic pain in old people must embrace the concept of "Total pain" and not just be limited to symptoms and severity scales. It is important to listen to the "Narration" of pain by the patients and open ended questions serve better than close ended and generic questions for the same.

Keywords: Chronic pain, Pain Management, Qualitative study

INTRODUCTION

Pain is one of the most difficult symptom to quantify, both for a patient and a physician. Chronic pain affects between 20% to 50% of older adults.^{1,2} Studies have shown that only 30% of the patients in India receive adequate pain management.³ Chronic pain has been viewed as an epidemic and if preventive and curative measures are delayed, it may emerge as an entity with high DALYs, social burden, and economic decline.⁴ Man-days lost due to pain can be as high as 1.37 days/month/person.⁵ The impact of pain on economies is enormous, with the cost of back pain alone equivalent to more than a fifth of one country's total health expenditure and 1.5% of its annual gross domestic product.⁶

Patients in the geriatric age group suffer commonly from musculoskeletal pain, seen at sites like back, knees, hips and other joints. Neuropathic pain is also more common in older adults.⁷ Chronic pain in the geriatric age group can have considerable impact on the quality of life, social and physical

activities and independent functioning.⁸ Under-diagnosis and under-reporting of pain leading to under-treatment is not uncommon in the old.⁹ From various studies, it has become evident that the solution to inadequate pain relief lies not so much in developing newer techniques but more in the development of a formal organization for better application of existing knowledge and existing techniques.¹⁰

Pain, being a subjective and common symptom in old people, may cause stereotyping, leading to decreased confidence to report the same. Lack of a standard quantification scale also contributes to the blurring of demarcations of severity. Mistaken beliefs about ageing and pain persist amongst health professionals, and that may influence the way pain is diagnosed, described and managed.

The objective of this qualitative study is to gain insight into how geriatric patients with chronic non-cancer pain describe their pain and consequently suggest necessary augmentation to pain diagnosis and management practice.

MATERIALS AND METHODS

This was qualitative survey conducted among patients attending the OPD of MKCG Medical College, Berhampur.

Inclusion criteria: Age greater than equal to 65 completed years; Chief complaint of chronic pain (lasting more than 1 month)

Exclusion criteria: Cancer patients; evidence of cognitive impairment.

As it was a qualitative study, a predefined sample size was not set and data was collected till the point of saturation, i.e. no new or different themes seem to be emerging. Hence a total of 60 individuals were included in the study.

Four participants were recruited randomly on every Monday using a smartphone based random number generator app. Informed verbal consent was obtained. In depth interviews were conducted in order to obtain data about severity and descriptions of pain.¹¹ Each interview lasted approximately an hour and was conducted in the local language. It was digitally recorded with permission, translated and transcribed in verbatim. The interviewers used the template in annexure-1 to question the respondents. However, they were free to ask follow up questions and clarifications or additional points if they deemed necessary. The data was recorded in formats with three parts: first, for

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socio-demographic information; second, for open-ended questions about living with pain and their perceptions; and third, to ask individual focused questions in order to clarify emerging themes. IEC clearance was obtained prior to start of the study.

STATISTICAL ANALYSIS

The interview recordings were transcribed in verbatim by the investigators themselves and anonymised to ensure confidentiality. An online computer assisted qualitative data analysis software programme (CAQDAS; Dedoose, Ver 7.1.3) was used for analysis of the data.¹² Data collection and analysis were concurrent and analysis iterative; emerging themes could thus be included in the following interviews. Analysis was guided by the principles of Framework Analysis.¹³ Using the transcripts, themes were applied independently by two researchers. Different interpretations were discussed and a single set of themes was agreed upon. The resulting thematic framework was then applied to each transcript. Coding was done for the descriptions of the characteristics of pain. Semi-quantification for the frequency of pain type was done as shown in Table-1.

RESULTS

23 men and 37 women participated in the study. Participants' ages ranged from 66 to 85 years (median =70 years). 15 lived only with their spouses, 32 lived with their children and 13 lived alone. 21 were widows/widowers. Updated B.G.Prasad's scale was used to assess socio-economic class. 12 were from lower class, 27 from lower middle class, 18 from middle class and 3 from upper class. 15 were engaged in active occupational work, most common being farming. 42 were illiterate. Participants most commonly described their condition as joint pains (34 participants). 18 had multiple sources of pain. Three themes were observed from analysis of the data with respect to description of pain by older adults. These were: differences in describing pain using a simple scale; using experiences and examples to describe the severity of pain; and, relating pain with its impact on daily activities. A range of quotes from different participants was chosen that most aptly demonstrated a theme in the interviews.

