

# Pain and Older Adults

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Understanding Pain and How  
You Can Get Help

From the National Institute on Aging,  
National Institutes of Health



Use the Table of Contents to help you find things quickly. You can also find medical terms in bold, such as **chronic pain**. Find how to say these words and what they mean in the “Words To Know” section on page 38.

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## Carl's Story



As Carl was getting ready for his daily run, he bent down to tie his sneakers and felt a sudden, sharp pain in his lower back. It hurt so badly that he had to sit down on his bed. He thought it was probably from an old football injury during his college-playing days. While it flared up every now and then, this was the worst pain he had ever felt. He knew he must see a doctor to get it checked out.

# What's Inside

You've probably been in pain at one time or another. Maybe you've had a headache or a bruise — pain that doesn't typically last too long. But many older adults have ongoing pain from health problems such as arthritis, shingles, diabetes, or cancer. Pain can be your body's way of warning you that something is wrong. Read this booklet to find out what causes pain and ways it can be most safely treated.

## This booklet will help you learn:

- What causes pain
- How pain is diagnosed
- Health effects of pain
- Treatments for pain
- Ways to help prevent pain

# What Is Pain?

Pain is a signal that something may be wrong in your body. It often goes away as the body heals or with treatment, but sometimes it lasts for a longer time. It is often a symptom of various diseases and is considered a disease itself when it continues beyond recovery from an injury or illness.

The feeling of pain can be very light, almost unnoticeable, or severe. Some people describe pain as pricking, tingling, stinging, burning, shooting, aching, or electric. Pain can significantly impact quality of life. It can negatively affect physical and emotional well-being, upset relationships at home and at work, and limit the ability to move and participate in daily activities.

Millions of Americans have pain every day and it is one of the most common reasons people seek medical care. Pain is a complex experience and differs greatly from person to person, even among those with similar injuries or illnesses. The unique way each of us perceives pain and its intensity, how it progresses, and the effectiveness of treatment depends on a variety of biological, psychological, and social factors.



## Pain Health Disparities

Men and women and people of different educational levels, races, and ethnicities often experience different levels of pain. For people age 65 and older, women report pain more frequently than men, and people with less education report more pain than those with more education. Some studies suggest that stereotypes have contributed to disparities in pain management for a variety of conditions and treatment settings. For example, African Americans and Hispanics are more likely to have their pain undertreated than whites.



## Attitudes About Pain

Everyone reacts to pain differently. Some people feel they should be brave and not complain when they hurt. Others are quick to report pain and ask for help.

Worrying about pain is common. This worry can make you afraid of staying active, and it can separate you from your friends and family. Working with your doctor, you can find ways to continue to take part in physical and social activities despite having pain.

Some people put off going to the doctor because they think pain is part of aging and nothing can help. This is not true!

It is important to see a doctor if you have pain, especially if you have a new pain. Finding a way to manage pain is often easier if it is addressed early.





# Types of Pain

There are two kinds of pain. **Acute pain** is a normal sensation triggered in the nervous system to alert you to possible injury and the need to take care of yourself. Acute pain begins suddenly, lasts for a short time, and goes away as your body heals. You might also experience anxiety or emotional distress. You usually feel acute pain as a result of a specific injury, disease, or inflammation, such as after surgery or if you have a broken bone, infected tooth, or kidney stone. The cause of acute pain usually can be diagnosed and treated.

Pain that lasts for three months or longer is called **chronic pain**. Pain signals keep firing in the nervous system for weeks, months, or even years. This pain often affects older adults and can be challenging to manage. For some people, chronic pain is caused by an ongoing health condition such as arthritis or cancer. It may also follow acute pain from an injury, such as a sprained back, surgery, infection, or other health issue that has been treated.

People with chronic pain often suffer from more than one painful condition. They also have an increased risk of developing problems with physical functioning, memory, thinking, and emotional reactions. Some people experience chronic pain without having had a past injury or showing any physical signs of damage.

There are gaps in our understanding of pain and pain management. For example, factors that cause acute pain to persist and become chronic are not fully understood. Researchers continue to study these areas to help bridge the gaps and determine how common recurrent and chronic pain conditions are and which populations are at risk.



