

# Letters to the Editor

## Multimodal interventions for pain management

*Aust Prescr* 2022;45:113

<https://doi.org/10.18773/austprescr.2022.045>

Regarding the management of pain in older people,<sup>1</sup> GPs are often advised to avoid opioids. This is not realistic for many patients, especially those who have taken opioids long term.

It should always be considered, in any age group, whether there is an appropriate procedure that may help, such as injections, radio frequency and joint surgeries. In addition, many patients who complain of pain are also depressed (as opposed to the many who have depression but do not complain) so treating depression (including options such as transcranial magnetic stimulation and ECT) always needs to be considered. A generalised chronic pain syndrome can occur in the elderly and mental health is key.

Pain management programs should also not exclude the elderly. It is important to avoid therapeutic

nihilism in the elderly and at least think of all the options that may be offered to younger people.

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## REFERENCE

1. Wong G. Pharmacological management of chronic non-cancer pain in frail older people. *Aust Prescr* 2022;45:2-7. <https://doi.org/10.18773/austprescr.2022.002>

*Gloria Wong, the author of the article, comments:*



The article focused on the pharmacological management of chronic non-cancer pain in the elderly. While non-pharmacological and interventional approaches were outside the scope of the article, they are nevertheless important in the holistic care of the elderly. The article contained some references for readers interested in these interventions.

The article highlighted the importance of a balanced, evidence-based approach, with careful consideration of the risks associated with pharmacotherapy in older people with chronic pain. 'Choosing wisely' is by no means nihilistic.



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