Making patients’ lives comfortable?

Residents in nursing homes often suffer pain in silence. Why is the management of chronic pain not keeping pace with advances in pain control for palliative care? Joanna Lyall finds out

Most residents of nursing homes are in chronic pain but accept this as an inevitable part of ageing, according to a new report. In A Hidden Problem: pain in older people, the Picker Institute found that a ‘high level of stoicism among residents means they often suffer in silence, yet staff are failing to ask residents about their pain’.

Stoicism was the most typical response from the 77 nursing home residents who took part in the report. When asked whether they agreed with the statement: ‘As you get older you just have to put up with some aches and pains,’ 82 per cent agreed.

The report’s authors found that most residents believed nothing more could be done. ‘Very few had been given, or sought, the opportunity to discuss other ways of managing their pain with either their GP or nursing staff.’

Of the 24 nursing homes that took part in the report, few were aware of other services available. There was also an overwhelming acceptance of pain as inevitable which meant few showed any real interest in challenging the pain management regime of the care home.

Needing assistance

The average age of those who featured in the report was 82, and many were frail. Four out of five could not walk without help, more than half needed assistance to get out of bed and 89 per cent needed help to shower or bath.

Residents spoke of the comfort found in taking a bath or shower but insufficient staff levels meant that this method of pain relief was limited to once or twice a week.

Physiotherapy was available in some, but not all homes. Only eight residents mentioned alternative therapies.

Complementary therapies are rarely offered, probably because of cost restraints on homes, and most residents ‘simply cannot afford them’ the report points out. Registered Nursing Homes Association vice-president, Rosemary Strange, who owned a nursing home in Northern Ireland for 18 years, said the survey findings were ‘very distressing’.

‘The increasing dependency of people going into nursing homes and the growing lack of staff makes the issue very difficult to address,’ she said. ‘Every resident should be treated as an individual and asked about their pain but often nurses are too stretched to give the care they would like to provide.’

Management of chronic pain had not kept pace with advances in pain control for...
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The pain makes you wish you were dead

‘Pain is what the patient says it is’ (McCaffery 1968) is a familiar quote to most nurses. I was certainly taught this in my pre-registration nursing education programme, and I have heard it countless times since.

Despite this, there continues to be reports of far from optimal care. The Picker Institute’s latest report, A Hidden Problem: pain in older people found that nearly two out of five nursing home residents experienced pain. Older people in pain described a life of disturbed sleep and restricted mobility and some admitted entertaining suicidal thoughts.

One 79-year-old added: ‘It makes you wish you were dead, and you think: ‘I wish it would happen soon’ – the older you get the damn worse it is.’

Despite person-centred care being central to nursing practice most participants said a doctor or nurse had never talked to them about how their pain could be relieved. Neither did residents take part in discussions about pain management. Instead, these discussions appeared to take place between the GP and the nursing staff only.

A Patients Association spokesperson described the results of the research as disgraceful and outrageous. She said that care home staff should be much more proactive in managing and treating pain, and GPs should review medication more regularly.

Despite this report there is evidence of good practice in pain management across the UK. For example, CLS Care Group, a charitable provider of 36 care homes, has just developed and implemented a comfort assessment tool, which adopts a more person centered and holistic approach to pain management. CLS Care Group operations director, Tracy Paine, commended the support and advice the homes receive from the local Macmillan nurses. ‘All residents are reviewed by the GP, and they are all set up by our staff and visited by the Macmillan nurses. ‘All residents are reviewed by the GP, and they are all set up by our staff and visited by the Macmillan nurses. They make sure that the pain relief is being provided, and they also make sure that the patients are being seen by the GP.’

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