# How Is Pain Diagnosed?

Researchers have not found a reliable way to measure pain objectively. People experiencing pain are in the best position to describe how much pain they are feeling. After learning about a patient's pain history and other medical concerns, a health care provider may conduct physical exams, clinical assessments, and order diagnostic tests and imaging to assess pain intensity and diagnose or rule out any diseases or other conditions.

Health care providers have many methods to help identify the cause of an older adult's pain. Primarily these include:

- A physical examination that includes tests of movement, reflexes, sensation, and sites of tenderness.
- Laboratory tests (such as blood, urine, or cerebrospinal fluid) to help the doctor diagnose infection, cancer, nutritional problems, endocrine problems, and other conditions that may cause pain.
- Specialized procedures that measure the electrical activity of muscles and nerves. They help doctors evaluate muscle symptoms that may result from a disease or an injury to the body's nerves or muscles.
- X-rays to see pictures of the body's structures, such as bones and joints. Bone scans can help diagnose and track infection, fractures, or other bone disorders.

- Imaging that provides a look inside the body's structures and tissues, such as the brain and spinal cord. For example, MRI uses magnetic fields and radio waves to differentiate between healthy and diseased tissue and ultrasound imaging uses high-frequency sound waves to obtain images inside the body.
- Nerve block procedures involve injecting a numbing medication to help determine what is causing the pain or where it is coming from, since pain signals can spread throughout the body.
- Psychological assessments to gauge depression, anxiety, and emotional distress associated with chronic pain.



## How To Describe Your Pain

Many people have a hard time describing their pain. Think about these questions when you explain how the pain feels:

- Where does it hurt?
- When did the pain start? Does it come and go?
- Is the pain sharp, dull, or burning?
- Do you have other symptoms?
- What time of day do you most often feel the pain? After eating or exercising?
- Is there anything you do that makes the pain feel better or worse? For example, does using a heating pad or ice pack help? Does lying down or sitting up make it better?
- Which therapies, including prescription or **over-the-counter medicines**, have you tried?

Your doctor or nurse may ask you to rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine. Your doctor may also ask you to keep a diary of when and what kind of pain you feel every day.



## Carmen's Story



As Carmen aged, she noticed that when performing daily activities, such as gardening or cooking, her hands would become stiff, painful, and swollen. Her doctor examined her, ran some blood tests, and took X-rays of her hands. He told Carmen that she had osteoarthritis, which is a condition caused by inflammation of the joints (the place where two bones meet, such as the knees, elbows, hips, or fingers). The doctor prescribed medication and applying an ice pack on the sore spots to help with pain and stiffness. Now, Carmen can plant her flowers more easily and enjoy other activities with less pain.



# Causes of Pain in Older Adults

Pain is the number one medical complaint of older adults. Common chronic pain complaints include headache, low-back pain, cancer or cancer treatment-related pain, arthritis pain, **neuropathic pain** (pain caused by disease or damage to the nerves), and **psychogenic pain** (pain not due to past disease or injury or any visible sign of damage inside or outside the nervous system).

Chronic pain becomes more common as people grow older, at least in part because health conditions that can cause pain — such as osteoarthritis, recovery from surgery, and chronic disease — are more common with advancing age. Research suggests that more severe or persistent pain, and pain that interferes with activities, increases with age. Diagnosing and treating pain in an older person is often more difficult than in a younger person.

In addition, pain tends to be underreported and undertreated among older adults. Many people, including health care providers, caregivers, and older adults themselves believe that pain is just a natural part of aging. As a result of these cultural attitudes and beliefs, many older adults often don't recognize the need to address pain early on or to report the extent or degree of their pain.

Other barriers to adequate pain care for older adults include lack of access to care, insurance, and reimbursement for specialty care.

**Cognitive impairment** is also a major cause of underreporting and undertreatment of pain in older adults. When older individuals cannot clearly communicate that they're in pain, health care providers and family members must watch for clues that the person may be hurting.



