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CHRONIC PAIN IS ASSOCIATED WITH FREQUENT USE OF EMERGENCY DEPARTMENT IN FRAIL OLDER ADULTS

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BACKGROUND

Elderly visits to emergency department (ED) seem to increase in the last years¹ and can contribute to hospitalization and functional decline². This is particularly concerning in the context of frailty, a state of vulnerability to poor resolution of homeostasis after a stressor event³. In young adults, chronic pain is associated with frequent use of ED services⁴. However, there is a paucity of literature evaluating this association in frail older adults, although chronic pain is frequent in this population, reaching 38.5% of prevalence⁵. This study investigated if chronic pain is associated with ED visits in frail older adults.

MATERIALS AND METHODS

This cross-sectional study was performed using data of older adults provided by an information and management system (LifeCode) used in a private geriatric outpatient clinic in Belo Horizonte (MG), Brazil. The patient (≥ 60 years old) was considered frail if the Clinical-Functional Vulnerability Index-20 (IVCF-20) was ≥ 126 . Chronic pain was defined by the medical diagnosis of fibromyalgia, musculoskeletal chronic pain, low back pain or neuropathic pain in the LifeCode system. Frequent use of emergency department was defined by > 2 visits in eight months (from April to December 2019). Multivariate binomial logistic regression was used to test for the associations of chronic pain with frequent ED visits. Analyses were adjusted for potential confounders age, sex, IVCF-20 and diagnosis of depression.

RESULTS

The sample comprised 3,666 frail older adults (79.7 ± 8.5 years, 74.9% female) with a mean of $4.9 (\pm 2.9)$ diseases. The prevalence of chronic pain was 4.3%. Chronic pain increased the odds of frequent ED visits ($OR = 2.09$; 95% $CI = 1.27-3.45$), despite adjustment for all confounders.

CONCLUSION

The present study showed an independent association between chronic pain and frequent ED visits in frail older adults. Low prevalence of chronic pain was possibly related to underreporting. These findings corroborate the importance of identification and management of chronic pain in frail older adults to avoid possible adverse health outcomes related to ED visits.

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