

The Years [2006-2007] were Allocated To Pain Management In Geriatric Patients: What About Their Mental Health?

M Takroui

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Abstract

In this issue of the IJHealth There are three articles come out of general awareness of the importance of older citizens in the communities. [1,2,3]

The first paper addresses mental illness in orderly at community level conceptually, from the community point of view, mental health concerns are a lower priority in comparison with physical health needs. This is evident from this study, wherein very few of those diagnosed with psychiatric disorders reported to the Geropsychiatric clinic. In addition, the stigma associated with mental disease result in failure to seek or a delay in seeking appropriate care. This may be an umbrageous issue with the community at large but the high-risk group of the elderly and the evident high psychiatric prevalence stipulates availability and easy accessibility of such care in a more cordial setting (read community).

The elderly have traditionally been overlooked and underserved by the society, government and medical fraternity at large. The reasons for this are complex and include reluctance among the elderly to seek and accept treatment, high rates of medical co-morbidity, mobility impairment and cognitive impairment. Psycho-geriatrics needs to be therefore taken up on a priority basis.

The truth is community health programs are essentially vertical in nature and do not fulfill the holistic nature of primary care. Geriatric care should be at all levels of health care, especially in primary health care. Health care professionals will need to be sensitized and educated about the physical and mental health changes typically related to aging and the know-how to deal with these. [1]

The second issue is adequate pain relief of all types of pain in elderly. It appeared in this issue in two forms the ethics and the management advances. [2,3]

The recent Riyadh Symposium [4], lead by two prominent anesthesiologists dedicated to solve the issues of chronic pain namely Dr Dhafir Al Khudhairi and Dr Nader Honjol [4], explained the recent advances in the field. Also discussed newer modalities of therapy either drugs or methods of complementary and alternative medicine. Surgical ablation of certain nerves is getting more precise and less damaging. The ethical issue urges societies to give attention and facilities for more care of patient with chronic pain. Dying in peace include free as it is possible from pain related to chronic pain conditions like pain cancer and other similar pain conditions.. Societies in the field promote the idea that pain relief is a basic human right in any society.

Elderly as in other age group may complain of pain, but it is not a normal consequence of ageing, Elderly may suffer from different diseases so pathology is always involved. Also there are many morphological and neurochemical changes in the elderly brain that could effect pain perception. Elderly have slower central processing of incoming noxious stimuli and reduced cortical activation with increasing age. Elderly keep physiological processing of pain intensity or immediate unpleasantness of pain. But do report less emotional distress of illness and pain, leading to underlying pathology may be masked by behavioral disturbances. Other important messages from this symposium indicated that there is no evidence that age alone leads to a difference in a person's ability to cope. Also pain generally is under-treated and under-reported in older adults. Another aspect which is linked to pain issue is the psychology of older citizens who need as well special care is the age of declining productivities and lack of adequate economical resources. In this age and time it is sad that most societies turn a blind eye toward this group of people [5,6]

Educating older adults about pain and methods to relieve

pain has been identified as a key intervention in developing a plan of care that will be successful for the individual. Also producing social awareness of the need of these individuals regarding their mental health would relieve the coldness of late days of declined age.

The American Geriatric Society [5] reported that analgesia may be used safely and effectively in older adults. They published recommendations for practitioners prescribing analgesics for chronic pain:

Analgesics are the most common type of pain management. Both prescription and non-prescription medications can be used to treat pain [6, 7].

It would be appropriate not to close the window of interest rather to open new windows on different aspects of health and

wellbeing of elderly on worldwide level.

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Author Information

Mohamad Said Maani Takrouri, MB. ChB. FRCA (I)

Department of Anesthesia, King Fahad Medical City