

# SUFFERING IN SILENCE?



Les Bright looks at a recent report that suggests too many residents are experiencing pain that could be better controlled.

Imagine being in pain, but unwilling to bother anyone for help. Your GP is unavailable and so you do nothing about it. People living alongside you are aware that you are in pain but feel powerless to help, as they have neither specialist knowledge nor access to drugs that might help. In such circumstances they may also

decide that talking to you about the problem will not be helpful – and could even exacerbate it by drawing attention to the situation you are in. So, they say nothing, leaving you to suffer in silence.

While this may not be an accurate depiction of life in a family home, it does describe the circumstances of some frail

older people who are being looked after in some care homes.

### A hidden problem

The Patients Association has published a report entitled *Pain in Older People – A Hidden Problem*, based on research undertaken for them which

focused on residents' individual experiences of living with chronic pain – and following on from earlier work on the same topic – from the perspective of informal carers.

The Association's President Claire Rayner, well known for campaigning around care issues, introduces the report by stating: '...the medical and ►

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► alternative therapies to relieving chronic pain are widely known and constantly developing. There is no reason for anyone to live needlessly with exhausting and debilitating pain.

Nurses working with care homes concur with that view but go on to describe the problem as frequently being the inability of care staff to identify and respond appropriately to symptoms of pain. This may, perhaps, be yet another sign of the pressures on staff, looking after an increasingly more dependent resident population and also highlights a training need.

The study involved 77 older people living in 24 nursing homes. The sample of residents selected was representative of the care homes population – overwhelmingly women, many of them very frail, needing assistance with mobility, bathing and getting in and out of bed, with 82 per cent of them suffering a long-term illness or disability.

Interestingly, and perhaps indicative of the stoicism often associated with older people, more than 60 per cent of them described their health as 'good' or 'better than good'. The homes in which they lived were also representative in terms of

insights into the situations that may be facing too many residents.

#### Grin and bear it

Interviewers set out to discover whether residents experienced pain and if they did, whether it was a constant feature of their lives or if it was brought on by specific actions. They also explored their attitudes to pain and whether they saw it as an inevitable consequence of growing older and could be managed successfully.



just have to put up with some aches and pains'. More than 80 per cent agreed. Such an attitude obviously makes it more difficult for staff to

identify pain, or are unclear about the course of action they might take. Perhaps, like the people they are looking after, they have come to see pain as

“ Untreated pain has far reaching effects on mood, appetite, sleep and participation in communal activities. ”

an inevitable and unavoidable part of growing older and go along with the 'stiff upper lip' that seems to be a widespread response in the face of constant or recurrent pain.

Residents' attitudes to drugs may also inhibit them from seeking help, as is evidenced by the support of more than 70 per cent of them for the statement 'People shouldn't be too dependent on pills and medicines.' On the other hand, nearly 80 per cent of those participating in this research supported the statement 'Nowadays with modern medicines most kinds of pain can be relieved.' So, as with so much of the pattern of daily life it is important to establish which view or preference is most strongly held at any given time – part of the good practice that should be embedded in caring for residents.

Residents commented favourably on much of the equipment homes can provide to make life more comfortable, in particular mattresses and beds, although there were some comments about the negative impact of hoists: 'They tried to use the hoist but I don't want it, with my shoulders being painful it hurts me, so they manage without that.'

In addition to any medication some also coped by doing exercise – led by staff or physiotherapists; doing other things to distract themselves – watching television, listening ►

“ Care staff should lead the way in demonstrating that they have heard and responded to the people they look after. ”

ownership, size and a mix of urban, suburban and rural locations. Clearly such a small sample cannot be analysed statistically, but the information and opinions gained from in-depth interviews provide important

Unsurprisingly, nearly 90 per cent of those interviewed reported experiencing aches and pains – with legs and backs most frequently cited. Every interviewee was asked whether they agreed with the statement 'As you get old, you

identify residents who could benefit from pain relief.

This could provide an explanation for why residents may receive no relief from pain that they choose not to report or discuss with carers. However, untreated pain has far reaching effects on mobility, mood, appetite, sleep and participation in communal activities, and so there would seem to be plenty of cues that could be picked up on in the face of the 'grin and bear it' approach adopted by many people.

Clearly, staff that know the residents they look after will notice changes, enabling them to detect problems and take appropriate action. But it may be that they are unable to

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► to the radio or reading; or by undergoing other therapies such as massage and reflexology.

#### Links with GPs and others

When asked about the role of health professionals only 25 per cent said that a nurse or doctor had ever discussed how to keep their pain from getting worse – and an even smaller number reported having had a discussion about how their pain could be treated. But again there was evidence to suggest that residents arrived at the view that there was little point in bothering busy professionals who would be unable to do anything to relieve the situation.

The absence of contact with their GP touches on something of a raw nerve because homes can sometimes find difficulty in securing visits from GPs; even

the most determined advocates can experience real problems in getting the doctor to return and reassess their patient if what they had previously prescribed proves to be ineffective.

Residents can also feel left out because some doctors sadly find it easier to communicate

with a professional colleague rather than their patient. Of course, such difficulties extend beyond pain management and touch on wider issues of relations between doctors and patients, or more accurately, between homes and the practice or practices serving their residents.



#### MANAGER'S CHECKLIST

- Review and where necessary revise all policies relating to medication.
- Seek advice on pain control from specialist staff of local PCT and/or district general hospital.
- Consider alternatives to medicines e.g. warm baths, heat pads, massage, and other therapies.
- Make pain control the topic of a forthcoming staff meeting and/or supervision sessions.
- Ensure that the needs of care home residents feature within strategic plans being made by health and social care bodies.

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In some parts of the country PCTs have established specialist community nursing teams to provide support for care homes. Where these exist, staff are able to call on them for support in a range of ways, including help in managing chronic pain or in accessing other services such as pain control nurses at the local general hospital. The development of the new commissioning framework for health and wellbeing will provide opportunities to highlight gaps in the ways the local population is served. Managers should consider using any local mechanisms to make known their concerns about the availability of services for homes residents.

#### What about the care standards?

*Handled with care?* a Commission for Social Care Inspection special study report

on the management of medicines, itself a follow-up to earlier work, reported a slight improvement – but continuing concern – about homes’

“ People have come to see pain as an inevitable and unavoidable part of growing older. ”

performance and called for ‘[homes to] urgently review their policies and practices in managing medication and demonstrate progress by supporting and closely monitoring the practices of their care workers.’

In 2005-06, 59 per cent of homes for older people met Standard 9. This means that there were clear written medication policies, secure medication storage and frequent reviews of medication by residents’ GPs. In the

remaining 41 per cent, steps needed to be taken to improve so as to meet the standard. Steady improvement was noted but it is slow and there is still

of life for all residents. Although care staff may not possess technical knowledge about drugs, their effects and the scope for interactions

some distance to travel.

This recent small-scale study of residents’ experiences provides evidence of people suffering unnecessarily. It seems reasonable to suggest that in some cases this could have been avoided if staff were better equipped to identify and respond to pain.

The person-centred approach is now well established in many homes but there is clearly room for further developing staff skills so as to provide an even better quality

between a range of drugs, they are nevertheless often uniquely well placed to know that a resident is experiencing pain or some other difficulty. Such skills and insights should not be underestimated and may even be in short supply in some professions – care staff should lead the way in demonstrating that they have heard and responded to the people they look after.

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