Persistent Pain in Nursing Home Residents

To the Editor: More than 1.5 million people in the United States reside in nursing homes and an estimated 43% of adults 65 years and older will enter a nursing home prior to death.1 Previous research using an early version of the Minimum Data Set (MDS), a nationally mandated nursing home resident assessment instrument, noted that daily pain was prevalent among nursing home residents diagnosed with cancer who had been discharged from a hospital, as well as among the residents of nursing homes in general.2 Prior research was restricted by a limited MDS pain frequency measure of “none” or “daily,” but since 1998, information on both frequency (none, daily, or less than daily) and severity of pain (mild, moderate, or excruciating at times) has been collected. We report the rates of persistent severe pain among US nursing home residents by analyzing a national repository of MDS data, which represents all nursing home residents in all 50 states.

Methods. We determined the rate of persistent severe pain among all 2.2 million residents of US nursing homes within 60 days of April 1, 1999. The term “persistent pain” indicates residents with pain at an assessment around that time who were also reported to be in daily moderate or excruciating pain at a second assessment, 60 to 180 days later. Using state as the unit of analysis, we adjusted observed rates of persistent severe pain for the nursing home discharge rate and the prevalence of severe pain among all 1999 admissions.

Results. Nationwide, 14.7% of residents in a nursing home for 2 assessments were in persistent pain and 41.2% of residents in pain at first assessment were in severe pain 60 to 180 days later. This rate varied from 37.7% (Mississippi) to 49.5% (Utah). Forty-one states had rates of persistent pain between 39.5% and 46.1%. Individual state reports are available online at http://www.chcr.brown.edu/dying/factsondying.htm.

Comment. We believe that these results underestimate the true pain burden experienced by nursing home residents because the data were reported by nursing home staff rather than by patients. States in which pain is not adequately assessed may report lower rates of persistent pain. Although facilities in states with higher rates of reported pain may be doing a better job of recognizing pain, nearly half of these residents were apparently not afforded adequate palliation. The high rate of persistent pain is consistent with previous research noting that pain is often not appropriately treated in nursing home residents.2,3 Untreated pain results in impaired mobility, depression, and diminishes quality of life.3-5 These population results indicate that pain control represents an often neglected need of this vulnerable population.

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CORRECTION