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**Short Commentary** 

# Palliative Medicine Symptom Management for Geriatric Patients

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#### **Abstract**

The landscape of palliative medicine, particularly concerning symptom management in older adults with serious illnesses, continues to evolve, necessitating periodic updates to clinical approaches and guidelines. This article provides a comprehensive exploration of the challenges, strategies involved in optimizing the quality of life for this vulnerable population, and a commentary of the "Symptom Management in the Older Adult: 2023 Update.

#### Introduction

Geriatric palliative medicine seeks to enhance the quality of life for older adults facing serious illnesses. It underscores the importance of viewing symptom management through a holistic lens, considering not only physical symptoms but also psychosocial and existential aspects. Frailty is highlighted as a significant factor influencing symptom management decisions, necessitating tailored approaches along the illness trajectory. Moreover, the impact of external factors such as the opioid epidemic and the COVID-19 pandemic underscores the dynamic nature of symptom management in this context.

#### Pain Management

Pain management in older adults with serious illnesses represents a multifaceted challenge requiring a nuanced and individualized approach. Chronic pain, a prevalent issue in this population, not only diminishes quality of life but also poses unique barriers to effective management. The "Symptom Management in the Older Adult: 2023 Update" delves into the complexities of pain assessment, pharmacologic interventions, and non-pharmacologic strategies tailored to the specific needs of older patients facing serious illnesses.

## Assessment Challenges

Assessing pain in older adults presents unique challenges due to factors such as underreporting and atypical pain presentations. Older adults may attribute pain to aging or hesitate to report it, leading to underestimation of its prevalence and severity. Moreover, comorbidities and cognitive impairment can obscure pain assessment, as pain may manifest as behavioral changes rather than verbal expressions. We emphasize the importance of adopting a patient-centered approach, prioritizing the patient's pain experience and preferences in the assessment process.

#### Pharmacologic Interventions

Pharmacologic interventions remain cornerstone modalities

in pain management, but their use in older adults requires careful consideration of factors such as frailty, comorbidities, and medication interactions. Opioids, while effective for pain relief, are often underutilized due to concerns about side effects and addiction. We advocate for judicious opioid prescribing, starting at the lowest effective dose and titrating slowly while monitoring for adverse effects. It also emphasizes the importance of patient and caregiver education regarding opioid use, dispelling myths, and addressing concerns to optimize adherence and safety.

#### Adjuvant Agents and Non-Pharmacologic Strategies

In addition to opioids, adjuvant agents play a crucial role in pain management, particularly in older adults with complex medical profiles. Non-opioid analgesics such as acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) offer alternative options for mild to moderate pain, but their use requires careful monitoring for adverse effects, especially in older adults with comorbidities such as renal impairment or gastrointestinal bleeding risk. Beyond pharmacologic interventions, non-pharmacologic strategies play a pivotal role in holistic pain management approaches. We seek to highlight the importance of integrating non-pharmacologic modalities such as physical therapy, acupuncture, cognitive-behavioral therapy, and mindfulness-based interventions into pain management plans. These modalities not only complement pharmacologic treatments but also address psychosocial factors contributing to pain perception and coping mechanisms.

#### **Individualized Care**

Central to effective pain management in older adults is the principle of individualized care. Each patient's pain experience is unique, influenced by factors such as cultural background, psychological resilience, and social support networks. The commentary advocates for a personalized approach that considers the patient's goals, preferences, and values when formulating pain management plans.

Shared decision-making between patients, caregivers, and healthcare providers ensures alignment with patient priorities while optimizing treatment outcomes.

#### **Challenges and Opportunities**

While significant progress has been made in pain management approaches for older adults with serious illnesses, challenges persist, necessitating ongoing research and innovation. Our review acknowledges the need for further studies to elucidate optimal pain management strategies tailored to the complex needs of older patients. Additionally, addressing barriers such as stigma surrounding opioid use and expanding access to multidisciplinary pain management services are crucial steps toward improving pain care delivery and outcomes in this vulnerable population. Pain management in older adults with serious illnesses requires a comprehensive, multidimensional approach that integrates pharmacologic and non-pharmacologic modalities while prioritizing patient-centered care. By addressing the unique challenges and opportunities inherent in pain assessment and treatment, healthcare providers can enhance the quality of life for older adults facing serious illnesses, mitigating the burden of pain and promoting overall well-being.

#### **Fatigue**

Fatigue emerges as a prevalent and distressing symptom in older adults with chronic diseases. Early recognition and intervention to mitigate its impact on patients' well-being is important. While we acknowledge the limited evidence base for fatigue management in this population, we emphasize the need to explores potential pharmacologic and non-pharmacologic interventions tailored to individual patient needs.

# **Neurologic and Psychiatric Symptoms**

Depression, anxiety, insomnia, and delirium represent significant challenges in the management of older adults with serious illnesses. There is a complex interplay between these symptoms and the importance of comprehensive assessment and management strategies needs to be of primary focus. There needs to be continued discussion regarding pharmacologic interventions while weighting the need for caution and individualization, particularly considering the older adult population's unique characteristics and vulnerabilities.

#### **Respiratory Symptoms**

Dyspnea and cough are common respiratory symptoms that can significantly impact the quality of life for older adults with serious illnesses. There are various approaches to symptom management, including both pharmacologic and non-pharmacologic interventions. For some patients, there may be a role of opioids in managing dyspnea depending on individualized treatment plans tailored to the underlying etiology and patient preferences.

#### **Gastrointestinal Symptoms**

Constipation, nausea, vomiting, and cachexia/anorexia are prevalent gastrointestinal symptoms in older adults with serious illnesses. Extra attention should be placed towards obtaining an accurate diagnosis and creating individualized treatment approaches,

considering factors such as comorbidities and medication interactions. It provides an overview of pharmacologic and non-pharmacologic interventions aimed at alleviating these distressing symptoms and improving patients' overall well-being.

#### Miscellaneous Bothersome Symptoms

The commentary addresses additional bothersome symptoms such as itching and hiccups, highlighting potential causes and treatment options. It emphasizes the importance of a comprehensive approach to symptom management, considering both pharmacologic and non-pharmacologic interventions tailored to individual patient needs.

### **Summary**

In summary, the "Symptom Management in the Older Adult: 2023 Update" provides a thorough examination of the complexities involved in optimizing the quality of life for older adults with serious illnesses. Through a multidimensional approach that considers physical, psychosocial, and existential aspects, the review offers insights into tailored symptom management strategies. However, it also acknowledges the limitations of the current evidence base and underscores the need for further research to enhance our understanding and improve outcomes in this population. Overall, the review serves as a valuable resource for clinicians navigating the intricacies of palliative care in older adults.

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