1. Which of the following statements related to persistent pain in older adults is TRUE?
   A. It is unlikely to cause disability and medical frailty.
   B. It does not affect memory and emotions.
   C. It can accelerate loss of the brain’s gray matter.
   D. Its consequences cannot be reversed with effective analgesia.

2. Which of the following contributes to the safe use of pain medications in older adults?
   A. Performing reassessment of pain and its impact every 6 months.
   B. Considering comorbid conditions in analgesic agent selection.
   C. Selecting medications based on pain severity.
   D. Counseling the caregiver on safe sharing of extended-release opioid agents.

3. Older adults are vulnerable to side effects and drug interactions because:
   A. their medications are relatively inexpensive and easy to obtain.
   B. they experience fewer comorbid conditions.
   C. of changes in their metabolism, excretion, and distribution processes.
   D. use in combination with all medications may produce untoward effects.

4. Which of the following statements is TRUE in older adults?
   A. Acetaminophen is always a safe choice for initial analgesic treatment.
   B. Older adults without comorbid conditions can use nonsteroidal anti-inflammatory drugs (NSAIDs) safely.
   C. Topical NSAIDs have fewer gastrointestinal side effects and no serious cardiovascular effects.
   D. The use of medication reconciliation for chronic opioid therapy is not necessary in older adults.
5. As a sound approach to mitigate risk of opioid analgesic use in older adults, nurses should:
   A. regularly assess for analgesia relief, activity level, adverse reactions, and aberrant behavior.
   B. avoid recommending the use of all extended-release/long-acting opioid agents.
   C. suggest the use of NSAIDs instead of opioid agents for all inflammatory pain conditions.
   D. educate a patient’s family instead of the patient about risks and safe techniques.

6. Persistent pain in older adults results in:
   A. accelerated loss of gray matter.
   B. decreases in quality of life.
   C. problems with memory and learning.
   D. all of the above.

7. Which is the greatest risk factor for adverse reactions seen with aging?
   A. Age alone.
   B. Comorbid illnesses.
   C. Polypharmacy.
   D. This is not known.

8. Pharmacological therapy for persistent pain in older adults:
   A. is often unnecessary, and non-drug therapy should be considered.
   B. requires special training in Risk Evaluation and Mitigation Strategies requirements.
   C. must be balanced to prevent undertreatment and life-threatening adverse effects.
   D. should be avoided, as it may lead to dependence and unwanted side effects.

9. Risk Evaluation and Mitigation Strategies is a/an:
   A. U.S. Food and Drug Administration-imposed requirement for prescribing extended-release and long-acting opioid agents.
   B. U.S. Pharmacopeia recommendation regarding use of opioid agents and older adults.
   C. American Medical Association statement on geriatricians being the best prescriber of analgesic agents for older adults.
   D. AARP white paper describing the pros and cons of using short-acting opioid medications.

10. Which drug is the firstline analgesic agent for older adults with mild to moderate persistent pain?
    A. Ibuprofen.
    B. Oxycodone.
    C. Acetaminophen.
    D. Acetylsalicylic acid.

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<th>CNE Answers</th>
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