

## Managing Chronic Pain in Older Adults (v3-v4)

### 3. Understanding Pain in Older Adults: The Basics of Assessment

瞭解長者的疼痛：基本評估

Pain is “Anything the patient says it is”.

疼痛是患者所訴說對疼痛的任何感覺。

Pain is not a part of growing old.

疼痛不是老齡化過程中的一部份。

It is definitely wrong that people with dementia cannot feel pain.

假如認為腦退化症患者不會感到疼痛是絕對錯誤的。

The reality is all pain conditions are the same for all people.

而事實上所有人的疼痛狀況皆無異。

Any report of pain that impacts physical or psychosocial functioning or reduces an individual quality of life should be recognized as a significant problem and managed appropriately.

任何影響身體、心理功能或減低個人生活質素的疼痛都應被視為重大的問題，而應該給予適當的處理。

In fact, pain is often considered the "fifth vital sign".

實際上，疼痛被視為第五生命表徵。

It should be questioned at every health care visit.

每次身體檢查時皆應涵蓋。

Seniors who present with pain should undergo a comprehensive pain assessment which includes intensity, location, character, pattern and impact on function.

出現疼痛的長者應接受全面的疼痛評估，包括其強度，位置，特徵，模式及對功能的影響。

#### Comprehensive Pain Assessment

全面性疼痛評估

Comprehensive assessment of pain in older adults includes careful evaluation of not only the etiology and related factors, but also the impact of pain on the individual's function and overall quality of life.

長者的全面性疼痛評估，不僅局限於病因及相關因素的評估，亦應涵蓋疼痛對患者所造成功能及生活質素的影響。

Essential in the assessment of pain among older adults is the understanding of its potentially remediable components.


在評估長者疼痛時，最重要是能了解其可能的修復措施。

For example, if a patient has acute pain, assessment should focus on the underlying pathology responsible for the pain stimulus.

例如，對急性疼痛患者，評估的重點應投放在引致疼痛的病理上。

If the person suffers from chronic pain, assessment must be geared toward determining both the pain-causing pathology and the physical, psychological, and social consequences of the pain experience.

如果是慢性疼痛患者，除要確定引致疼痛的病理外，亦要評估疼痛對其生理，心理和社會所造成的後果。

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Complex pain problems may benefit from a multidisciplinary approach to evaluation.  
複雜的疼痛問題可受惠於跨專業團隊的評估。

### Physical Examination and Health History 體格檢查及健康史

The initial physical examination includes a comprehensive evaluation of all major physiologic systems with special attention given to the neuromuscular and the musculoskeletal system.

初步的體格檢查包括所有主要生理系統的全面性評估，特別是神經肌肉和肌肉骨骼系統。

It is particularly important in the cognitively impaired older adult to search for the presence of pathologic conditions known to be painful and common in this population, including arthritis, old fracture site pain, peripheral neuropathy, and infections particularly pneumonia, urinary tract infection, and skin and soft tissue infections, as well as procedures associated with pain.

在患認知障礙症長者中，要特別留意找出一些疼痛的狀況，包括關節炎，骨折舊傷部位疼痛，周邊神經病變，及感染，尤其是肺炎，尿道炎，皮膚和軟組織感染，或者與疼痛有關的手術。

The health history should also contain a complete medication history, including current and previously used prescription and over-the-counter medications, as well as “natural” remedies.

健康史還應包含完整的藥物歷史記錄，包括當前和過往使用的處方和非處方藥物，以及自然療法。

The older person’s significant other or primary caregiver may be needed to obtain reliable information about prior pain experience and treatment.

更可能需要從長者的親人或主要照顧者獲取有關過去疼痛經歷和治療的可靠訊息。

### Present Pain Complaint 呈現疼痛

It is important to determine pain onset, severity or intensity, quality, pattern, duration, character and location, and both precipitating and relieving factors.

確定疼痛發作時，其嚴重程度或強度，性質，模式，持續之時間，特徵和位置，促成及緩解因素都是非常重要。

Careful questioning is needed, and various strategies may be needed to gather accurate information about the older person’s current pain problem.

