



## USE OF ANALGESICS AND ADJUVANTS IN GERIATRICS: QUANTITY, PROFILE, PREVALENCE AND ASSOCIATED FACTORS

USO DE ANALGÉSICOS E ADJUVANTES EM GERIATRIA: QUANTIDADE, PERFIL, PREVALÊNCIA E FATORES ASSOCIADOS

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**ABSTRACT:** The objective was to evaluate the prevalence, profile, and factors associated with the use of analgesics and adjuvants among older adults admitted to a supplementary health outpatient clinic in Belo Horizonte, Minas Gerais. This was a cross-sectional study based on secondary data from the clinic's computerized system. The prevalence of analgesic and/or adjuvant use was determined among older adults diagnosed with chronic diseases associated with pain, and its association with components of the Clinical-Functional Vulnerability Index (IVCF-20) was assessed using logistic regression. The prevalence of analgesic/adjuvant use was 59.9% and was associated with poorer self-perceived health, inability to perform instrumental activities of daily living, and reduced mobility. Pregabalin (15.0%) was the most frequently used analgesic, and duloxetine (18.4%) was the most commonly used adjuvant. Potential underuse of analgesics and adjuvants was observed, and their use was associated with situations involving worse perceived health status and impaired functional capacity.

**KEYWORDS:** Aged. Ambulatory care. Analgesics. Drug utilization. Health services for the aged.

**RESUMO:** O objetivo foi avaliar a prevalência, perfil e fatores associados ao uso de analgésicos e adjuvantes entre idosos admitidos em ambulatório da saúde suplementar em Belo Horizonte (MG). Trata-se de estudo transversal, baseado em dados secundários do sistema informatizado do ambulatório. Determinou-se a prevalência de uso de analgésicos ou adjuvantes entre idosos com diagnóstico de doenças crônicas que cursam com dor. Além disso, avaliou-se sua associação com componentes do Índice de Vulnerabilidade Clínico Funcional (IVCF-20) por meio de regressão logística. A prevalência de uso de analgésicos/adjuvantes foi de 59,9% e mostrou-se associado à pior autopercepção de saúde, incapacidade para realizar atividades de vida diária instrumental e redução da mobilidade. O analgésico pregabalina (15,0%) e o adjuvante duloxetina (18,4%) foram os medicamentos mais utilizados. Observou-se potencial subutilização de analgésicos/adjuvantes e associação do seu uso em situações nas quais há pior percepção sobre o estado de saúde e capacidade funcional deteriorada.

**PALAVRAS-CHAVE:** Analgésicos. Assistência ambulatorial. Pessoa idosa. Serviços de saúde para idosos. Uso de medicamentos.

## INTRODUCTION

Pain is defined as an unpleasant sensory and emotional experience associated with actual and/or potential damage to tissues and organs.<sup>1</sup> Between 25 % and 50 % of the elderly population who live with pain, live in the community.<sup>2-4</sup> Therefore, pain relief is essential to improve functional capacity, quality of life, mental health, and even cognition in older individuals, and the pharmacological approach, which includes the use of analgesics and adjuvants, is of great importance for this purpose.<sup>2-6</sup> However, the geriatric population presents physiological changes that alter the pharmacokinetics and pharmacodynamics of many medications, making the choice and use of medication for pain management a major challenge for health teams.<sup>7</sup> In addition, medications used to treat pain can also have a complex safety profile, which raises concerns about their prescription.<sup>2,5,6,8</sup>

Given these challenges, it is common for pain to be poorly identified and insufficiently treated in the geriatric population, which has already been identified in different contexts, such as long-term care institutions, hospitals, and in the community.<sup>2,9-12</sup> Some national and international studies outline the profile of medication use among the elderly and describe the prevalence of analgesic use.<sup>10,13,14</sup> Others only describe the intensity of pain identified among them.<sup>3,15,16</sup> However, there are still few studies that discuss the characteristics of analgesic therapy used among elderly people diagnosed with a disease that causes pain in an outpatient setting.<sup>9-11</sup>

Therefore, to the authors' knowledge, no studies were found with a focus on the use of analgesics and adjuvants for pain among elderly people previously diagnosed with a disease that causes pain, and no studies that describe the use of these classes of medications among elderly people admitted to a geriatric outpatient clinic, configuring the present study as important pharmaco-epidemiological data for the promotion of health and a life without pain, aiming to guarantee a better quality of life and well-being, in addition to improving the autonomy and independence of the elderly.

