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Development of comprehensive chronic pain management model in older people: A qualitative Study

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Statement of the Problem: With respect to high prevalence and improper treatment of chronic pain in the elderly, identifying significant factors influencing on its management process and achieving to a comprehensive model for effective chronic pain management in the elderly are of high importance. The purpose of this study is developing a comprehensive model for effective chronic pain management in the elderly.

Methodology & Theoretical Orientation: In order to process exploration and developing a comprehensive model for chronic pain management a qualitative study was applied. Unstructured interviews and observation of participants as the main methods for data collection were used. Study participants including 62 people consisted of 30 elderly people with chronic pain, 3 relatives and 29 health care providers participated with purposive and theoretical sampling methods in Ahvaz city. Data analysis was performed concurrently with data gathering based on Corbin Strauss's proposed method. Data rigor was confirmed via Lincoln and Gubba's approach.

Findings: Developed chronic pain management model in the elderly consist of five constructs inclusive living with pain, loving life, holistic support, being vulnerable and ailment. Among them "living with pain" was the major concept. In this comprehensive model, pain as a disease and a bio-psycho- socio - spiritual phenomenon was known. Barriers such as vulnerability, and facilitating factors including holistic support and loving life were considered. Diagnostic and therapeutic interventions will be done regarding to multidisciplinary collaborations.

Conclusion & Significance: Living with chronic pain as the main variable in the model should be considered first while always bearing in mind that the pain in the elderly must be controlled because they are currently living with the pain. Paying attention to the causes and patterns of pain is the second step which represents itself under the concept of ailment. Other constructs of this model including loving life and holistic support which can have facilitating roles should be strengthened. Next, in order to attain an effective chronic pain management, vulnerability construct as a barrier should be controlled.

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