需要仔細查詢，再運用種種策略以取得長者疼痛呈現的準確資料。

To establish the location and extent of pain, a chart consisting of drawings of the human body or body parts on which the patient marks the location of pain can be a very useful tool.


為了確定疼痛的位置和程度，一個具備人體及各個身體部位的圖表能幫助患者清楚標記其疼痛的位置。

The pain chart reveals sound psychometric properties when used among adults of all ages with both acute and chronic pain.

該疼痛圖表反映心理測量特性，適合所有年齡的成年人，無論是患急性或慢性疼痛的人。

Pointing to the body part that hurts has also been shown to be an effective approach with cognitively impaired older adults.

對患認知障礙的長者而言，能更有效地指出身體疼痛的部份。

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## Psychosocial and Functional Assessment

### 社會心理和功能評估

The comprehensive evaluation of chronic pain should also include an evaluation of physical and psychosocial function to provide a benchmark for progress or deterioration in management of pain and its impact.

慢性疼痛的綜合評估應包括對身體和心理社會功能的評估，作為治療進展或惡化提供基準。

The association between pain and depressed mood is well established for older adults residing both in the community and in institutional settings.

對於居住在社區或院舍中的長者，疼痛與情緒低落是息息相關的。

Effective treatment and recognition of the underlying pain may alleviate the patient's depressed mood.

有效治療和清楚知道潛在的疼痛可能會減輕患者的情緒低落。

However, when this is not the case, it is crucial to treat the concomitant mood disorder because failure to do so results in ineffective pain management.

如果情況不是這樣，治療伴隨的情緒障礙至關重要，否則疼痛將無法有效地被處理。

Further, the assessment of mood, especially depression, is an essential component of the comprehensive pain assessment with older adults.

此外，對患疼痛的長者應作出全面評估，在情緒上，尤其是抑鬱症的評估為重要組成的部份。

Because mood states may alter pain perception or enhance pain intensity.

因為患者的情緒狀態可能會改變對疼痛的感知或增強疼痛的強度。

Anxiety is also closely associated with physical health and functional disability in older people.

焦慮與長者的身體健康和功能障礙有密切相關。

The association between pain and anxious mood has received far less empirical attention than the association between pain and depression.

疼痛與焦慮情緒及疼痛與抑鬱症之間的關係，前者較為被忽略。

It is reasonable to expect that anxiety is a strong concomitant of pain among older adults.

焦慮是常常伴隨疼痛的症狀，這點是可以預期的。

Therefore, assessment and treatment recommendations for concurrent depression and pain also apply to coexisting pain and anxious mood states.

因此，併發性抑鬱症和疼痛的評估與及治療建議也適用於並存的疼痛和焦慮狀態。

Delirium is surprisingly common among older persons who are medically ill.

患嚴重疾病的長者出現譫妄症是非常普遍。

Clinical evidence also suggests that cognitive impairment can be exacerbated by pain and its treatment.

根據臨床證據顯示，疼痛及其治療可加劇認知障礙。

For example, a meta-analysis established that from 60% to 70% of elderly postoperative patients develop delirium, and that up to 80% of cases were undiagnosed by physicians, while 32% of cases missed by nurses.

例如，根據整合分析，60% -70%的長者在手術後會出現譫妄症，80%未能被醫生確診，另外32%的病例被護士遺漏。

Delirium is characterized by a disturbance in consciousness, impaired attention, and changes in cognitive abilities.

譫妄症的特徵是意識障礙，專注力受損和認知能力改變。

Therefore, among persons with dementia, evaluation of mental status is crucial to the comprehensive assessment of pain.

因此，在腦退化患者中，全面評估疼痛時，對精神狀態評估至為重要。

#### 4. The context of pain

##### 疼痛的含義

The context of pain is important to older adults.

疼痛背後的含義對長者是很重要的。

Pain can represent a loss, threat, or challenge.

