Pain Management

ACCEPTANCE AND COMMITMENT THERAPY AND EXERCISE: CAN THEY HELP OLDER ADULTS MANAGE CHRONIC PAIN?
Dara KY Leung,1 Annabelle PC Fong,2 Wai-Wai Kwok,2 Angie KY Shum,2 Tianyin Liu,3 Gloria HY Wong,1 and Terry YS Lum,3 1. The University of Hong Kong, Hong Kong, Hong Kong; 2. The University of Hong Kong, Pokfulam, Hong Kong; 3. The University of Hong Kong, Hong Kong, Hong Kong

Chronic pain is common among older adults and affects their physical and psychological well-being. While exercise can reduce pain and promote physical functions, psychological interventions may enhance pain management by addressing the psychosocial contributors to the prolonged pain. Acceptance and Commitment Therapy (ACT) is a psychological intervention that emphasizes on psychological flexibility, values, and mindfulness. This approach may be particularly helpful in dealing with chronic pain, where symptoms can be beyond one’s control. This single group pre-post study investigated the feasibility and efficacy of an intervention combining ACT and exercise for chronic pain management in older adults. The intervention consisted of 16 sessions delivered over eight weeks. ACT and exercises were modified according to the individual’s capability when needed. Clinical outcomes regarding pain severity and interference, pain acceptance, value of life, depression, anxiety, and physical functioning were assessed. Twenty-four older adults attended all sessions and completed the assessments. Preliminary results showed that, while participants experienced similar level of pain after the intervention, they reported less pain interference on mood and enjoyment of life, and improved chronic pain acceptance, pain self-efficacy, success at living their values, committed action, depressive symptoms, physical functioning in the lower body strength, aerobic and endurance, agility and dynamic balance, and upper body strength (all p<0.050). This study lends support to the feasibility of a combined ACT and exercise intervention for chronic pain management in older adults. The efficacy of ACT may not be directly on reducing pain, but on increased psychological flexibility to co-live with pain.

CAREGIVER-ASSISTED PAIN COPING SKILLS TRAINING FOR PATIENTS WITH DEMENTIA: A PILOT STUDY
Laura Porter,1 Francis Keefe,2 Deborah Barnes,3 Lisa Gwyther,4 Kenneth Schmader,4 and Christine Ritchie,6 1. Duke University Medical Center, Durham, North Carolina, United States, 2. Duke University School of Medicine, Durham, North Carolina, United States, 3. University of California, San Francisco, San Francisco, California, United States, 4. Duke Center for Aging, Chapel Hill, North Carolina, United States, 5. Duke, Durham, North Carolina, United States, 6. Massachusetts General Hospital, Boston, Massachusetts, United States

Pain is common and undertreated in patients with dementia, and contributes to disability, psychological distress, neuropsychiatric symptoms and caregiver stress. The goal of this study was to develop a caregiver-assisted pain coping skills training protocol tailored for community-dwelling adults with mild-moderate dementia and their family caregivers. We conducted interviews with patients and caregivers to develop the protocol. We then conducted a single arm pilot test of the intervention’s feasibility and acceptability. Patients were recruited from an outpatient memory care clinic and screened for pain using the validated Pain, Enjoyment, General Activity (PEG) scale. The intervention included five sessions of training in pain assessment, relaxation, pleasant activity scheduling, and integrative movement. Initially sessions were conducted in person or by videoconference according to the dyad’s preference; during COVID-19 (latter half of study) all sessions were conducted remotely. Eleven dyads consented and provided baseline data [patients: mean age=77.7 years (SD=4.8), 70% non-Hispanic white; caregivers: mean age=69.6 years (SD=13.3); 91% non-Hispanic white; 73% spouses]. Nine dyads (82%) completed all five sessions. Caregivers reported high levels of satisfaction with the intervention (mean=3.4 on 1-4 scale) and frequent use of pain coping skills (mean=3-4 days/week). On average, patients reported pre-post decreases in pain severity (mean=1.2, SD=1.8) and pain interference (mean=-0.64, SD=0.67) on the Brief Pain Inventory. Overall these findings suggest that a behavioral pain coping intervention for patients with mild-moderate dementia and their caregivers is feasible, acceptable, and potentially helpful for managing pain.

DEMENTIA CARE: ADDRESSING PAIN AND MAXIMIZING COMFORT
Deepa Vinoo, NYC Health Hospitals/Coler, Roosevelt Island, New York, United States

Pain is common in older people who have Dementia, and is associated with a number of chronic and acute conditions. There is evidence that as many as 83% of nursing home residents experience pain that often goes unrecognized or inappropriately treated. Pain has a powerful effect on mood, sleep quality, functional ability, and overall quality of life. Rejecting care due to pain is very common among patients with Dementia. An association between pain and increased agitation has been noted, Significant reduction of agitation and psychotropic usage have been demonstrated by pain treatment in patients with moderate to severe dementia. This project was conducted in six memory care units with 150 residents at 815 bedded long-term care facility. All
The purpose of this study was to explore pain experiences and its treatment among rural older adults. A qualitative research design was adopted to capture the common essence of participants’ experiences through a phenomenological method. Purposeful sampling was used, and the participant criteria was: age 55+, have good thinking skills, resident of Alabama, have chronic/serious health conditions, and experienced pain or discomfort in the last 3 months. Twenty-three participants were recruited from rural counties of West and South Alabama through the local Area Agency on Aging and health and senior service centers. Individual semi-structured interviews were conducted via phone and were recorded and transcribed verbatim. Thematic analysis was conducted to identify emerging themes and repeated patterns from the data. Our results revealed themes in four categories: 1) impact of pain: physical limitations and coping strategies, 2) Impact of Covid-19: physical health, social, and mental health impact, 3) challenges in pain treatment: transportation (driver/time/cost/Covid-19 exposure) and non-transportation related problems (lacking resources/mistrust/limited health insurance coverage), and 4) suggestions: transportation-related (more transportation options/financial assistance) and non-transportation-related support (improved insurance coverage/non-pharmacological care). Findings of this study highlight rural older adults’ unique needs in access to pain treatment, further amplified during the Covid-19 pandemic. Increase in sustainable, funded transportation programs and the supply of local pain specialists is critical to meet such needs and improve their quality of life.