

Preface



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Guest Editor

Pain and suffering remain among the most terrible symptoms that some older adults may experience as they grow older. It is not infrequent to hear older adults giving this advice to younger adults: do not grow old. One significant reason that some older adults may feel this way is the experience of constant, severe pain that may occur in the geriatric population. In this issue of *Clinics in Geriatric Medicine*, readers are exposed to a broad spectrum of available evaluation and management strategies.

Severe, constant pain and suffering can contribute to social, emotional, and physical isolation for older adults, with resultant significant decreases in quality of life. Elderly patients may complain of similar physical symptoms with similar intensities yet report markedly different perceptions of quality of life. Different levels of distress from similar degrees of pain may stem from variations in many factors, including culture and environment, coping mechanisms, experiences, support systems, beliefs, perceptions of the meaning of pain, and spirituality. A particular concern that may make the treatment of pain in older adults even more challenging is that the geriatric population is generally more susceptible to adverse effects of therapy than their younger counterparts. Clinicians must make special efforts to carefully weigh the risk-to-benefit ratio of each treatment decision with older patients before proceeding with therapy. In older adults, it may be especially challenging to provide optimal analgesia with minimal significant adverse effects. When addressing pain in older persons, it seems to be particularly useful (as long as the patient is agreeable) to involve a patient's

significant other or caregivers and family in some of the assessment and management processes and techniques.

When treating older persons for persistent pain, it also seems particularly important that health care providers attempt to use evidence-based approaches that provide optimal outcomes not only for pain relief but also for other domains (eg, optimal quality of life and optimal physical, emotional, social, and cognitive functioning). In this issue, the first two articles provide an overview of pain in older adults and discuss differences in age-related pain perception. The next three articles focus on state-of-the-art assessment strategies and other issues in the evaluation of older persons with pain. The following six articles concentrate on analgesic treatment strategies for persistent pain in older adults.

Clinicians remain limited in their ability to pinpoint the molecular mechanisms of pain in older adults; however, it is hoped that this issue will help health care providers to better assess and evaluate pain complaints and their impact on older persons in efforts to optimally manage persistent pain.

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