疼痛可能意味著損失，受到威脅或挑戰。

When illness is accompanied by pain, it often signifies a loss of function, loss of independence, and sometimes, loss of life.

當疼痛伴隨疾病時，通常會標誌著長者喪失身體功能，不能獨立生活，甚至喪失生命。

Older people do not perceive, however, all pain as a major stressor or as having deep psychological significance.

但是，長者並不認為所有疼痛都是主要的壓力來源或具有深遠的心理意義。

Therefore, it is important to evaluate both the meaning of the painful experience and the older adult's coping resources.

因此，重要是必須評估長者對疼痛的感受及其應對能力。

These include the perceived effectiveness of coping strategies and the perceived ability to control one's pain.


其中包括自我感知有效的應對策略和控制疼痛的能力。

Information about how the older adult has coped with prior pain experiences, knowledge of and preference for pain management methods, concerns about analgesic use, and economic issues.

與及有關長者過去如何應對疼痛，處理疼痛的知識和偏好，對使用止痛藥的關注及其經濟問題的資料。

All these are pertinent to developing a plan of care that is tailored to the older person.

凡此種種都與制定合適長者的護理計劃有關。

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The impact of pain on functional, social, recreational, family, and occupational activities, as well as perceived control over life, can all significantly contribute to the relationship between pain and depression in the general population.

疼痛對患者的功能，社交，娛樂，家庭和職業活動均具影響，甚至對自我的生活控制，凡此種種都可以顯示疼痛對一般人和抑鬱之間的關係。

And this relationship may be even more pronounced among older adults.

而且這種關係在長者中可能更為顯著。

The availability of social support plays an important role in depression among older persons with chronic pain.

社會支援的提供對患慢性疼痛而引致抑鬱的長者起著重要的作用。

Therefore, it is vital to routinely assess the impact of pain on the senior's ability to engage in physical activity, self-care and instrumental activities of daily living, impact on relationships with others, and its impact on sleep, appetite, and sexual activity.

因此，必須定期評估疼痛對長者從事體力活動，自我照顧和日常生活活動的能力之影響，與及對人際關係，睡眠、食慾和性生活的影響。

A discussion of participation in activities such as hobbies, physical exercise, and socialization with family and friends can elicit information about the behavioral impact of pain on the older person's life.

討論長者參加的活動，例如其嗜好，身體鍛煉，與家人及朋友進行的社交活動，從而獲得疼痛對長者生活行為影響的訊息。

Asking questions such as "How many day over the past six months have you been unable to do what you would like to do because of your pain?" is recommended for assessing the global impact that pain has on the older person's quality of life.

建議查詢長者的問題，例如“過去六個月中有多少天由於疼痛而無法做自己想做的事？” ，這樣可以評估疼痛對長者生活質素的全方位影響。

Lastly, the pain experience is influenced by a wide range of ethnic, cultural, demographic, spiritual, social, and familial factors.

最後，疼痛經歷是受多種因素所影響，包括種族，文化，人口，心靈，社會和家庭影響。

The person's cultural background, ethnic heritage, gender, and age sometimes influence the expression and assessment of pain.

相關人士的文化背景，種族傳統，性別和年齡有時會影響疼痛的表達方式和評估。

Certain cultures have strong beliefs about pain and its management.

某些文化對疼痛及其治療有強烈的信念。

Hence, the person may express pain in ways that are unfamiliar to us, or they may hesitate to complain about unrelieved pain.


因此，該人可能以我們不熟悉的方式表達疼痛，或者他們對不能舒緩的疼痛抱有猶疑而不敢申訴。

Therefore, sociocultural variables that may influence pain assessment must be identified and respected by all members of the health care team.

所以，醫療團隊必須識別並尊重可能影響疼痛評估的多種社會文化。

Further, every effort should be made to attend to the preferences and needs of the person whose cultural traditions impede effective communication with the health care team.

此外，醫療團隊應盡一切努力與文化傳統迥異的人溝通，以理解他們的偏好和需要。

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