## What Do I Need To Tell the Doctor?

Talking about your health means sharing information about how you feel physically, emotionally, and mentally. If you're in pain, tell your doctor so you can get help. Here are some points to consider:

- Take the time to make some notes about your symptoms before you call or visit your doctor.
- Be clear and concise when describing your symptoms to help your doctor identify the problem.
- You may have some concerns about your care or treatment. If you have questions about the choices you have, ask your doctor.

Knowing how to describe your symptoms and bring up other concerns will help you become a partner in your own health care. Use the worksheets at [www.nia.nih.gov/health/talking-with-doctor-worksheets](http://www.nia.nih.gov/health/talking-with-doctor-worksheets) to record any life changes or health concerns you want to discuss with your doctor.

# How Can Pain Affect Your Health and Well-Being?

Living with any type of pain can be hard and can cause many other problems. For example, pain can:

- Limit or prevent your ability to move
- Get in the way of your daily activities
- Disturb your sleep and eating habits
- Make it difficult to continue working
- Lead to depression or anxiety
- Keep you from spending time with friends and family
- Cause financial problems due to medical costs
- Lead to addiction to pain medications

# Yasmin's Story



After tripping and falling while walking up the stairs in her home, Yasmin suffered from knee pain and stiffness. She went to her doctor, who diagnosed Yasmin with torn tendons (tissue that connects muscle to bone) in her knee. Yasmin was instructed to take ibuprofen for the pain and to rest, put ice on her knee, and keep it elevated for a couple days to reduce the swelling and pain. Next, she went to physical therapy to strengthen her knee and get it working normally again. Yasmin's doctor also prescribed exercises to do at home to reduce the pain and improve mobility. Over time, Yasmin was able to walk much better and her pain went away.

# Treatments for Pain

Millions of people, including older adults, suffer from chronic pain, which is a major public health concern in the United States. Treating or managing chronic pain is important. Some treatments involve medications, and some do not. Surgery may be recommended for some people with pain that significantly impacts their daily functioning. However, surgical procedures are not always successful and may not be appropriate for all people. Your treatment plan should be specific to your needs.

Pain management for older adults differs from that in younger people. For example, older adults are much more likely to experience medication-related **side effects** than younger people. Treating pain in older adults is also complicated by the fact that most people aged 65 and older have two or more chronic conditions; for example, heart disease, diabetes, chronic lung disease, or kidney disease. Medications for these conditions may interact negatively with pain prescriptions, so the person's pain may go undertreated. A major challenge for researchers is to identify and develop the most suitable pain management strategies for older adults, particularly those with painful chronic conditions.



Although the goal is to eliminate chronic pain, it is often not feasible. Rather, most treatment plans focus on both reducing pain and increasing ways to support daily function by relieving symptoms and improving quality of life while living with pain. This is particularly important for older adults who may have a disability or who may be at risk of developing one.

Talk with your doctor about how long it may take before you feel better. Often, you must stick with a treatment plan over time before you get relief. It's important to stay on a schedule: Sometimes this is called "staying ahead" or "keeping on top" of your pain. Be sure to tell your doctor about any side effects of your treatment plan. You might need to try different treatments until you find a plan that works for you.

## What Is A Pain Specialist?

Some doctors receive specialized training in pain management. If you find that your regular doctor can't help you, ask him or her for the name of a pain specialist.

If you or a loved one is managing pain from cancer or other serious illness, ask to be seen by a **palliative care** specialist. These specialists are trained to manage pain and other symptoms for people with serious illnesses or at the end of life.

# Medicines To Treat Pain

You may be prescribed one or more of the following pain medications. Talk with your doctor about safety and ideal dosages.

