ABSTRACT

Life with Chronic Pain: Older Women’s Experiences and Care Strategies

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ABSTRACT

Pain is a significant problem in the daily lives of many older women. During in-depth interviews with 41 older women (M age = 78) living in rural southwest Virginia (U.S.) information was gathered regarding the women’s perceptions of pain and the ways in which they manage pain within the context of their daily lives. The majority of women reported pain in their legs and ankles, chest and back, arms and hands, and abdomen and pelvis. They most often described their pain as aching, sharp, and tender. More than one-half also described their pain as tiring and exhausting. The women used two primary types of strategies to manage their pain. Appraisals, or passive approaches, represented an instinctive or visceral response to pain. Actions, or active approaches, denoted strategies the women consciously decided upon with thoughtful regard for how to best continue functioning despite the presence of pain. While many older women used both types of strategies, active strategies, including using medications and modifying daily routine, were used by the greatest number of women. Rather than giving in to the pain, the older women typically focused on ways in which they could best manage their lives in spite of their pain. Findings from this study contribute to knowledge on the ways in which older women manage pain in their daily lives and suggest the importance of future research to further examine the relationship among pain experiences, use of management strategies, and quality of life.

METHODS

Approach: Face-to-face interviews with 58 older white women living in two rural service planning districts in southwest Virginia
➢ Audio-taped, semi-structured interviews, between 30 and 120 minutes
➢ Completed the Short-Form McGill Pain Questionnaire (SF-MPQ) to assess perceptions of pain
➢ Conducted in women’s homes
➢ Transcribed verbatim

Study Sample: 41 older women reporting chronic pain.
➢ M Age = 77.5 yrs (SD = 5.6)
➢ 23 widowed; 14 married; 2 divorced; 2 never married
➢ 22 high school diploma; 11 some education beyond high school; 5 completed college; 5 grade school education or less
➢ 10 reported monthly income < $1000; 15 reported $1,000 and $1,999; 9 reported $2,000+; 7 declined to report income

ASSESSMENT OF PAIN

• All of the women reported experiencing chronic pain for three or more years
• The majority of women reported pain in their legs and ankles (85.0%), chest and back (77.5%), arms and hands (72.5%) and abdomen and pelvis (70.8%)
• Most women associated their pain with arthritis. Other conditions or sources of pain were osteoporosis, back or disc problems, and the “aging” process
• Most common sensory descriptors selected by the women to describe their pain: aching (87.0%), sharp (77.0%), and tender (61.0%)
• Most common affective descriptor of pain selected by the women: tiring-exhausting (68%)
• The women’s average rating for the Present Pain Intensity Visual Analogue Scale was 52.71 (S.D. = 22.30; Range = 0-100)
• The women’s overall intensity of total pain experience rating was 2.68 (S.D. = 1.05; Range = 0-5)

ASSESSMENT & MANAGEMENT

PAIN MANAGEMENT STRATEGIES

Most women did not give in to their pain. They used a variety of appraisal and action strategies to continue to function in their everyday lives as productive and autonomous individuals.

Appraisal Strategies

Appraisal strategies involved passive approaches the women used to manage their pain. They represented instinctive or visceral responses to pain

- Negative appraisals – resignation or “giving in” to pain; strategies included ignoring the pain and resting.
- Positive appraisals – pain can be overlooked and lived with. Women using this type of appraisal represented positive approaches to managing pain. The resulting strategies were more optimistic and hopeful.

Action Strategies

Pain management strategies that are consciously decided upon with thoughtful regard to how to best continue functioning despite pain

- Using pharmaceuticals – prescription and over-the-counter medication
- Employing therapeutic methods – being physically active or seeking alternatives from non-traditional health professionals
- Modifying daily routines – conscious decision to alter regular routines and chores to accommodate pain
- Seeking support from others – family, friends and religion

ASSESSMENT OF PAIN

Average Frequency of Use - Management Strategies Used by Older Women

ASSESSMENTS & MANAGEMENT

Analyses showed that older women who . . .
- had higher scores on sensory pain ratings (β = 0.13, p < 0.05) and affective pain ratings (β = 0.35, p < 0.01) had a higher likelihood of using action management strategies
- rated affective pain to be more severe than sensory pain reported a higher negative passive appraisal of their pain (β = 0.74, p < 0.01)
- reported higher overall intensity of the pain experience (β = 0.50, p < 0.01) reported using active strategies
- used more passive pain techniques also were likely to use active techniques such as talking to family members (β = 0.41, p < 0.01) and exercises (β = 0.41, p < 0.01)

CONCLUSIONS

- Findings provided new insights about the ways older women used both passive and active approaches to manage their pain. Both types of strategies included a range of responses and used together, provided the women with a variety of physical and psychological approaches to their pain.
- Few women sought help from others to help them manage their pain, they often viewed themselves as stoic bearers of normal declining health processes. However, one-third of the women discussed their reliance on God as a critical strategy for dealing with their pain.
- Women often reported giving up activities once required or enjoyed because of severe pain, and modified participation so that they could still take part in activities they found meaningful.
- Because pain is a subjective and personal experience, understanding older women’s individual assessment of their pain is of vital importance both to the systematic study of pain in late life and the clinical care of the older persons involved.