

AGE DIFFERENCES IN SELF-REPORTED PAIN AMONG OLDER ADULTS

Amanda Floetke Elliott, MSN, ARNP^{1,2}
Ann L. Horgas, PhD, RN¹

¹ University of Florida College of Nursing

² John A. Hartford Building Academic Geriatric Nursing Capacity Scholar
P.O. Box 100187-HPNP
Gainesville, FL 32610

Key Words: Chronic Pain, Elderly, Age Differences

Purpose: Prior research has shown high pain prevalence for older adults living in a variety of settings. However, the majority of epidemiological studies of pain in the elderly have not been designed with the problem of pain as the primary objective and most have failed to include many adults over age 80. In studies that did include the oldest-old age group, the majority showed a peak in the prevalence of pain by age 65 with a decline in reported pain among the old-old. The purpose of this study is to investigate age differences in self-reported pain prevalence and intensity in adults over 65 years of age.

Method: The sample consisted of 144 adults over age 65 living in nursing homes, assisted living facilities, and in the community (117 female, 27 male) with a mean age of 79.2 years (range 60-95). Participants were asked if they had current pain, pain today, pain last week, and pain everyday last week. Pain intensity for current pain, worst pain, and pain most of the time was measured with both the verbal descriptor scale (VDS) and the numeric rating scale (NRS).

Findings: There were no significant differences in self-reported pain prevalence between age groups. Pain intensity, as measured with the VDS and NRS was not significantly correlated with age. Pain intensity, however, was positively correlated with cognitive status, such that after controlling for cognitive status, age was not found to contribute significantly to the prediction of pain intensity ratings. Cognitive status made significant contributions to explaining the variance in each measure of pain intensity.

Discussion: Overall, pain prevalence did not vary by age group. Regression analyses revealed that age did not predict self-reported pain intensity but that cognitive status was a significant predictor of pain intensity. Cognitive impairment was associated with less intense pain. Nursing implications include the need for accurate and timely pain assessments in all older adults, but especially in those with cognitive impairments whose self-reported pain intensity ratings may be affected by their compromised cognitive abilities.