- **Acetaminophen** may help many types of pain, especially mild to moderate pain. Acetaminophen is found in over-the-counter and prescription medicines. People who drink alcohol or who have liver disease should consult with their doctor about taking acetaminophen.
- **Nonsteroidal anti-inflammatory drugs (NSAIDs)** include aspirin, naproxen, and ibuprofen. These are available over-the-counter or by prescription. Long-term use of some NSAIDs can cause side effects such as internal bleeding or kidney problems, which means these can be unsafe for many older adults. You also may not be able to take ibuprofen if you have high blood pressure.
- **Narcotics** (also called **opioids**) are used for moderate to severe pain and require a doctor's prescription. These are habit-forming. They can also be dangerous when taken with alcohol or certain other drugs. Examples of narcotics are codeine, morphine, and oxycodone.
- **Other medications** are sometimes used to treat pain. These include medications that were originally developed for depression or seizures, such as muscle relaxers; local painkillers like nerve blocks or patches; and ointments and creams.

# Side Effects of Pain Medications

Unwanted or unexpected symptoms or feelings that occur when you take medicine are called side effects. As people age, they are at risk of developing more side effects from medications. Normal changes happen in the body, such as loss of water and muscle tone, which may cause medicines to act differently. Also, your kidneys and liver may not pass medications as quickly through your system as when you were younger. Medicines also may take longer to leave your system. In addition, because older adults may have several diseases or health problems at the same time, it is common for them to take many different drugs, which increases the chances of drug interactions that lead to unwanted side effects.

Some side effects occur only when you start taking a medicine. Some happen only occasionally. Side effects can be relatively minor, such as a headache or a dry mouth. They can also be life-threatening, such as severe bleeding or irreversible damage to the liver or kidneys. Medications' side effects also can affect your driving and put you at risk for falls.

Some side effects of prescription opioids include addiction, increased sensitivity to pain, constipation, nausea, vomiting, dry mouth, sleepiness, dizziness, confusion, depression, itching, and sweating.

Call your doctor right away if you have any problems with your medicines or are worried that the medicine might be doing more harm than good. Your doctor may be able to change your medication to another that will work just as well or help you deal with side effects in other ways. If you experience minor side effects, write them down so you can report them to your doctor accurately.



# How To Take Your Medicines Safely and Stay on Track

Here are tips to help you keep track of your medicines and take them safely:

- **Be informed.** Make sure you know the name of your medication, the correct dosage, how often to take it, and its potential risks and side effects.
- **Follow instructions.** Read all medicine labels. Make sure to take your medicines the right way. Don't chew or crush your pills if they are supposed to be swallowed whole. Talk with your doctor or pharmacist if you're having trouble swallowing your pills.
- **Use the right amount.** It's important to take exactly the amount of pain medicine your doctor prescribes. Don't take a larger dose of a medicine thinking it will help you more. It can be very dangerous, even deadly. And don't skip or take half-doses of a prescription drug to save money. (Talk with your doctor or pharmacist if you can't afford the medicine: There may be ways to obtain help.)
- **Take medicine on time.** Some people use meals or bedtime as reminders to take their medicine. Other people use charts, calendars, or weekly pill boxes. You can also set timers and write reminders to take your medication.

- **Report problems.** Call your doctor right away if you have any trouble with your prescription or over-the-counter medicine, or if you are worried that it might be doing more harm than good. There may be something else you can take.
- **Tell your doctor about alcohol, tobacco, and drug use.** Alcohol, tobacco, and other drugs can affect how well your medicines work. Mixing any pain medication with alcohol or other drugs can be dangerous. Be honest with your doctor about how much you use.
- **Check before stopping.** Take prescription medicine until it's finished or until your doctor says it's all right to wean off or stop. Note that some medicines are supposed to be taken only "as needed."
- **Don't share.** Do not take medicines prescribed for another person or give yours to someone else.
- **Make a list.** Write down all medicines you take, including over-the-counter drugs, vitamins, and dietary and herbal supplements. The list should include the name of each medicine, amount you take, and time(s) you take it. If it's a prescription, also note the doctor who prescribed it and reason it was prescribed. Show the list to all your health care providers, including physical therapists and dentists. Keep one copy in a safe place at home and one in your wallet or pocketbook.

Prescription pain medications can help relieve pain in the short term but also come with serious risks and potential complications — and should be prescribed and used carefully. Learn more about addiction and resources to help on page 31.



