Pain and aging

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In recent years, there has been increasing interest in gerontological pain research. This is reflected not only in the significant array of relevant publications that have been emerging in *Pain*, *The Clinical Journal of Pain*, *Pain Research & Management* and other important journals, but also in initiatives such as the Task Force on Pain in the Elderly of the International Association for the Study of Pain (IASP). The increasing interest is also reflected in efforts to form a special interest group on pain and aging within IASP. A number of recent volumes have also been published on this topic (1-3), and the Joint Commission on Accreditation of Health Care Organizations, one of the most important regulatory agencies in the United States, has established standards for pain assessment that include guidelines for assessing geriatric pain (4).

Canadian researchers have played a pioneering role in many areas of pain research, including pain and aging (eg, 3,5-7). This special issue samples from some of the most prominent and established pain researchers in the world (eg, Stephen Gibson, John Loeser), and highlights some younger, and up and coming Canadian researchers of pain and aging (eg, Wendy Proctor, Andrew Cook). The articles can be categorized conceptually into sections and have been organized in logical order. In the first paper, Wendy Proctor and John Hirdes (pages 119-125) provide important information on the prevalence of pain in Canadian nursing homes. Their data are derived from an impressive sample of 3195 elderly people living in nursing homes in three major

Canadian Regions (Manitoba, Saskatchewan and Ontario) and build on the initial work of Roy and Thomas (7). Their findings stress the urgency for pain clinicians and researchers to address the widespread problem of pain among seniors who live in institutions.

The findings of Stephen Gibson (pages 126-132) and his Australian group, from the National Ageing Research Institute, complement the information provided by Proctor and Hirdes (pages 119-125). Based on a quasi-experimental investigation, these researchers concluded that pain perception does not seem to diminish as a result of Alzheimer's disease. These findings, which are consistent with the odds ratios reported by Proctor and Hirdes, in conjunction with evidence that pain problems are often missed in older persons with cognitive impairments (8), can help put to rest any clinical lore suggesting that reductions in pain and suffering accompany dementia, and point toward the need for effective clinical care and assessment for all older persons suffering from painful conditions.

The papers of Debra Weiner, Thomas Rudy and Swati Gaur (pages 133-141), and Andrew Cook and Dania Chastain (pages 142-151) demonstrate that there is heterogeneity in the manner that older adults respond to chronic pain. Identifying relevant patient clusters or subtypes could potentially guide treatment intervention in the future.

This issue also includes a treatment-focused paper written by John Loeser (pages 156-165), who was recently identified by his peers as being one of the 10 most influential

living persons in the field of pain (9). Dr Loeser has done extensive work in the treatment of tic douloureux, a condition that primarily affects seniors. His clinical insights are outlined in his paper and would be of great interest to clinicians working in this area.

I extend my thanks to all contributors for their important work in this area, and for sharing their findings and ideas with the 18,000 readers of *Pain Research & Management* (the journal of the Canadian Pain Society). I also extend my thanks to Harold Merskey, Editor-in-Chief of the Journal, for inviting me to guest edit this special issue and for his invaluable insights throughout the process.

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Dr Thomas Hadjistavropoulos, Guest Editor of the Special Issue on Pain & Aging, acknowledges the valuable assistance of the following consultants:

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 Kenneth D Craig PhD
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 Stephen J Gibson PhD
 Allan Gordon MD FRCPC
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