



**CANADIAN ACADEMY  
OF PAIN MANAGEMENT**  
EXCELLENCE IN INTERDISCIPLINARY EDUCATION

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**MAY 2026  
BULLETIN**

## ARTICLE

### CHRONIC PAIN IN THE ELDERLY

Since we are all getting older as are our patient, this is perhaps a relevant extension to the slides that were included in the Credentialing Course Materials.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8928105/> (accessed April 22, 2026)

Dagnino APA and Campos MM (2022) Chronic Pain in the Elderly: Mechanisms and Perspectives. *Front. Hum. Neurosci.* 16:736688. doi: 10.3389/fnhum.2022.736688

This article's stated purpose is (page 1) "*The present review article is aimed to provide the state-of-art of pre-clinical and clinical research about chronic pain in elderly, emphasizing the altered mechanisms, comorbidities, challenges, and potential therapeutic alternatives.*"

This is a lengthy article with 159 references ranging from basic sciences, medication implications and comorbidities to psychological factors and various treatments related to the experience of pain. The on-line version makes each of these instantly accessible. I would suggest this is more of a survey of the complexity of pain in the elderly with articles to lead you to more in-depth reading.

This article reviews a wide range of topics related to pain in the elderly. The authors provide a brief summary of the following topics related to pain:

- GENERAL CONCEPTS AND PAIN MECHANISMS
- CHRONIC PAIN BURDEN IN THE ELDERLY

- PAIN TRANSMISSION AND EXPERIENCE IN THE GERIATRIC POPULATION
  - Chronic Pain and Aging
  - Factors That Aggravate Pain in Elderly
  - Factors That Alleviate Pain in Olders
- PAIN ASSOCIATED WITH SPECIFIC CONDITIONS IN OLD AGES
  - Neurodegenerative Diseases
  - Depression
  - Burning Mouth Syndrome
  - Viral Infections
- PAIN MANAGEMENT IN THE ELDERLY (Pharmacological and non-pharmacological)

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### Second Article Reviewed:

Do you work with patients with altered communication due primarily to dementia?

There is some information to suggest that a MMSE of 13 or less would make self-reported pain rating difficult and over MMSE 18 or over is most likely to be able to provide a self-reported pain levels

There are currently 2 assessment tools you might find useful for those with reduced cognitive status and difficulty communicating.

Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC)  
Pain Assessment in Advanced Dementia Scale (PAINAD)

A study in described some of the pros and cons of each – the PACSLAC is more detailed and broader range of observable pain behaviours and therefore takes a bit longer. The reverse is true for the PAINAD.

[https://www.sciencedirect.com/science/article/pii/S1524904220301156?\\_\\_cf\\_chl\\_\\_tk=TFQZn8nyrfn8feujfVzXc7Un3AYAN6Pk5L1wHn5P1UA-1776892068-1.0.1.1-O6EZoggK.VeInxP2qA5pFAAe73kyKJ0HdKJAYO.OYec#sec7](https://www.sciencedirect.com/science/article/pii/S1524904220301156?__cf_chl__tk=TFQZn8nyrfn8feujfVzXc7Un3AYAN6Pk5L1wHn5P1UA-1776892068-1.0.1.1-O6EZoggK.VeInxP2qA5pFAAe73kyKJ0HdKJAYO.OYec#sec7) (accessed April 22, 2026)

It can be very useful to become more familiar with the behaviours most commonly associated with pain. However, remember that there are cultures that are more/less expressive than others and there are genes that influence responsiveness to pain as well.

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### Third article reviewed: A little more focus on Treatment – only one article of hundreds chosen

Schwan J, Sclafani J, Tawfik VL. Chronic Pain Management in the Elderly. *Anesthesiol Clin*. 2019 Sep;37(3):547-560. doi: 10.1016/j.anclin.2019.04.012. Epub 2019 Jun 18. PMID: 31337484; PMCID: PMC6658091.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6658091/#F1> (accessed April 22, 2026)

Within the article: “There is a common belief that chronic pain is an unavoidable consequence of getting older.<sup>2,3</sup> Chronic pain does have a high prevalence in the older population, estimated to be over 50%, with 70% of older individuals endorsing pain in multiple sites.<sup>4</sup> The most prevalent painful conditions affecting older adults are arthritis-related, although the

incidence of chronic systemic disease that can also result in pain (i.e., diabetic complications, cancer-related pain, post-stroke pain) is also high among older individuals (**Box 1**).<sup>5</sup>

The author's summary of treatment is not different than for other age groups – multidisciplinary addressing biopsychosocial factors.