## Caring for Someone in Pain

Family members and other caregivers can play significant roles in managing an older adult's pain. But knowing how much pain someone is in can be difficult. It's important to watch for clues. A person's face may show signs of being in pain or you may see them having trouble sleeping, showing increased agitation, or crying. If you're not sure what to do, call a doctor for help.

If you're feeling overwhelmed when caring for someone in pain, you might consider asking family members and friends for help. Or contact the Eldercare Locator at 800-677-1116 or <https://eldercare.acl.gov> to search for local groups that may offer short-term (respite) care.

If a person has pain at the end of life, there are ways to help. Pain may be controlled using different types of medicines. If medication doesn't help, ask to see a palliative care specialist who has experience in pain management for seriously ill patients. Visit [www.nia.nih.gov/health/providing-comfort-end-life](http://www.nia.nih.gov/health/providing-comfort-end-life) to learn more.



# Other Treatments To Help With Pain

In addition to medications and surgery, there are a variety of **complementary and alternative** approaches that may provide relief. Complementary generally refers to using a nonmainstream approach *combined with* conventional medicine. Alternative refers to using a nonmainstream approach *in place of* conventional medicine. Talk to your doctor about the best approaches for you, which could at times include one or more of the following:

- **Acceptance and commitment therapy (ACT)** aims to help with the acceptance of thoughts and feelings rather than fighting them or feeling guilty. This may begin with the basic understanding that having or developing pain and anxiety, for example, are inevitable in life.
- **Acupuncture** uses hair-thin needles to stimulate specific points on the body to relieve pain. Researchers have found that acupuncture may help some individuals with **fibromyalgia** pain, knee pain, and headaches. Other studies may help determine if acupuncture can help older adults with chronic low-back pain.
- **Biofeedback** helps you learn to control your heart rate, blood pressure, muscle tension, and other body functions. This may help reduce some people's pain and stress level. It may prevent or relieve symptoms of irritable bowel syndrome in some people.

- **Cognitive behavioral therapy** is a form of short-term counseling that may help reduce some reaction to pain in some individuals. It is a psychological, goal-directed approach that helps patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.
- **Dietary supplements and natural products** such as herbs, vitamins, minerals, and probiotics may be used in complementary health. For example, early results of studies using probiotics to ease irritable bowel syndrome pain have been promising. Still, for most of these products, there is often little scientific evidence about their effectiveness.
- **Distraction** can help you cope with acute pain, which takes your mind off your discomfort.
- **Electrical nerve stimulation** uses electrical impulses to relieve pain by blocking or changing your perception of pain. For example, transcutaneous electrical nerve stimulation (TENS) may be helpful for osteoarthritis, fibromyalgia, low-back pain, and chronic pelvic pain.
- **Hypnosis** uses focused attention to help manage pain. However, outcomes can vary among individuals.
- **Massage therapy** can release tension in tight muscles. This may be helpful for short-term arthritis pain, low-back pain, and fibromyalgia.
- **Meditation** can involve focusing your mind on a particular sensation (such as breathing); a sound; a repeated word or phrase; or an image. Many studies have shown that meditation is a moderately effective approach for pain relief.

- **Mindfulness and relaxation** help focus your attention or awareness on the present moment. Examples include imagery, progressive muscle relaxation, and exercises that help you observe physical, mental, and emotional reactions and make skillful choices to relieve pain. Recent research shows promise that using mindfulness helps patients with chronic pain and dependence on opioids.
- **Music.** Studies have shown that music can help reduce self-reported pain and depression symptoms in some people with chronic pain.
- **Physical therapy** uses a variety of techniques to help manage everyday activities with less pain and teaches you ways to improve flexibility and strength.
- **Spinal manipulation** involves a chiropractor or other health professional applying a controlled force to the joints of the spine using their hands or a device. Spinal manipulation may be a helpful nondrug treatment for people with chronic low-back pain. It may also help relieve headaches, including migraines.
- **Tai chi** involves moving the body slowly, gently, and with awareness, while breathing deeply. Research shows it may be helpful for some individuals with osteoarthritis; neck and chronic low-back pain; and some fibromyalgia symptoms.
- **Transcranial magnetic stimulation (TMS)** is a technique in which a magnetic pulse is applied to the head to stimulate part of the brain. The U.S. Food and Drug Administration (FDA) has approved a TMS device to treat migraines.