Theme-01: Differences in describing pain using a simple scale

Most rated their pain on a higher side on the Visual Analogue Scale. Figure-1 shows the actual scale used and table-2 shows the frequency of the responses to the V.A.S.

It was observed that some participants found it easy to indicate the severity of their pain using a simple VAS rating while others found it too simplistic. Many participants responded by rating their pain very high on the scale.

'At least ten, it's as painful as it can be' (Female, aged 80 with knee pain).

However, some participants were reluctant when asked to rate their pain, as this exchange demonstrates;

"About eight to ten. It is fine when I get up in the morning, it then increases over the day and is most painful in the evenings." (Female, aged 69 with low backache).

Fluctuations in the severity of pain over time and with physical activities were the most common cause for inability of the respondents who were unable to specify the exact score. It was

Sl.no	Question
1	Age, Gender, Monthly Household income, Family size?
2	Tell us about your pain?
3	Describe where and when it hurts?
4	How would you describe your pain?
5	What is it like to live with this pain?
6	How does the pain affect you?
7	How would you rate the intensity of pain on the scale provided, on a typical day, at its worst?

Annexure-1

Proportion of respondents	Adjective use
>30%	"Most"
21-30%	"Many"
10-20%	"Some"
<10%	"Few"

Table-1: Quantification of pain type

VAS	1	2	3	4	5	6	7	8	9	10
Frequency	0	0	2	2	11	9	9	12	9	6

Table-2: Response to the V.A.S.

easier to assign a number to the severity for those who were not able to describe the characteristics of pain.

Theme-02: Using elaborate examples to describe pain

The participants were asked to describe the type, source and severity of pain in separate questions. It was seen that most were inclined to describe their pain as long and intricate stories.

"When I wake up, it feels like someone has glued my knees and any effort to bend them leads to so much pain that I cannot express. I call for God and with great effort get myself out of bed." (Male, aged 72 years with Osteoarthritis).

Therespondents were, for the most cases, unable to use direct unambiguous words to describe pain characteristics. Use of metaphors and elaborate examples was common.

"...like something was crushing my head" (Female, aged 66 years, Headache).

"... like a bullock kicked me in the back" (Male, aged 78 years, Sciatica).

Some described the pain at its worst as *"similar to death"* or *"worse than death"*. Many were unable to describe their pain and when asked the reason, implicated the variation of duration and severity, similar as in theme-01.

Most of the respondents qualified their pain as Continuous. Many had deep pain while some had contact pain and electric pain. A few qualified their pain as stabbing, pricking, crushing and pulsing. The responses on quality of pain were coded and tabulated as shown in table-3.

Theme-03: Relating pain with its impact on daily activities and social life

In their narration of pain, it was almost always related to how chronic pain influenced their day to day activities.

"It takes much longer now to do my chores around the house" (Female, aged 70).

"I am asked by my sons to be active around the house and not sit around. But how can I do anything with this pain. Pain has changed me a lot" (Male, aged 75 years).

Impact of pain on their lives was used to explain the severity

Type of Pain	Characteristic	Additional features	Participant's quotes
Continuous pain	Always present, located at one or more body parts; Dull, with variable severity	Similar to long lasting tiredness	"a nagging pain." "become a habit, sort of."
Deep pain	Deep location, close to the "bones"; dull	Source difficult to point precisely	"deep inside the body, arising from the bones" "difficult to say where it starts"
Electric Shock	Sudden onset, acute, high intensity and for short duration	Location known, no cause identifiable	"like touching a current wire" "comes and goes suddenly, but very painful"
Contact Pain	Pain on touching	Very intense, with tearing sensation	"cannot kneel due to pain" "very painful to wash the utensils"
Pulsing Pain	Dull, mostly around knee or headache	Pressure gives relief sometimes	"my head throbs and I have to tie a towel around it"
Crushing Pain	Physical sensation of getting a part crushed	Mostly on the limbs	"feel like my calf is being crushed by a heavy stone"
Prickling sensation	Low intensity, long duration	Neurogenic origin around hamstrings	"like being stabbed by many many pins" "comes when I sit for long durations"
Stabbing Pain	Penetrating pain, short duration and high intensity	Mostly in knees, happens at night	"makes me stop and sit when I turn my knees in a certain way"

Table-3: Descriptions of pain used by the participants

of pain.

