

Pain Management without Medicine

We are all familiar with the idea of taking pain medicine when we are in pain. For example, headache tablets are widely sold and most homes have some in a cupboard. However, there are many effective methods of relieving pain that do not involve taking medicines. For older people, these non-drug methods of pain relief can be particularly helpful. Older people often have more side effects from medicine and many older people are already taking medicines that can interact with pain killers. Therefore, it is always helpful to think of other ways of treating pain before reaching for some tablets.

Psychological and educational approaches

The mind is very much involved in how a person experiences pain. The experience of pain can be turned up or down like a volume dial on a radio. There are things we can do to ease a resident's pain, or 'turn down the volume', by helping them with their thoughts and feelings. Emotions or conditions like stress, anxiety, depression or fear can make pain worse. These can be helped through things like relaxation, mental distraction or creative activities, for example. Different residents will want and need different approaches to help them with their thoughts and feelings. Getting to know a resident well and/or talking with their family to find out their likes and dislikes, interests, and personal stories may help in deciding what to try together.

Sometimes residents think about their pain in ways that are unhelpful. For example, they may focus very deeply on their pain, feel helpless or feel scared about moving or

doing activities. If you notice that a resident may be having unhelpful thoughts about their pain, you can reassure them. See **For Care Workers: Fact Sheet 5 - Tips for reassuring residents about their pain** for some examples of what you can say.

Things that you can encourage a resident to do to help with how they experience pain include:

Creative activities

E.g. craft, music or singing, performing arts, painting or drawing, gardening, yoga or tai chi.

Mindfulness meditation

E.g. deep breathing, body scan or awareness, sitting quietly, music or white noise tapes

Sleep

Pain may affect a resident's sleep, and poor sleep can make pain worse. Care staff can support residents with their sleep. You can discuss the tips (see Printable Resources) with the resident. Staff can also do the following:

- For night staff, structure your work routines so that residents are not disturbed unnecessarily.
- If residents wake, offer comfort and support, a warm drink and some breathing exercises to help settle back down.
- Once a helpful way to promote good sleep has been found, make sure this is documented in the care plan.

Exercise

- Exercise can decrease the severity of pain, improve mood, encourage socialisation, strengthen muscles that support sore joints, and increase movement and function.
- Many older people experience pain related to changes in their bones, joints and muscles. The main cause of this is arthritis, which can make people very stiff and sore when they move.
- People with pain may avoid moving and exercise because they want to avoid any more pain, however exercise can in many cases help with pain.
- Residents should be supported and encouraged to do regular exercise.
- Exercise programs for residents will be organised by a physiotherapist, who will assess each resident to work out what sort of exercises they need to do.
- You may be able to help residents complete their own exercise plans if they have things to do alone.
- Try to reduce feelings of fear – e.g. of falling, going outside, injury or pain. Reassure the resident, and talk to them and their families about adapting the activity/environment if necessary.
- Always check with the physiotherapist to see what you can do to help.

Manual Handling

Many residents need help moving from one position to another. A resident who cannot move independently is particularly vulnerable to pain, due to prolonged periods of immobility. They may also experience stress when being moved by someone else. Keep the following in mind when moving residents:

- Allow additional time to plan and help with moving the resident, move them carefully and slowly.

- Clearly communicate with the resident what you will do and what they need to do.
- Reassure and plan the move with the resident first, encourage as much participation by the resident as possible.
- You may break the transfer up into several movements, which can be planned with the resident first.
- Avoid direct contact with the residents' sensitive areas.
- Consider the resident's sleep and medication schedule before moving or transferring a resident, so that it happens at a time when they are most comfortable.
- Once a helpful way to move a resident has been found, make sure this is documented in the care plan.

Physical Treatments

Heat and Transcutaneous Electrical Simulation (TENS) can reduce the intensity of pain in the short term. They should only be used for short term comfort of temporary pain, and only for those residents who are able to talk about how the treatment feels. These treatments may make pain worse if the resident has sensitive skin or if they cannot communicate and the treatment causes damage.

- Heat packs should not be applied within 48 hours of pain developing as they may increase swelling.
- Use wheat packs with care and do not use hot water bottles. Gel packs are best.

Nutrition

Poor nutrition may make pain worse, and pain may contribute to poor nutrition. Dehydration can increase sensitivity to pain. Care staff can help ensure residents are eating as well as they can and staying hydrated:

- Offer smaller portion sizes
- Serve liquids between meals rather than excessive amounts with meals
- Offer choice of beverages that are visible and accessible
- Assist with eating and drinking if needed
- Offer food with high water content
- Offer small amounts of water frequently

Complementary and Integrative Medicine (CIM)

CIM approaches are increasingly popular and residents have a right to access them. They can be helpful for pain relief in combination with other pain treatments. Care staff should be supportive of these treatments if residents choose to use them. CIM approaches should never be used without first checking with nursing and medical staff. Some examples of CIM approaches include:

- Tai chi or yoga
- Meditation/mindfulness
- Guided imagery
- Progressive muscle relaxation
- Deep & controlled breathing
- Hypnotherapy
- Music therapy
- Aromatherapy
- Acupuncture
- Massage, osteopathy and reflexology
- Therapeutic touch
- Pet therapy
- Digital and new age therapies
- Natural products e.g. vitamins and supplements