- **Yoga** involves a series of poses, movements, deep-breathing exercises, and meditation. Studies show that yoga can be helpful for low-back pain, with effects similar to those of exercise. Research on yoga to treat neck pain and arthritis has been limited, but some studies have had promising results.

## A Warning About Dietary Supplements and Natural Products

Be cautious about dietary supplements and **natural products** that claim to eliminate pain. Just because something is said to be “natural” doesn’t mean it is safe or good for you. It could have unwanted or even dangerous side effects. For example, it might make a prescription medicine weaker or stronger, or could be harmful in combination with certain medical conditions.

Natural products are often marketed as dietary supplements. The FDA regulates dietary supplements, but the regulations are different from those for prescription medicines. There is little scientific safety data on most herbal supplements (those that come from plants), and it’s hard to test the safety of these products because they may contain hundreds of ingredients.

Talk with your doctor, pharmacist, or a registered dietitian about potential risks or benefits before taking a dietary supplement.

## Are Cannabis or Cannabinoids Helpful in Treating Pain?

Many people think **cannabis** and marijuana are the same thing, but they are not. Cannabis refers to all products that come from the cannabis plant. **Cannabinoids** refer to a group of substances found in the cannabis plant, such as tetrahydrocannabinol (THC) and cannabidiol (CBD). Marijuana refers to products from the cannabis plant that contain a large amount of THC, which is primarily responsible for marijuana's effects on a person's mental state.

Research on the effects of cannabis or cannabinoids on chronic pain, particularly neuropathic pain, which is associated with nerve injury or damage, shows some evidence of modest benefits. The FDA has not approved the cannabis plant for any medical use. However, the FDA has approved several drugs containing cannabinoids that may be helpful in treating certain rare forms of epilepsy; nausea and vomiting associated with cancer chemotherapy; and loss of appetite and weight loss associated with HIV/AIDS. In addition, medical marijuana is legal in several states and in the District of Columbia.



# Can I Become Addicted to Pain Medicine?

Sometimes strong medications called opioids are needed to control pain. Opioids are natural or synthetic chemicals that relieve pain by binding to receptors in your brain or body to reduce the intensity of pain signals reaching the brain. Common types of prescription opioids include hydrocodone, oxycodone, oxymorphone, and morphine. There are also illegal opioids such as heroin. Also, some opioids supplied outside of legal pharmacy channels could have unknown or harmful substances in them.

Prescription opioid pain relievers are generally safe when taken for a short time as prescribed by your doctor, but they can become addictive, especially if they are misused. Becoming addicted to prescription pain medicine can happen to anyone, including older adults, who may be at greater risk of addiction or overdose. Regular use can lead to dependence and death from overdose, which has come a public health crisis affecting millions.

Using opioids can also increase risk for falls, dizziness, and other ailments in older adults.

Scientific research has not found that prescription opioids control chronic pain effectively over the long term. There are situations when opioids are the only available treatments that can help, such as for cancer and palliative or end-of-life care. Still, other treatments can and should be tried first or used intermittently or simultaneously.

There are situations when opioids are the only available treatments that can help, such as for cancer, palliative care, or end-of-life care. Still, other treatments can and should be tried first or used intermittently or simultaneously.

Chronic pain can be devastating, and effective pain management is essential. If you are prescribed opioids for pain, never take them in greater amounts or more often than prescribed. Consider ways to manage pain that do not include prescription opioids, such as physical therapy, exercise, or cognitive behavioral therapy. Ask your doctor if there is another medicine or a nondrug alternative you can try. Tell your doctor if you or a family member has a history of alcohol or drug abuse.

For more information about opioid use, visit the Centers for Disease Control and Prevention's website at **[www.cdc.gov/opioids/patients](http://www.cdc.gov/opioids/patients)**.

Opioid addiction can be treated. If you or someone close to you needs help for a substance use disorder, talk with your doctor, or contact the Substance Abuse and Mental Health Services Administration at **<https://findtreatment.samhsa.gov>** or 800-662-4357 (HELP).

