

EPIC

Engaging with Older **P**eople and their carers
to **D**evelop and **D**eliver **I**nterventions for the
Self-management of **C**hronic Pain



Blair H. Smith

Professor of Primary Care Medicine
University of Aberdeen

A collaborative programme

Lifelong Health and Wellbeing (LLHW) initiative,
funded by

- Arts and Humanities Research Council (AHRC)
- Biotechnology and Biological Research Council (BBSRC)
- Engineering and Physical Sciences Research Council (EPSRC)
- Economic and Social Research Council (ESRC)
- Medical Research Council (MRC)
- UK health departments
 - Chief Scientist Office of the Scottish Government Health Directorates
 - National Institute for Health Research/The Department of Health
 - Health and Social Care Research & Development of the Public Health Agency (Northern Ireland)
 - Wales Office of Research and Development and Social Care, Welsh Assembly Government

LLHW

Cross-council initiative supporting multi-disciplinary research, aiming to:

- Lead to improvements in health and quality of later life
- Inform policy and practice
- Increase capacity building in ageing-related research

A collaborative programme

Research team

- University of Aberdeen
 - Medicine, Nursing, Health Economics, Physiotherapy, Psychology
- Teesside University
 - Rehabilitation, Physiotherapy, Design Technology
- Glasgow Caledonian University
 - Occupational Therapy
- Advisory Board
 - Pain Association Scotland
 - Chronic Pain Policy Coalition
 - Service Users' Group



Smith
McNamee



Schofield



Clarke



Martin
Gray



Jones



Roche



Cameron



Wilson



Boyers



EPIC

Engaging with **O**lder **P**eople and their carers to **D**evelop and **D**eliver **I**nterventions for the **S**elf-management of **C**hronic Pain

Aim

To achieve a deep understanding of the consequences of ageing with chronic pain and, through this, to develop innovative ways in which older people can possess the knowledge, skills and confidence to live independently at home in the presence of self-managed pain.

Chronic pain in older adults

- Significant chronic pain affects 20% of adults Breivik *et al* 2007
- Rising to 62% of those over 75 Elliott *et al* 1999
- New significant pain: 16%/3y (50-59), 35%/3y (>80) Thomas *et al* 2007
- Many diseases causing chronic pain increase with age
 - Eg arthritis, diabetes
- Many risk factors for chronic pain are associated with ageing
 - Eg reduced physical activity, co-morbidities, reduced social networks