Interesting notes: Role of Rehabilitation/Physical Therapy in Managing Pain in Older Adults

Multiple other changes to the musculoskeletal system have been described with aging including; functional decline of the mitochondria (decreased endurance), increased co-activation of agonist-antagonist muscle groups (decreased peak force), decreased motor neuron excitability within the spinal cord, and decreased transmission across the neuromuscular junction. (reference Braddom's physical medicine & rehabilitation. Fifth edition Philadelphia, PA: Elsevier; 2016.)

There are references to both PT and OT in terms of building strength and range of motion, understanding that limitations to degree of change do exist, as well as accommodating for changed function.

Psychological interventions:

Interestingly this article is somewhat silent on whether the usual biopsychosocial approach is useful, however other research has been done to show that given sufficient cognitive capacity, CBT is helpful no matter the age as key element of pain management program.

Case Management for those that are not managing their own health becomes more important in some seniors.

Martha's Summary:

A number of factors are unique when assessing and treating pain in the elderly populations:

- Multiple sources of chronic pain,
- perception of pain being perhaps different acute/chronic to younger populations,
- Importance of assessing cognition prior to completing any self-report assessment,
- Unique tools for assessment for non-verbal elderly patients,
- Different approaches to medication are needed
- Limitations in expectations around regaining strength and functional movements.
- The environment can also play a role (hospital, supported living).

Otherwise, the classic multidisciplinary approach is recommended.

And a reminder to watch for “ageism” even if it is true that aging has many sources of pain.

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## FALL 2026 VIRTUAL CREDENTIALING COURSE DATES

The Canadian Academy of Pain Management is pleased to announce the upcoming Virtual Fall Credentialing Course will take place on October 6, 8, 13 and 15, 2026 from 6:00 PM – 10:00 PM EDT

We encourage all members and prospective participants to mark their calendars and stay tuned for additional registration details and course information coming soon.

If you are interested in joining please email us at [office@eismanagementgroup.com](mailto:office@eismanagementgroup.com) and be the first to know when registration opens.

We look forward to another engaging and informative credentialing program this fall.

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## ANNOUNCING CAPM BOARD OF DIRECTORS 2026-2027

On May 5, 2026 the new board of directors was approved and accepted. The following is your new Board of Directors for 2026-2027.

### **Executive:**

President, Lydia Hatcher MD, CCFP, FCFP, CHE

Vice President, Hamid Khadim MD

Secretary, Indy Ghosh MD, CCFP, EM

Treasurer Ali Fateh, HBSc, MD

Education Committee Chair, Michael Boucher Bkin, MD, CCFP, CIME

### **Board Members:**

Martha Bauer BSc, OT, OT Reg (Ont)

Garry Palak MD, BCH, BAO, FRCPC

Suneel Upadhye MD, MSc, FRCPC, DCAPM

Anthony Di Fonzo MMI, MD, CCFP, DCAPM, CIME

Chadwick Chung BSc, DC, FCCS(C)

John Secen MSc, OT

Jeff Scholten DC

Janani Sankar MSc, PhD

The CAPM Board will work collaboratively to strengthen our programs, support our members, and guide the organization toward continued success. We thank each board member for volunteering their time and expertise to serve our community.

We also extend our appreciation to the outgoing board members for their valuable contributions and dedication.

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## COMING SOON: 2026 EDUCATIONAL OFFERINGS

We're excited to share that new educational offerings will be coming your way in 2026!

Our team is working on developing valuable learning opportunities designed to support your growth, enhance your skills, and keep you informed on the latest developments in the field.

Stay tuned for more details in the coming months. We look forward to sharing what's ahead!

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## NOTICES FROM OUTSIDE CAPM

1. CPS Conference 2026 : Shaping the future of pain science, April 29 — May 2 Québec City Convention Centre, Québec City
2. IASP 2026 Global Year of Neuropathic Pain
  - a. IASP World Congress 2026 – Bangkok, Thailand October 26-30, 2026

### **Relevant 2026 Pain Dates:**

- September 2026: **Pain Awareness Month.**
- October 17, 2026: **World Day Against Pain.**

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**STAY CONNECTED  
FOLLOW CAPM ON LINKEDIN**

We're excited to invite all members of the Canadian Academy of Pain Management to follow us on LinkedIn! Our LinkedIn page is a great way to stay up to date with the latest news, educational insights, professional development opportunities, and community highlights from CAPM. Following us will help you stay connected with your peers and engage with content that supports excellence in pain management care and education.

Follow CAPM on LinkedIn: <https://ca.linkedin.com/company/canadian-academy-of-pain-management>

Thank you for being part of our community. We look forward to connecting with you online!

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