## The NIH HEAL Initiative

NIH's Helping to End Addiction Long-term (HEAL) Initiative is a large-scale research effort to find scientific solutions to address the U.S. opioid epidemic, including strategies to prevent and treat opioid misuse and addiction and to improve pain management. To learn more, visit **[www.heal.nih.gov](http://www.heal.nih.gov)**.

# Can Pain Be Prevented?

There are things you can do to avoid pain that might help you feel better. For example:

- **Keep a healthy weight.** Being overweight can slow healing and make some pain worse. A healthy weight might help with pain in the knees, back, hips, or feet.
- **Be physically active.** Pain might make you inactive, which can lead to more pain and loss of function. Activity can help.
- **Get enough sleep.** It can reduce pain sensitivity, help healing, and improve your mood.
- **Avoid tobacco and alcohol and limit caffeine.** They can get in the way of treatment and may increase pain.
- **Join a pain support group.** Sometimes, it can help to talk to other people about how they deal with pain. You can share your thoughts while learning from others.

## Volunteer for Research

Participation in clinical trials and studies can help advance research to better diagnose and treat pain. Talk with your doctor if you're interested in volunteering for a clinical trial or study about pain. Visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov) to find clinical trials on pain.

# Points To Remember

- **Pain is not a natural part of aging.** See a doctor right away if you have a new pain. Finding a way to manage pain is often easier if it is addressed early.
- **Most people don't have to live with pain.** While not all pain can be cured, most pain can be treated and managed.
- **Take your medicines safely and keep track of them.** Make sure to take your medicines as instructed by your health care provider.
- **The side effects from pain medicine are often manageable.** Side effects from pain medicine such as constipation, dry mouth, and drowsiness may be a problem when you first begin taking the medicine. These can often be treated, and some may even go away as your body gets used to the medicine.
- **Limit use of opioid medications.** Consider ways to manage pain that do not include prescription opioids. Ask your doctor if there is another medicine or a nondrug alternative you can try.
- **Stay ahead of your pain.** Treatment at the first sign of pain may help control it later.
- **Pain is not “all in your head.”** Only you know how your pain feels.

# For More Information

## **Centers for Disease Control and Prevention (CDC)**

800-232-4636

888-232-6348 (TTY)

[cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

[www.cdc.gov](http://www.cdc.gov)

## **Eldercare Locator**

800-677-1116

[eldercarelocator@n4a.org](mailto:eldercarelocator@n4a.org)

<https://eldercare.acl.gov>

## **MedlinePlus**

National Library of Medicine

[www.medlineplus.gov](http://www.medlineplus.gov)

## **National Cancer Institute**

800-422-6237

[cancergovstaff@mail.nih.gov](mailto:cancergovstaff@mail.nih.gov)

[www.cancer.gov](http://www.cancer.gov)

## **National Center for Complementary and Integrative Health**

888-644-6226

866-464-3615 (TTY)

[info@nccih.nih.gov](mailto:info@nccih.nih.gov)

[www.nccih.nih.gov](http://www.nccih.nih.gov)

## **National Institute of Arthritis and Musculoskeletal and Skin Diseases**

877-226-4267

301-565-2966 (TTY)

[niamsinfo@mail.nih.gov](mailto:niamsinfo@mail.nih.gov)

[www.niams.nih.gov](http://www.niams.nih.gov)

## **National Institute of Neurological Disorders and Stroke**

800-352-9424

[braininfo@ninds.nih.gov](mailto:braininfo@ninds.nih.gov)

[www.ninds.nih.gov](http://www.ninds.nih.gov)

## **National Institute on Drug Abuse**

301-443-1124

[www.drugabuse.gov](http://www.drugabuse.gov)

## **Office of Dietary Supplements**

National Institutes of Health

301-435-2920

[ods@nih.gov](mailto:ods@nih.gov)

[www.ods.od.nih.gov](http://www.ods.od.nih.gov)