Evenson *et al* 2002, Peat *et al* 2004



UNIVERSITY
OF ABERDEEN

So the problem will grow and grow

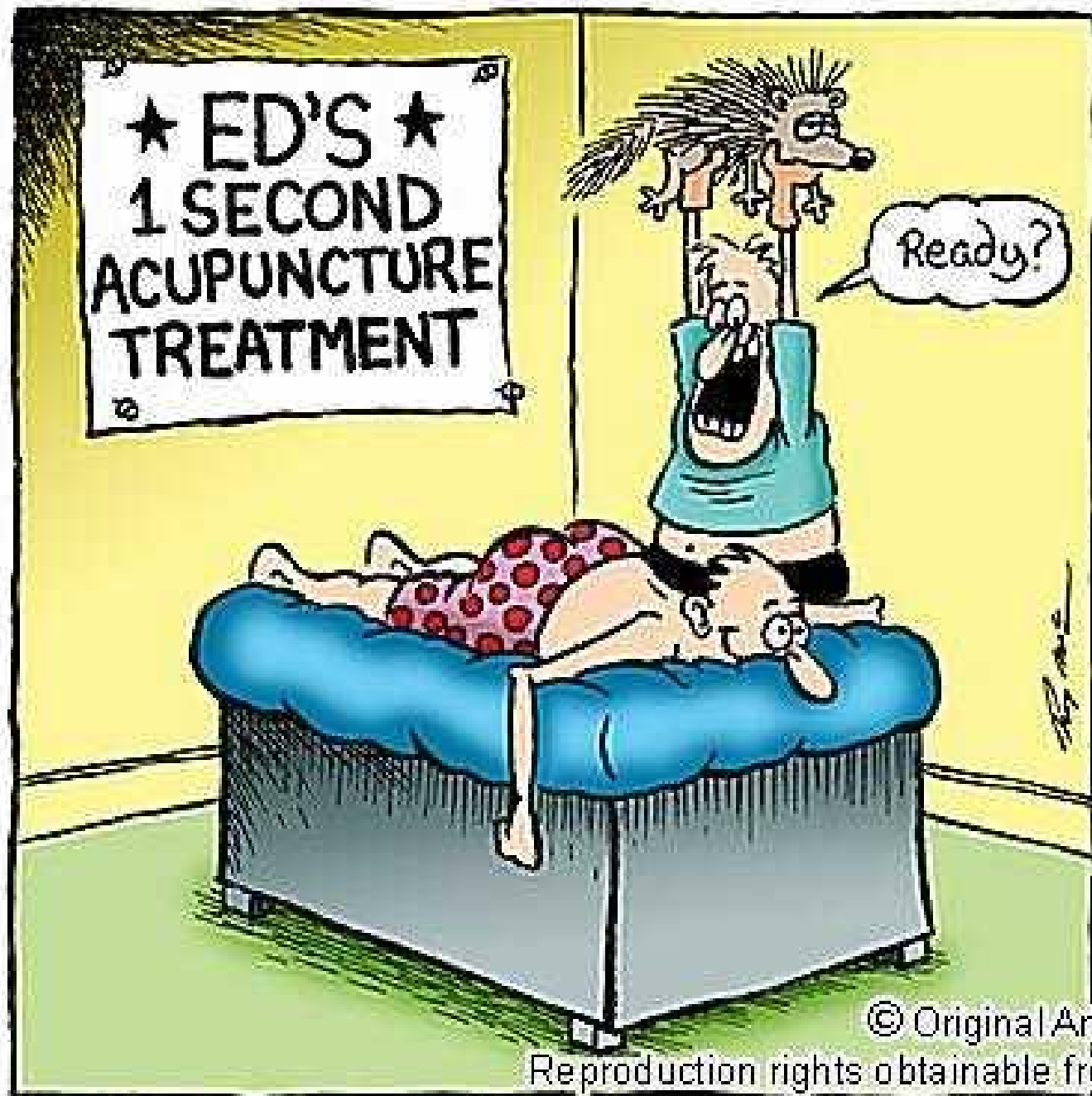


Impact of pain in older adults

- **Chronic pain is associated with**
 - Poor general health (physical, psychological, social) Smith *et al* 2001
 - Increased mortality Torrance *et al* 2010
 - Increased resource use (carers, NHS, benefits) Maniadakis and Gray 1999
- **In older adults**
 - Often under-reported Sofaer-Bennet *et al* 2007
 - More likely to be intense, disabling and need treatment Elliott *et al* 1999
 - Particularly likely to cause isolation, disability and depression Citra *et al* 2006

Managing pain in older adults

- 65% of people with chronic pain use prescribed medicines
- 40% of are dissatisfied with their treatment Breivik *et al* 2006
- Particular difficulties with drugs in older adults
 - More (dangerous) side effects
 - Polypharmacy, with interactions
 - Changing physiology
- Need to look at non-pharmaceutical management
 - Eg self-management, education, CBT, acupuncture
 - These are also likely to be different in older adults



search ID: rmcn93

© Original Artist
Reproduction rights obtainable from
www.CartoonStock.com

EPIC Objectives

With a multi-disciplinary approach, emphasising the interconnections between chronic pain, physical and emotional functioning, material resources and social aspects of the everyday lives of older adults, as played out in their particular social context and linked to their earlier biographies, we will:

1. Investigate the attitudes and approaches adopted by general practitioners, primary care teams, pain clinics and older adults towards pain management in older age;
2. Measure the economic consequences of pain in later life;
3. Work with older adults to enhance existing resources and to develop working prototypes of new, innovative materials (e.g. written & audiovisual, including web-based resources) which will provide practical advice & help to older adults living with pain in the community; and
4. Explore with older adults acceptable & feasible ways to disseminate and deliver these self-help materials.

Phases

- **Phase I** (3-21 months): Ageing with chronic pain: the perspective of older adults.
- **Phase II** (6-18 months): Attitudes & approaches to chronic pain management amongst practitioners, older adults & their informal carers, and a comprehensive review of the acceptability and cost-effectiveness of non-pharmaceutical pain management strategies.

Phases

- **Phase III** (6-24 months): The economic consequences of pain in older adults.
- **Phase IV** (18-30 months): Working with older adults to develop self-management strategies
- **Phase V** (24-42 months): Exploring modes of delivery

Progress to date

- Funding “live” on 1 February 2010
- Ethical and R&D approval obtained
- Appointment of research team and of PhD students
- Systematic literature reviews started
 - Self-management for chronic pain
 - Cost-effectiveness of self-management in older adults
- Questionnaire to pain specialists
- Interviews in progress, older adults with chronic pain
- Recruiting collaborating primary care teams
- Technological approaches to measuring function with chronic pain

Service users' group



Preliminary systematic review findings

- Few good quality randomised controlled trials (RCTs) of self-management for chronic pain
- Fewer that include old and very old adults
- Even fewer that are specific to older adults
- Most focus on education and/or exercise
- Evidence of effectiveness is conflicting

Preliminary interview findings

Some common responses

- “You just have to live with pain, get on with it, fight it and use mind over matter. It can be psychological. You can distract yourself and it helps to keep busy.”
- “Pain can be isolating, a struggle and you can feel helpless, lonely and fearful.”
- “Not everyone understands what it is like to live with pain.”

