Elderly patients and pain management in the Emergency Department

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Background: Adequate pain relief makes analgesia a primary target for optimization of patient’s care in the Emergency Department (ED). Proportion of elderly people in the ED is increasing and geriatric analgesia provides a special challenge to ED pain care. Our aim is to analyze the choice of the ED analgesia in older patients.

Methods: We retrospectively collected data of patients aged 65 years or more attending to the ED of Cuneo (Northern Italy) from January, 2013 to December, 2013. For all patients the following information were recorded: demographic information, triage category, reason for visit, clinical presentation, pain, site of pain and its management.

Results: In a sample of 77299 ED accesses, we found 20.024 old subjects (25.9%) attending to ED; pain was the major reason for visit in 5284 patients (26.4%).
Of 696 abdominal pain, almost 45% (310 patients) received drug prescription; compared to elderly patients admitted in ED for thoracic pain (633 patients), they were more likely to receive pain management [OR =2.7 (2.13-3.42), p<0.0001]. Of 633 thoracic pain, only 22.9% (145 patients) were treated with analgesic. In abdominal and thoracic pain, the most recurrent choice was opioid treatment (54.5% and 46% respectively).
Of 35 patients with headache, 17 (48.6%) received analgesic treatment: NSAID in 47% of cases and opioid treatment in 29.4%. Patients with abdominal pain and headache had quite the same probability to receive pain treatment [OR =1.17 (0.6-2.3), p=0.64]].

Conclusion: This observational study shows that of 1364 elderly ED patients affected by abdominal pain, thoracic pain or headache, only 25% received pain treatment. Results of this study suggest that patients are at risk of poor or inadequate analgesia for all types of pain. Staff education about pain management should result in better assessment, treatment, and interaction with patients, especially when a high number of staff members are available to act this way for every patient.