## **Substance Abuse and Mental Health Services Administration**

877-726-4727

800-487-4889 (TTY)

[samhsainfo@samhsa.hhs.gov](mailto:samhsainfo@samhsa.hhs.gov)

## **American Chronic Pain Association (ACPA)**

916-632-0922

800-533-3231

[ACPA@theacpa.org](mailto:ACPA@theacpa.org)

[www.theacpa.org](http://www.theacpa.org)



# To Learn More About Health and Aging

## **National Institute on Aging Information Center**

800-222-2225

800-222-4225 (TTY)

**[niaic@nia.nih.gov](mailto:niaic@nia.nih.gov)**

**[www.nia.nih.gov](http://www.nia.nih.gov)**

Visit **[www.nia.nih.gov/health](http://www.nia.nih.gov/health)** to find more health and aging information from NIA and subscribe to email alerts.

Visit **<https://order.nia.nih.gov>** to order free print publications.

Share this booklet with friends and family to learn about pain and older adults.

# Words To Know

## **Acute pain**

(uh-kyoot payn)

Acute pain usually results from a specific injury, disease, and/or inflammation. It generally comes on suddenly, for example, after physical trauma or surgery, and can be accompanied by anxiety or emotional distress. Normally, acute pain is a protective response to tissue damage resulting from injury, disease, overuse, or environmental stressors. The cause of acute pain usually can be diagnosed and treated. The pain is confined to a certain length of time and severity but can become chronic.

## **Cannabis and cannabinoids**

(ka-nuh-bis and kuh-na-bih-noidz)

Cannabis refers to all products that come from the cannabis plant. Cannabinoids refer to a group of substances found in the cannabis plant, such as tetrahydrocannabinol (THC) and cannabidiol (CBD).

## **Chronic pain**

(krah-nik payn)

A medical disease that can be made worse by environmental and psychological factors. Chronic pain lasts over a long period and can be challenging to manage. People with chronic pain often suffer from more than one painful condition. They also have an increased risk for developing problems with physical functioning, memory and thinking, and emotional reactions.

## **Cognitive impairment**

(kog-ni-tiv im-pair-ment)

A decline in the ability to clearly think, learn, and remember.

## **Complementary and alternative therapies**

(KOM-pleh-men-tuh-ree and all-ter-nuh-tiv thayr-uh-peeZ)

Complementary generally refers to using a nonmainstream approach *combined with* conventional medicine. Alternative refers to using a nonmainstream approach in place of conventional medicine.

## **Dietary and herbal supplements**

(DI-uh-TARY-ee and ER-bul SUH-pleh-ment)

Products you might use to add nutrients to your diet or to lower your risk of health problems such as osteoporosis or arthritis.

## **Fibromyalgia**

(fy-broh-my-al-juh)

A long-lasting or chronic disorder that causes muscle pain, tenderness, and fatigue (feeling tired).

## **Natural products**

(NA-chuh-rul prah-duks)

Products that come from various natural sources such as plants, bacteria, fungi, insects, arachnids, marine organisms, and animals.

## **Neuropathic and psychogenic pain**

(**NOOR**-oh-puh THAH ik and SY-koh-**jen**-ik payn)

Neuropathic pain is caused by disease or damage to the nerves. Psychogenic pain is not due to past disease or injury or any visible sign of damage inside or outside the nervous system.

## **Opioids**

(**oh**-pee-oydz)

Also called narcotics, opioids are used for moderate to severe pain and require a doctor's prescription. They may be habit-forming. They can also be dangerous when taken with alcohol or certain other drugs. Examples of opioids are codeine, morphine, and oxycodone.

## **Over-the-counter medications**

(**oh**-ver-the-**kown**-ter meh-dih-**kay**-shunz)

Any medicines you buy without a prescription such as cough syrup for a cold and antacid for an upset stomach.

## **Palliative care**

(**PA**-lee-uh-tiv kayr)

Specialized medical care to treat symptoms and improve quality of life for people with serious illnesses and their caregivers.

## **Side effects**

(side-eh-**FEKTz**)

Unwanted or unexpected symptoms or feelings that occur when you take medicine.





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