INSIGHTS INTO AGING
Pain Changes Everything

As a nursing community, it is imperative that we adjust to the demographic changes that are currently developing. The oldest “baby boomer” turned 65 on January 1, 2011. An estimated 10,000 individuals are reaching the age of 65 every day, and that figure is expected to increase at the same rate for the next 16 years (Cohn & Taylor, 2010). As a society, we must attempt to help the rapidly expanding community of older adults remain functionally independent for as long as possible. More specifically, many older adults will need help adjusting to the physical challenges that will inevitably confront them. Nurses, as the most trusted members of any profession, will need to provide their expertise, guidance, and intellectual resources to help the growing community of older adults remain as independent, contributing members of society for as long as is pragmatic (Advanced Healthcare Network for Nurses, 2013). Failing to recognize, address, and develop a plan to address the physical challenges that confront our rapidly growing aging population can lead to devastating consequences for older adults and our nation.

The only constant in life is change. As individuals age, it becomes obvious that the physical characteristics/attributes that once defined them as being young have changed to varying degrees. Dark hair has changed color or disappeared, a once perfect complexion has gained character, a svelte figure has become more mature, and one’s stamina has lessened. Unfortunately, the most meaningful changes that result from aging are less visible and are more complex and life altering than those that can be assessed by a cursory observation. The changing needs and increasing limitations of their bodies pose significant adjustment challenges for older adults and the nurses who assist them. The purpose of this editorial is to provide a septuagenarian’s insight into some common physical challenges affecting the daily lives of many older adults. In addition, common problems and their interrelationships, preventive strategies, and methods of measuring success will be introduced.

Aging is often accompanied by a progressive recognition of one’s fear of loss of independence. In many cases, the loss of independence begins with benign symptoms associated with normal aging. One of the more subtle interruptions to an older adult’s lifestyle is the adjustment to low levels of generalized transitory pain. Untreated pain, even at low intensity levels, can have a significant, persistent, and magnifying affect on other nondramatic lifestyle changes. Pain can initiate sleep...
disturbances, impair and decrease ambulation, enhance the risk of falling, foster feelings of isolation and depression, and contribute to cognitive impairment (American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons, 2009).

The five major factors that significantly influence the likelihood that an older adult will lose his or her independence can be modeled/represented as a pentagon. The five sides of the pentagon represent (a) pain, (b) sleep disturbances, (c) restricted mobility, (d) weight gain, and (e) cognitive impairment. This “pentagon of dependence” emerges when the pernicious effects of pain are ignored. The pentagon is usually initiated by pain that often leads to a decrease in movement/mobility, which may, in turn, cause sleep disturbances and weight gain. Pain, weight gain, and a lack of sleep also produce feelings of exhaustion, which may lead to social isolation and depression and a decrease in cognitive abilities. Ultimately, ignoring pain can lead to various conditions that result in total dependence. Interrupting the progression of the developing pentagon of pain-induced problems is dependent on identifying, treating, and monitoring each contributing factor.

Adjusting to low levels of pain is a learned behavior. Older patients learn that many individuals in their age group experience generalized pain. Eventually, they become convinced that pain is the result of old sports/work injuries, some low level of arthritis, or normal aging. For most older adults, pain is an accepted part of the normal aging process. One of the greater challenges for nurses is to initiate conversations with patients about the challenges affecting their daily lives. Nurses will need to identify the changes and/or factors, such as pain, that impact older adults’ level of life satisfaction. For example, nurses can ask, “Has pain interfered with performing any of your desired physical activities?” Once patients understand that they can openly respond to nurses’ questions about pain and its effects, a greater opportunity develops to plan change programs.

Developing a trusting relationship is essential to any cooperative relationship. Bonds of trust develop when participants are mutually vested in the same outcomes of their cooperative efforts. Relevant topics can be addressed by having nurses assess the common challenges that accompany the aging process. Establishing a system of patient priorities is essential for developing a plan for change. Each priority must have a plan based on the assets available, a strategy for implementation, and a method of measuring success. Assets could include attitude, willingness to change, cognitive ability, and the ability to keep a journal or some other record of older adults’ problems, activities, or challenges. The most common challenge for older adults is to accept the premise that their well-being is largely dependent on their personal decisions. Decisions that affect independence are engrained into many of one’s daily routines. Older adults need to expect that their maturing/aging bodies will necessitate identifying, evaluating, and modifying engrained behaviors (e.g., mobility, diet, sleep), which could negatively impact their long-term independence. Older adults must become involved in relating their priorities to those of nurses prior to developing a plan. The caregivers’ ability to accept the patients’ level of willingness, as well as older adults’ need to adapt and accept the challenge, is crucial to formulating a successful change program. Caregivers must help older adults identify the habitual behaviors that can, over time, dramatically impact their safety, well-being, quality of life, and independence. Questions such as, “What would you like to change about your current situation?” can be asked of older adults. Patient involvement in any change process will require planning, patience, and endurance, as well as developing a strategy of reinforcement and inciting a discussion on acceptable methods of documentation.

In conclusion, whenever change is introduced, some degree of resistance should be expected. Many older adults, including most nurses, consider their physical condition, such as level of pain, to be normal within their age group. Accepting change is always somewhat difficult. Resistance to change among older adults is usually accompanied by statements such as, “At my age, does it really matter?” and “I’ve been doing this for many years. Why should I change now?” These types of comments should be expected and countered with positive statements based on potential changes. Nurses must remind themselves that although they may make recommendations to improve patients’ well-being, the success of any action is based on the willingness of those directly affected.

REFERENCES

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