

## Aging Doesn't Have to Hurt

By Rebecca Rengo MA, MSW, LCSW, ACSW

Ella is a soft-spoken, very small, frail-looking lady who has been living alone since her husband died ten years ago. It's been a challenge, but thanks to her son Charlie who stops by with groceries every couple of weeks and some neighbors who help with lawn care, she's been doing okay. Ella has been in her tiny two bedroom house for 60 years. At 86, it's been getting harder to be on her own, especially since she fell and fractured her hip a few months ago. Once back home it hurt to do the exercises the physical therapist said to do, and the pain was too intense to get dressed every day and make her meals. More and more, Ella wasn't getting up, wasn't walking, and wasn't eating. She really wasn't that hungry anyway. Two of her children lived out of town and would call once or twice every week or so. When Charlie stopped by with groceries he was usually very busy. He would update Ella on the family and ask how she was doing as he put the groceries away. She always said she was fine. Only Ella's good friend Ethel knew that Ella was hurting. They talked on the phone almost every day and compared aches and pains, but Ella rarely mentioned them to anyone else, not even her doctor. "After all," she thought, "I'm 86 years old. What do you expect?"

Charlie would often take his mom to her doctor appointments and sometimes even sat in with her. Ella would always tell the doctor that she was fine. After one visit, Charlie told his mom he had overheard her talking to Ethel and wondered why she didn't tell her doctor or the nurse about her pain. Ella replied, "Oh, I don't want to do their job."

Charlie started paying closer attention to his mom when he visited her. He soon realized he was throwing more food away. He also noticed she seemed a little thinner. When he stopped by unannounced, she was often in her robe – even in the late afternoon hours. Ella became defensive and told Charlie she didn't want him interfering in her business. Charlie didn't know what to do. He knew his mother was struggling and that the doctor didn't know she was slowly declining. Charlie wasn't sure why, but he felt her pain could be a part of the problem.

Older adults frequently don't report pain for a variety of reasons. According to Dr. Charles Crecelius, nationally-recognized geriatrician, Certified Medical Director, and Fellow of the American College of Physicians, "Doctors need to ask." Pain should be assessed as the fifth vital sign. There are many misconceptions about pain and pain management, and Dr. Crecelius adds, "Older adults seem to have even more misconceptions about addiction and side effects." Misconceptions about pain, medications, and aging need to be explained to older adults. They tend to look to the healthcare provider as the expert who will magically know what is wrong and fix it for them. So, if the provider doesn't ask if the elder is hurting, it must not be important.

Ella wanted to be a good patient. She didn't want to cause a problem or be viewed as a complainer. Ella was also afraid she could have something more serious wrong with her; or that if she started on pain medications she wouldn't be able to stay at home. Ella was determined to stay in the house where she raised her family, spent retirement with her husband, and where he finally died.

Dr. Joe Flaherty, of the Geriatric Division of Internal Medicine Department at St. Louis University School of Medicine, St. Louis Veterans Administration, suggests that a way to encourage older patients to discuss their pain is to ask them, "If you didn't have the pain, what would you be able to do?" Focus on functioning. Dr. Flaherty adds, "Motivate them! If they didn't have the pain, could they get out of a wheelchair, walk, or stay at home? What is the goal for the patient's quality of life?"

When Charlie told his mom he wanted to help her stay in her home and to do that, her healthcare providers needed to know the whole story, Ella listened. Dr. Crecelius recommends that the patient bring in a one-page summary of their pain that can be put in the chart. It could be from a pain diary, or just some notes that have been kept

documenting how the pain has been, what seems to help or make it worse, and how medications are working. Encourage the elder to also describe the pain. Is it burning, throbbing, etc., and if so, where? Ella was too overwhelmed by forms, but she was comfortable keeping her own notes. Charlie compiled a list of her medications and updated changes. Dr. Crecelius states, "The primary care physician needs to be the quarterback. Specialists look at one area; someone has to look at the whole person." Charlie and Ella discussed her situation before appointments so they were organized and usually in agreement on what to discuss with the doctor. If they did disagree, they both stated it as factually as possible and tried not to argue. Once she realized it was helpful for Charlie to go with her, keep track of medications/changes, and what was discussed during appointments, she became less defensive and even appreciative of his help. Ethel was jealous she didn't have children living nearby, so she called her local area agency on aging to see if she could get some help, too.

A year later, Ella is still living at home. Good communication can be a delicate balance. Ideally, the healthcare provider asks, listens, and responds empathetically, and the patient/family takes responsibility to be organized, honest, and speak up even when they are not asked specific questions. Older adults can really benefit from factual information when they are suffering with pain. It's important to dispel the many myths about aging that they have. Even more significant, they need to feel cared for, listened to, and see the benefit in treating pain. Ella now gets up, gets dressed, and eats every day. Most importantly, she feels content and is happy with her quality of life. Charlie and her other two children are happy too, "We have our mom back."