Thus, the objective of this study was to evaluate the quantity, prevalence, profile, and factors associated with the use of analgesics and adjuvants among elderly people followed at a supplementary healthcare geriatric outpatient clinic in Belo Horizonte, Minas Gerais, Brazil.

## METHODOLOGY

### TYPE AND PLACE OF STUDY

This is a cross-sectional study, conducted in an outpatient clinic for supplementary healthcare, located in the municipality of Belo Horizonte, in the state of Minas Gerais. At the time of the study the outpatient clinic served about 7,900 people aged 60 or more, and those patients either paid out of pocket or had health insurance that covered the costs. It had a medical staff, consisting of geriatricians, cardiologists, nephrologists, endocrinologists, psychiatrists and family and community doctors. The multi-professional team was also composed of nurses, a pharmacist, nutritionists, psychologists, physiotherapists and speech therapists.

In the admission consultation in the clinic, data related to all diagnosed diseases and prescribed and non-prescribed medications were collected, and the patient's healthcare needs were addressed. In addition, health tracking was performed through the 20-point Functional Clinical Vulnerability Index (IVCF-20). A care plan was then prepared, with referral to the necessary professionals within the

outpatient clinic. The patient was treated in a holistic and integral way. Patient follow-up included consultations, telemonitoring, therapeutic groups, and collaborative meetings.

## STUDIED POPULATION

The studied population consisted of all elderly patients diagnosed with chronic diseases that have a pain symptom<sup>17</sup> at the time of admission, between May 2019 and January 2022, and which presented complete data for all the variables studied (n = 1,101).

## DATA COLLECTION AND VARIABLES

The necessary data were retrospectively collected directly from the outpatient clinic's own computerized system, called LifeCode - Intelligence & Health. As all data came from a digital source (e.g., reports on spreadsheets generated by the institutional computerized system), no intermediate collection instrument was used, the study database was used directly from the source, in accordance with the peculiarities of the variables identified in the database of origin. The database was initially made up of Microsoft Excel® software and later fully transferred to Stata® software, version 12, which was used to perform all analysis.

The use of at least one analgesic or adjuvant medication for pain treatment was defined as a dependent variable. This variable was based on the data referring to the medications currently used at the time of the admission consultation at the outpatient clinic. These medications were identified as pain analgesic or pain adjuvant according to the second or third level of the classification of the Anatomical Chemical Therapeutic classification system, recommended by the World Health Organization:<sup>18</sup>

- Medication with analgesic effect: painkillers (N02); anti-inflammatory, and anti-rheumatic products (M01A).
- Adjuvants: antidepressants of any class (N06A).

The use of analgesics or adjuvants was analyzed from three perspectives: (a) amount of medication, (b) medication profile, and (c) prevalence of use. In the first and second cases, having as unit of analysis the medication, the frequency of use of these medications was described according to the active ingredient, in relation to the total of analgesics/adjuvants. In the third case, analgesic/adjuvant users were related to the total of the study participants. In all cases, the proportions expressed in percentage terms were calculated. Additionally a description was made of the mean, standard deviation, minimum, and maximum analgesic or adjuvant medication used.

