The role of pharmacists in supporting older people in pain

Lars-Åke Söderlund,
Vice President,
The International Pharmaceutical Federation, FIP

The emergence of COVID-19

This had a massive direct impact on human health and posed extraordinary challenges to healthcare systems from prevention to testing to treatment.

It also exposed broader fragilities in the delivery of the entire range of healthcare services and products. Primary healthcare resources were overburdened, and many providers were inaccessible to the public due to in-person care challenges. The pandemic led consumers to turn to self-care to maintain good health, treat the symptoms of COVID-19, and to manage other self-diagnosable and treatable conditions, like pain. Moreover, to better manage their own health, consumers increasingly visited their community pharmacies and used e-commerce to access self-care solutions such as non-prescription medicines.

The World Health Organization defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider, and it has the potential to improve the efficiency of health systems and to contribute towards health equity.[1] As such, there is a growing interest in self-care, and this trend has been greatly accelerated by the ongoing COVID-19 pandemic.[2-4] An important part of self-care is the management of aches and pains, and even though medical information is more accessible than ever before, there is a risk of patients being exposed to information overload or misinformation, which may lead to questions and doubt.[5-7]

Pain, often attributed to physical injuries, trauma, or various disease states, is a common and often under-treated phenomenon in patients aged 65 years and older.[8,9] Acute pain often functions as a warning signal for tissue damage, whereas chronic pain may represent a disease manifestation in itself, and may require ongoing treatment.[10,11] Additionally, pain may change a person's lifestyle and impact work, relationships, and independence, and may also lead to reduced physical activity and a negative impact on daily living.[11,12]

The COVID-19 pandemic and the continuing evolution of self-care

The pandemic has accentuated the crucial role pharmacists play in consumers' self-care routines, which involve a variety of actions that patients take to manage pain and other ailments. As pharmacists are the most easily accessible of healthcare professionals, they are also at the forefront of providing appropriate care to older adults who are experiencing pain.[2,12,13] Pharmacists play an important role in guiding patients' self-care behaviour, with patient assessment and effective patient communication being cornerstones of meaningful pharmacist self-care counselling. Furthermore, pharmacists may act as advocates to empower patients and help them make healthy lifestyle choices, recommend appropriate OTC medications, and educate consumers about when to consult a physician.[2,11-14]

As the global healthcare system continues to evolve and adapt to a changing world, self-care is expected to have an increasing role in treating many minor ailments, and pharmacists are at the forefront of these changes and well-equipped to lead this 'self-care revolution'. In many countries, the COVID-19 pandemic has also led to the strengthening of the role of the pharmacy as a 'community health hub', and as such, pharmacists have a crucial role to play in supporting older people living with pain.[2,12,13]

The role of the pharmacist supporting older people in pain

Recognizing that pain is a frequently under-treated condition in the elderly, and that barriers to treatment often exist, pharmacists may educate older adults about the appropriate use of medications to provide adequate pain relief with the aim of improving the patient's quality of life and physical functioning. Patient reports of pain should always be taken seriously, and referral to a physician should be encouraged when appropriate. [12,14]

Older patients often have misconceptions about pain management and may be inappropriately treated for their condition. A pharmacist's recommendations for OTC pain medications may open the door to the pharmacist enquiring about the patient's health concerns,[11,13] which may lead to an open dialogue with the patient and opportunities to discuss multidisciplinary approaches of pain management consisting of both pharmacological and non-pharmacological approaches.[2,11-14] However, in a community pharmacy setting, it can be challenging to conduct effective consultations without access to a patient's medical records. Effective communication between the pharmacist and patients about their pain is therefore very important.[2,13,14] As the impact of pain varies from person to person, it is important that the pharmacist can offer a variety of different OTC pain relief options to cater for different patient needs.[11,13,14]

Polypharmacy in the elderly and the benefits of topical pain medication

Polypharmacy is increasing with older age, and up to 58% of older adults (≥65 years) in Europe are on five or more different medicines, and up to 23% are on more than ten different medicines,[15] some of which may have adverse reactions with anti-inflammatory pain medicines taken in oral form.[16]

Topical medications are less likely to interfere with oral medication, as they are only applied topically rather than systemically. Having access to topical pain medicines is therefore very important, particularly for older people who are at higher risk of medicine interactions and may not be aware of this.[17,18] Topical pain relief offers an attractive option for managing pain in many cases because the products are applied directly to the site of pain, providing targeted relief, and carrying less risk of adverse effects. In addition, topicals may be more suitable for patients on complex medication regimens who wish to avoid taking more tablets or who have difficulty swallowing solid-dose forms. As such, having access to topical pain relievers is important, as it provides an alternative to oral medication, which is particularly important for older patients that are at higher risk of medicine interactions. [17,18]

The benefits of strengthening the role of the pharmacist in primary healthcare

Pharmacists have a responsibility to collaborate with patients and ensure medications are optimized and safe as part of an overall approach to management of chronic pain and comorbidities. They often have well-developed therapeutic relationships that facilitate adoption of roles to promote self-management, provide pain education, collaborate with the interprofessional team and reduce stigma to support the person living with pain.