"It hurts so much that I am unable to squat for latrine now" (Male, 80 years old).

The duration and type of physical work had an impact on the severity of pain.

"The pain is immense when I bend to clean the house or sweep the floor" (female, 68 years old, low backache).

The variations in severity of pain in a day also come to light here as the participants tend to plan their day's work around this.

"If I work in the fields for some time in the morning, I am incapacitated by my back completely by the time afternoon approaches. Hence I have now been working in the evenings and go to sleep after taking a medicine as soon as I return." (Male, 65 years, Low backache).

The impact of pain on activities was incremental over a period of years.

"I used to work whole day when I was young, it slowly came down and now I can hardly work the fields for 1 hour." (Male, 71 years, hip joint pain).

Pain was also expressed in terms of its impact on social life.

"My daughter in law thinks I am exaggerating my pain to get attention. My family treats me differently now" (male, 74 years old).

"This constant pain has made me irritable towards everyone. I have many fights over small things with other people." (Female, 66 years old)

DISCUSSION

This study aimed to qualify pain in the geriatric age group. A qualitative approach was chosen since pain is difficult to quantify and knowledge about chronic pain from the perspective of geriatric age group is inadequate. Majority of patients were from lower and middle class of the socio economic structure. Three themes emerged prominently on analysis of descriptions of chronic pain: differences in describing pain using a simple scale; using experiences and examples to describe the severity of pain; and, relating pain with its impact on daily activities.

Studies by Gooberman-Hill et al. and Clark et al. have also reported that the variations of pain makes it hard to rate numerically.^{14,15} Although simple scales such as the one used in our study have yielded useful information, there are doubts about the value of such a numerical scale in complex situations such as pain.^{16,17}

There are other pain scales using numerical rating and verbal description that can be used in older adults. However, these measure only the intensity of pain and hence a multi-dimensional approach for pain assessment may be needed.¹⁸ In resonance with the holistic concept of health, Saunders has suggested a concept of "Total Pain" including physical, psychological, spiritual and social dimensions.¹⁹

Older adults used stories and examples to describe their pain. This was similar to the findings of Gooberman-Hill et al., who used different methodology. They concluded that the assessment of pain should take into account the importance of pain experience, as well as severity.¹⁵

Participants related their pain to physical or social activities as a means of describing its severity and effect. This suggests that the impact of pain against activities is important goal in the management of chronic pain in geriatric patients.

This underscores the importance of asking the right questions and listening patiently to the answers for assessment of chronic pain. In a double blind RCT, Dillon et al. found that phrasing of the pain questions significantly impacted the amount of important pain information provided by older adults. Use of an open-ended requests resulted in significantly more pain information than close ended questions asking to rate pain or common generic questions like, 'how are you feeling?'.²⁰ However, this requires allocation of time and a willingness on part of the physicians, which may not be adequate in a country like India with poor doctor-patient ratios.

Limitations of the study

As with other qualitative research, these findings are illustrative and may not be statistically appropriate. The visual analogue scale was a simple rating scale and so the findings could not be

generalized to other measurement tools. Hence further mixed methodology studies may be needed in this field.

CONCLUSION

Older patients tend to create a narrative around symptoms of chronic pain to describe its severity and effects. Qualifying such narration along with appropriate use of severity scales is needed to assess chronic pain, especially in older adults. They are comfortable in using examples and metaphors in their narration and contextualize the severity of pain in terms of day to day activities or the lack there of. Hence the following recommendations are arrived at:

Assessment of chronic pain in old people must embrace the concept of “Total pain” and not just be limited to symptoms and severity scales.

It is important to listen to the “Narration” of pain by the patients and open ended questions serve better than close ended and generic questions for the same.

The impact of pain, and the improvements in physical and social activities must be integrated into pain management goals.

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