- “Pain medication is not always effective but usually taken because it is prescribed. “
- A range of self-management techniques have been tried e.g. meditation, yoga, acupuncture, reading, gardening and exercise.
- Some people are fearful of admitting difficulties because they fear losing their independence.
- A range of barriers and helpful strategies is emerging

Possible technological solutions



- Flossie Chambers, 89, playing 10-pin bowling at the Sunrise Senior Living Centre, Edgbaston
Daily Telegraph, 14 September 2007
- “Digital natives” are growing up!

Measuring function

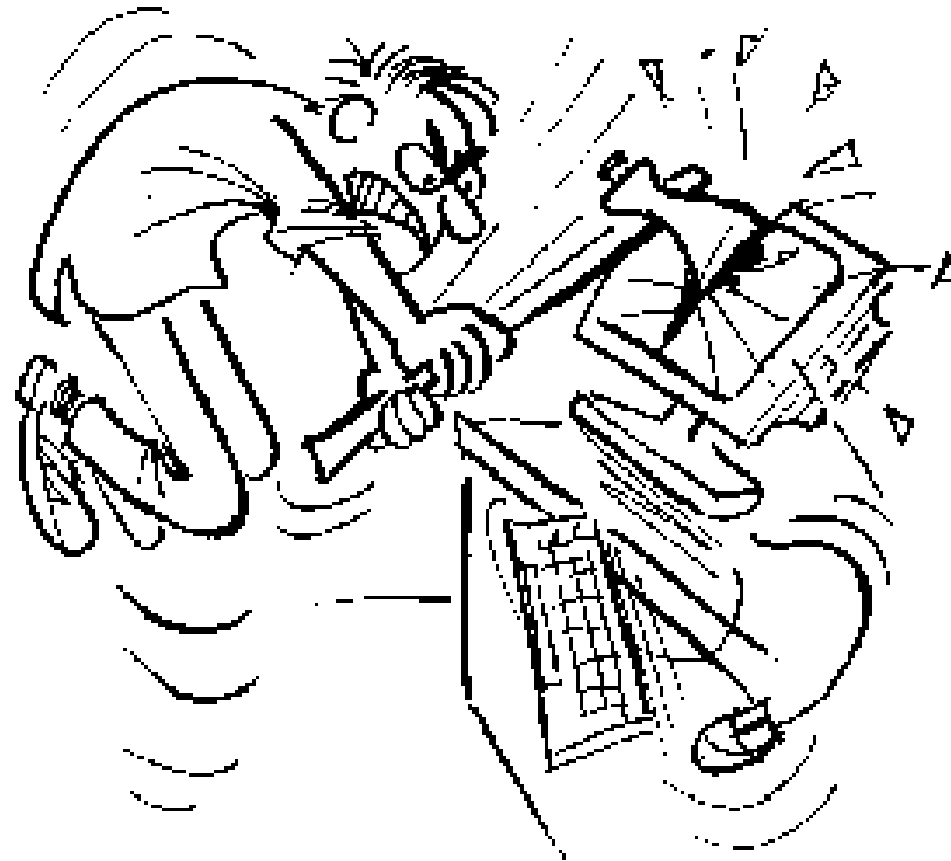
Gemma Wilson, PhD student

Adults >65, over 7 days:

- Lifeshirt
 - Pedometer, Body position
 - Physiological function (ECG, respiratory rate, temperature)
- Sensecam
 - Visual diary of environment and social interactions
- Diaries
 - Daily reconstruction of events, recording thoughts and feelings
- Interviews
 - Explaining the findings, specifying relationship to pain



Technology may not suit all



Conclusions

- Chronic pain is a major problem in older age, causing distress and disability
- Treatment is particularly challenging in this group
- Multi-modal management is required, including non-pharmacological solutions and self-management
- Current evidence of effectiveness is weak or absent
- Innovative solutions need to be developed, in collaboration between clinicians, researchers and the people who will potentially use them
- Watch this space!



© www.growingolddisgracefully.org.uk

www.abdn.ac.uk/eopic