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PAIN IN THE ELDERLY

Douleur chez la personne agée : évaluation de l'acupuncture

Articles connexes: - douleur -

1. Systematic Reviews and Meta-Analysis

☆☆☆	Evidence for effectiveness and a specific effect of acupuncture
☆☆	Evidence for effectiveness of acupuncture
☆	Limited evidence for effectiveness of acupuncture
Ø	No evidence or insufficient evidence

1.1. He 2024

He J, Tse MMY, Kwok TTO. The effectiveness, acceptability, and sustainability of non-pharmacological interventions for chronic pain management in older adults in mainland China: A systematic review. Geriatr Nurs. 2024 May-Jun;57:123-131. https://doi.org/10.1016/j.gerinurse.2024.04.008

Objectives	This systematic review aims to assess the effectiveness, acceptability, and sustainability of non-pharmacological pain management interventions for older adults in mainland China.
Materials and methods	Articles searching was conducted across six databases, including MEDLINE, PubMed, PsycINFO, Web of Science, China National Knowledge Infrastructure (CNKI), and WanFangdata. Quality appraisal was performed using the revised Cochrane risk of bias tool.
Results	A total of 26 articles met the inclusion criteria, involving 2,197 participants with a mean age of 69.19 years. The participants' ages ranged from 63.85 to 81.75 years. The evaluated non-pharmacological interventions included psychotherapy, acupuncture, exercise, massage, neurotherapy, and multidisciplinary interventions. The overall changes in pain intensity varied from -5.19 to -0.65 on a numeric rating scale ranging from zero to ten.
Conclusions	Non-pharmacological interventions proved effective in alleviating pain intensity among older adults in mainland China. The findings suggest that mindfulness, exercise and pain education can be promoted as viable strategies for enhancing the well-being of the elderly population.

1.2. Holmes 2024 (neuropathic pain in older adults)

Holmes A, Chang YP. Non-pharmacological management of neuropathic pain in older adults: a systematic review. Pain Med. 2024 Jan 4;25(1):47-56. https://doi.org/10.1093/pm/pnad112

Introduction	Neuropathic pain encompasses multiple diagnoses with detrimental impacts on quality of life and overall health. In older adults, pharmacological management is limited by adverse effects and drug interactions, while surgical management involves perioperative risk. Prior reviews addressing non-pharmacological interventions for neuropathic pain have not focused on this demographic. Therefore, this systematic review synthesizes the evidence regarding the effectiveness of non-pharmacological interventions in reducing neuropathic pain severity in older adults.
Methods	PubMed, CINAHL, Web of Science, and PsycInfo were searched using key terms, with inclusion criteria of age ≥ 65, neuropathic pain, non-pharmacological intervention, pain severity measurement, English language, peer-reviewed, and either randomized controlled trial (RCT) or quasi-experimental design. In total, 2759 records were identified, with an additional 28 records identified by review of reference lists. After removal of duplicates, 2288 records were screened by title and abstract, 404 full-text articles were assessed, and 19 articles were critically reviewed and synthesized.
Results	Of the 14 RCTs and 5 quasi-experimental studies included in the review, the most common intervention was electric and/or magnetic therapy, followed by **acupuncture**, mindfulness meditation, exercise, and light therapy. Several studies revealed both statistical and clinical significance, but conclusions were limited by small sample sizes and methodological shortcomings. The interventions were generally safe and acceptable.
Conclusions	Results should be interpreted with consideration of clinical vs statistical significance, mediators of pain severity, and individual variations in effectiveness. Further research should address multimodal and novel interventions, newer models of care, and technology-based interventions.

1.3. Tang 2019

Tang SK, Tse MMY, Leung SF, Fotis T. The effectiveness, suitability, and sustainability of non-pharmacological methods of managing pain in community-dwelling older adults: a systematic review. BMC Public Health. 2019;19(1):1488. [143715].

Background	Pain is common in older adults. To maintain their quality of life and promote healthy ageing in the community, it is important to lower their pain levels. Pharmacological pain management has been shown to be effective in older adults. However, as drugs can have various side effects, non-pharmacological pain management is preferred for community-dwelling older adults. This systematic review evaluates the effectiveness, suitability, and sustainability of non-pharmacological pain management interventions for community-dwelling older adults.
Methods	Five databases, namely, CINHAL, Journals@Ovid, Medline, PsycInfo, and PubMed, were searched for articles. The criteria for inclusion were: full-text articles published in English from 2005 to February 2019 on randomized controlled trials, with chronic non-cancer pain as the primary outcome, in which pain was rated by intensity, using non-pharmacological interventions, and with participants over 65 years old, community-dwelling, and mentally competent. A quality appraisal using the Jadad Scale was conducted on the included articles.
Results	Ten articles were included. The mean age of the older adults was from 66.75 to 76. The interventions covered were **acupressure, acupuncture**, guided imagery, qigong, periosteal stimulation, and Tai Chi. The pain intensities of the participants decreased after the implementation of the intervention. The net changes in pain intensity ranged from - 3.13 to - 0.65 on a zero to ten numeric rating scale, in which zero indicates no pain and ten represents the worst pain.
Conclusions	Non-pharmacological methods of managing pain were effective in lowering pain levels in community-dwelling older adults, and can be promoted widely in the community.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation, (or lack of evidence)

2.1. British Geriatrics Society, British Pain Society (BGS, BPS, UK) 2022 ⊕

Schofield P, Dunham M, Martin D, Bellamy G, Francis SA, Sookhoo D, Bonacaro A, Hamid E, Chandler R, Abdulla A, Cumberbatch M, Knaggs R. Evidence-based clinical practice guidelines on the management of pain in older people - a summary report. Br J Pain. 2022;16(1):6-13. [223627]. https://doi.org/10.1177/2049463720976155

Always consider the use of non-pharmacological strategies such as physiotherapy, cognitive behavioural approaches, TENS and **acupuncture**, to reduce or eliminate the need for medicines.

2.2. World Health Organization (WHO) 2020 ⊕

Guidance on person-centred assessment and pathways in primary care. Geneva: World Health Organization. 2019:96P. [172343]. doi

Interventions for pain include: [Acupuncture]

2.3. British Pain Society (BPS, UK) 2013 ⊕

Abdulla A, Adams N, Bone M, Elliott Am, Gaffin J, Jones D, Knaggs R, Martin D, Sampson L, Schofield P. Guidance on the management of pain in older people. Age Ageing. 2013;42(suppl 1):1-57. [171020].

Consider the use of non-pharmacological strategies such as physiotherapy, cognitive behavioural approaches and **acupuncture**, in combination with medication.

2.4. Royal Australian College of General Practitioners (RACGP, Australia) 2006 ⊕

Medical care of older persons in residential aged care facilities. Royal Australian College of General Practitioners. 2006:104p. [197009] .

Pain management . Nonmedication and complementary therapies (eg. Aromatherapy, guided imagery [not usually suitable for cognitively impaired people], **acupuncture** or music) may be used by themselves or in conjunction with medication.

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