The following independent variables were included:

- Sociodemographic: sex (female *versus* male) and age (60 to 74 years *versus* 75 to 84 years old);
- Number of chronic diseases that cause pain,<sup>17</sup> dichotomized according to their median (1 or 2 diseases *versus* 3 or more diseases);
- IVCF-20 selected components according to the following domains<sup>19</sup>:
  - Health self-perception: excellent, very good, or good *versus* regular or bad;
  - Performing Instrumental Activity of Daily Living (IADL): patient stopped doing small household chores - yes *versus* no;
  - The accomplishment of Basic Activity of Daily Living (BADL): patient stopped bathing alone - yes *versus* no;

- Mobility: unable to raise their arms above shoulder level - yes *versus* no; unable to handle small objects - yes *versus* no; difficulty walking - yes *versus* no; two or more falls in the last year - yes *versus* no.

The IVCF-20 takes into account the functionality of the elderly and is a rapid screening instrument that evaluates the main predicting dimensions of functional decline. It is a questionnaire that covers multidimensional aspects of the elderly health condition and has 20 questions divided into eight sections. It is an instrument developed and validated in Brazil, which was considered a broad geriatric evaluation methodology.<sup>19</sup> For the present study, sections and issues related to limitations were explored due to chronic conditions that cause pain.

## DATA ANALYSIS

The relationship between the dependent variable and the independent variables was evaluated through univariate and multivariate analysis. Comparisons between users and non-users of pain medications and adjuvants in relation to the independent variables were performed using Pearson's chi-square test. Univariate and multivariate analyses were performed through the multiple logistics regression model, which provides odds ratios and their respective 95 % confidence intervals. All variables that in the univariate analysis were associated with the event at the level of  $P < 0.20$  % were included in the multivariate model, with 5 % being adopted as a level of statistical significance to identify the variables independently associated with the event. The Hosmer-Lemeshow test was used to evaluate the quality of the multiple model adjustment.

## ETHICAL ASPECTS

This study was an integral part of the project "Profile of medication use and deprescription in a geriatric outpatient clinic", approved by the Ethics and Research Committee of the Federal University of Minas Gerais on November 30, 2021 under opinion number 5,136,081 and Certificate of Presentation for Ethical Assessment - 52595821.1.0000.5149, and was prepared in accordance with the STrengthening the Reporting of OBservational studies in Epidemiology (STROBE).

## RESULTS

A total of 1,101 elderly individuals were included in the study, with a majority of them being female ( $n = 957$ ; 86.9 %), with a mean age of  $75.7 \pm 8.8$  years (minimum = 60; maximum = 102). The mean number of chronic diseases associated with pain was  $2.6 \pm 1.6$  (minimum = 1; maximum = 9), and all elderly individuals had some diagnosis of osteoarticular disease. The frequency of such diseases is described in Table 1.

**Table 1.** Diseases that cause pain diagnosed in the elderly attended in a geriatric outpatient clinic Belo Horizonte, 2019-2022.

Diseases that cause pain	Frequency among the elderly	
	Absolute frequency (n)	Relative frequency (%)
Osteoarticular	1101	100
Musculoskeletal pain	765	69,5
Osteoporosis/ osteopenia	236	21,4
Fibromyalgia	176	16,0
Cancer	105	9,5

Diseases that cause pain	Frequency among the elderly	
	Absolute frequency (n)	Relative frequency (%)
Hernia	85	7,8
Tendinopathy	59	5,4
Neuropathic pain	57	5,2
Diverticulitis	50	4,5
Herpes Zoster	37	3,4
Headache	35	3,2
Sciatica	20	1,8
Gout	19	1,7
Nephrolithiasis	17	1,5
Neuropathy	17	1,5
Kyphoscoliosis	15	1,4
Hemorrhoids	15	1,4
Irritable bowel syndrome	14	1,3
Plantar fasciitis	13	1,2
Systemic lupus erythematosus	6	0,5
Aneurysm	4	0,4
Bursitis	4	0,4
Cirrhosis	4	0,4
Cholelithiasis	3	0,3
Ulcerative colitis	2	0,2
Chondrocalcinosis	1	0,1
Osteomyelitis	1	0,1
Pancreatitis	1	0,1
Thalassemia	1	0,1

A total of 659 elderly individuals (59.9 %; 95 % CI = 57.0 - 62.8) used at least one analgesic or adjuvant medication, of which 289 (26.3 %) used at least one analgesic and 539 (49.0 %) used at least one adjuvant. The mean number of medications used for pain management was  $0.9 \pm 1.0$  (minimum = 0; maximum = 6) (Table 2).