Investing in pharmacist education will help to make community pharmacy more sustainable and will also alleviate pressures on primary healthcare physicians. Furthermore, it is of utmost importance to strengthen relationships between primary care physicians and pharmacists. Pharmacists need to be viewed as integral members of the primary healthcare team (which they rightfully are), so that they are able to advise both patients and primary care physicians on aspects such as medicine interactions, as pharmacists are experts in this field.[2,11] To support the broader adoption of structured, evidence informed models for pharmacist-led services for patients living with pain, policy changes are needed to decrease scope limitations and improve access. Education for all pharmacists is needed about chronic pain and the accompanying stigma to increase readiness to support these models.

Pharmacists are the healthcare professionals most accessible to the public and are also the first (and often preferred) source of reliable, evidence-based advice and care. Benefits of seeking support from pharmacists on over-the-counter pain management use of analgesics include:[2,11-14,19]

- Ensuring that the most appropriate product is selected
- Supporting adherence of prescribed medication
- Counselling on effective and safe dosing and administration of analgesics
- Checking for and preventing interactions of analgesics with other medicines
- Contributing to safety by recording the supply of analgesics in the patients' medical records (in countries with national patient records that pharmacists can add to)
- Supporting people in pain with information on different means of pain management
- Recognising conditions that require referral to a fellow healthcare professional
- Preventing misuse of and addiction to analgesics
- Educating on the safe disposal of analgesics and accepting unwanted and/or expired analgesics for safe disposal.

These actions, routinely performed every day by community pharmacists, ensure access to effective medication, optimise quality of life and health outcomes for people with pain, improve safety for patients and others, and support the sustainability of our healthcare systems. Health literacy and patient education is important to strengthen adherence to treatment, and when a new medicine is introduced to a patient it must be used in the correct way to avoid wastage and poor patient outcomes. For expert advice, consult your local pharmacist.

References

1. What do we mean by self-care? 2022; https://www.who.int/reproductivehealth/self-care-interventions/definitions/en/. Accessed 22 February 2022.
2. Standing with pharmacists in the age of self-care. 2021; https://www.selfcarefederation.org/sites/default/files/media/documents/2021-10/EXPERT%20Pharmacy%20Roundtable_Report_FINAL%20%28002%29.pdf. Accessed 16 February 2022.
3. Greaves CJ, Campbell JL. Supporting self-care in general practice. Br J Gen Pract. 2007;57(543):814-821.
4. Gupta SK, Lakshmi PVM, Kaur M, Rastogi A. Role of self-care in COVID-19 pandemic for people living with comorbidities of diabetes and hypertension. J Family Med Prim Care. 2020;9(11):5495-5501.
5. The Gap Between Knowledge and Practice. 2018; https://www.iasp-pain.org/resources/fact-sheets/the-gap-between-knowledge-and-practice/. Accessed 16 February 2022.
6. Klerings I, Weinhandl AS, Thaler KJ. Information overload in healthcare: too much of a good thing? Z Evid Fortbild Qual Gesundhwes. 2015;109(4-5):285-290.
7. Chambers D, Cantrell AJ, Johnson M, et al. Digital and online symptom checkers and health assessment/triage services for urgent health problems: systematic review. BMJ Open. 2019;9(8):e027743.
8. Breivik H, Collett B, Ventafridda V, et al. Survey of chronic pain in Europe: prevalence, impact on daily life, and treatment. Eur J Pain. 2006;10(4):287-333.
9. Briggs AM, Cross MJ, Hoy DG, et al. Musculoskeletal Health Conditions Represent a Global Threat to Healthy Aging: A Report for the 2015 World Health Organization World Report on Ageing and Health. Gerontologist. 2016;56 Suppl 2:S243-255.
10. Grichnik KP, Ferrante FM. The difference between acute and chronic pain. Mt Sinai J Med. 1991;58(3):217-220.
11. Sourial M. The pharmacist's role in pain management during transitions of care. 2017; https://www.uspharmacist.com/article/the-pharmacists-role-in-pain-management-during-transitions-of-care. Accessed 16 February 2022.
12. Murphy L, Ng K, Isaac P, et al. The Role of the Pharmacist in the Care of Patients with Chronic Pain. Integr Pharm Res Pract. 2021;10:33-41.
13. Matthew Stibbs KG, Simon Jacklin & Ian Smith. How to support patients with acute pain in community pharmacy. 2019; https://pharmaceutical-journal.com/article/ld/how-to-support-patients-with-acute-pain-in-community-pharmacy. Accessed 16 February 2022.
14. Chronic pain – the role of pharmacists. 2019; https://www.australianpharmacist.com.au/chronic-pain-role-pharmacists/. Accessed 16 February 2022.
15. Rieckert A, Trampisch US, Klaassen-Mielke R, et al. Polypharmacy in older patients with chronic diseases: a cross-sectional analysis of factors associated with excessive polypharmacy. BMC Fam Pract. 2018;19(1):113.
16. Moore N, Pollack C, Butkerait P. Adverse drug reactions and drug-drug interactions with over-the-counter NSAIDs. Ther Clin Risk Manag. 2015;11:1061-1075.
17. Peppin JF, Albrecht PJ, Argoff C, et al. Skin Matters: A Review of Topical Treatments for Chronic Pain. Part One: Skin Physiology and Delivery Systems. Pain Ther. 2015;4(1):17-32.
18. Jorge LL, Feres CC, Teles VE. Topical preparations for pain relief: efficacy and patient adherence. J Pain Res. 2010;4:11-24.
19. Use of medicines by the elderly. The role of pharmacy in promoting adherence. federation Ip;2018.