BEING OLD AND IN PAIN: A SERIOUS AND GROWING CONCERN

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The needs of people in pain are often sublimated by the individual or ignored by others due to pain's subjective nature. At an individual experiential level pain is not only troubling, but also costly. The costs for the individual living with a chronic long-term condition are far more than the physical experience. There are frequently deleterious consequences: financial, emotional, psychological and relationship-related. The NHS provides some care for chronic pain, but those who are self-employed or in areas with significant waiting lists may be forced to access private services for physiotherapy, osteopathy and so on, leading to significant additional economic hardship.

Societal costs from chronic pain are estimated to be huge. In the UK the economic cost in terms of sickness absence and associated reduced productivity has been estimated to be approximately £400 million per year for back pain alone.[1] The wider societal implications are vast, especially to the workforce. However, because the data are based on people of working age or in current employment, where does that leave the unwaged, the unemployed and the older person in receipt of a pension…?

For the older person who is beyond working age there are additional concerns. Older people are approaching the majority of the population for industrialised nations in the Northern Hemisphere, and as people get older their risk of experiencing chronic diseases, including chronic pain, increases correspondingly. Health inequalities are also the most marked in our European ageing populations.[2]

AGEISM AND AGEIST PRACTICES

Despite age being one of the identified protected characteristics within the 2010 Equality Act, many older people experience discriminatory practices either as individuals or at the societal level. Such ageism can manifest in the form of openly

[1] Zemedikun DT, Kigozi J, Wynne-Jones G, et al. 'Healthcare resource utilisation and economic burden attributable to back pain in primary care: A matched case-control study in the United Kingdom'. *British Journal of Pain*. 2024;18(2):137–47. doi:10.1177/20494637231208364.

[2] Roszko-Wójtowicz E, Przybysz K, Stanimir A. 'Unequal ageing: the quality of life of senior citizens in the EU before and after COVID-19. A multidimensional approach'. *Front Public Health*. 2025 Jan 29;13:1506006. doi:10.3389/fpubh.2025.1506006. PMID: 39944069; PMCID: PMC11815594.

discriminative language or use of negative stereotypes.[3] Discriminative language that is pejorative or diminishing reflects societal prejudices towards older people and includes terms such as 'silver tsunami', 'bed blockers' 'boomers' and worse. Subtle forms of ageism pervade society, alongside incorrect and often unchallenged assumptions that chronic pain is a normal part of ageing.[4]

Ageism and ageist practices can directly affect healthcare provision. Indeed, influences on assessment and homogenous approaches to prescribing and treatment can contribute to undertreatment and loss of independence.[5] In particular chronic pain is known to be a risk factor for developing frailty, which can lead to increased vulnerability or loss of independence and early mortality.[6] There is increased understanding that strategies to prevent the development of frailty should consider effective pain management as an intervention.

WE NEED ACTION

Chronic pain and frailty are similarly multidimensional and, given the growing evidence of a causal relationship between the two, any intervention that can lead to the prevention of worsening functional abilities is welcome.[7] Across the UK, support for people living with chronic pain continues to be underfunded and undervalued. We need increased recognition that chronic pain services should be accessible to people of all ages, not just the waged. We need action to positively engage with our ageing population living with chronic pain alongside other long-term comorbidities for their wellbeing and for the general benefit of society.

The Pain Association (Scotland) and other UK charities supporting people living with pain are increasingly filling these gaps in care provision via educational approaches, supported self-management and similar strategies, in an environment of reduced direct governmental NHS funding and other economic pressures. The demographic and epidemiological data do not lie, so this situation, along with the attitudes and language towards a significant proportion of our UK population, needs to improve soon or the situation will be overwhelming for too many…

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[3] Farrell TW, Hung WW, Unroe KT, Brown TR, Furman CD, Jih J, Karani R, Mulhausen P, Nápoles AM, Nnodim JO, Upchurch G. 'Exploring the intersection of structural racism and ageism in healthcare'. *Journal of the American Geriatrics Society*. 2022 Dec;70(12):3366–77.

[4] Levy BR, Pietrzak RH, Slade MD. 'Societal impact on older persons' chronic pain: roles of age stereotypes, age attribution, and age discrimination'. *Social Science & Medicine*. 2023 Apr 1;323:115772.

[5] Henry JD, Coundouris SP, Nangle MR. 'Breaking the links between ageism and health: an integrated perspective'. *Ageing Research Reviews*. 2024 Mar 1;95:102212.

[6] Reyes PO, Perea EG, Marcos AP. 'Chronic pain and frailty in community-dwelling older adults: a systematic review'. *Pain Management Nursing*. 2019 Aug 1;20(4):309–15.

[7] Guerriero F, Reid MC. 'Linking persistent pain and frailty in older adults'. *Pain Medicine*. 2020 Jan;21(1):61–66.