**Table 2.** Number of analgesic or adjuvant medications used for the management of chronic pain by elderly served in a geriatric outpatient clinic, , Belo Horizonte, 2019-2022.

Number of medications (n)	Absolute frequency (n)	Relative frequency (%)
0	442	40,1
1	395	35,9
2	189	17,2
3	56	5,1
4	13	1,2
5	5	0,4
6	1	0,1
<b>Total</b>	<b>1.101</b>	<b>100</b>

The most commonly used analgesics were pregabalin (n = 152; 15 %) and dipyron (n = 74; 7.3 %). Among the adjuvants, duloxetine (n = 186; 18.4 %) and venlafaxine (n = 119; 11.8 %) stood out, as shown in Table 3.

In the multivariate model, the use of at least one analgesic/adjuvant was positively associated with the variables female gender, worse self-perceived health, inability to perform minor household activities (IADL) and mobility, more specifically, difficulty walking and history of two or more falls in the last year. The model fit was considered adequate by the Hosmer-Lemeshow test ( $p = 0.49$ ). The complete results of the univariate and multivariate analyses are presented in Table 4.

**Table 3.** Types of analgesic and adjuvant medication used for the management of chronic pain by elderly served in a geriatric outpatient clinic.

	Medication	Absolute frequency (n)	Relative frequency (%)
Analgesics	Pregabalin	152	15,0
	Dipyrone	74	7,3
	Acetaminophen	37	3,7
	Chondroitin	32	3,2
	Tramadol	24	2,4
	Gabapentin	20	2,0
	Codeine	19	1,9
	Buprenorphine	6	0,6
	Nimesulide	2	0,2
	Naproxen	2	0,2
	Ibuprofen	1	0,1
	Morphine	1	0,1
	<b>Total analgesics</b>	<b>370</b>	<b>36,6</b>
	Adjuvants	Duloxetine	186
Venlafaxine		119	11,8
Citalopram		104	10,3
Sertraline		53	5,2
Mirtazapine		44	4,4
Trazodone		39	3,9
Citalopram		26	2,6
Amitriptyline		22	2,2
Fluoxetine		21	2,1
Paroxetine		12	1,2
Nortriptyline		7	0,7
Vortioxetine		4	0,4
Imipramine		1	0,1
Clomipramine		1	0,1
Bupropion		1	0,1
<b>Total adjuvants</b>		<b>640</b>	<b>63,4</b>
<b>Global total</b>	<b>1.010</b>	<b>100</b>	

**Table 4.** Univariate and multivariate analyses of factors associated with the use of analgesic or adjuvant between elderly served in a geriatric outpatient clinic, Belo Horizonte, 2019-2022.

Variable	Non users of analgesic or adjuvant (%) (n= 442)	Users of analgesic or adjuvant (%) (n=659)	Univariate analysis		Multivariate analysis	
			OR (IC <sup>95%</sup> )	P-value*	OR (CI <sup>95%</sup> )	P-value**
<b>Age</b>						
60 to 74	206(40,5)	303(59,5)	1			
75 or more	236(39,9)	356(60,1)	1,02 (0,81-1,31)	0,838	-	
<b>Sex</b>						
Male	74(51,4)	70(48,6)	1			
Female	368(38,5)	589(61,5)	1,69 (1,19-2,40)	0,003	1,79 (1,25-2,57)	0,002
<b>Diseases that cause pain</b>						
1 or 2	248(40,8)	360(59,2)	1			
3 or more	194(39,4)	299(60,6)	1,06 (0,83-1,35)	0,628	-	
<b>Self-perception of health</b>						
Excellent, very good or good	282(45,4)	339(54,6)	1			
Regular or bad	160(33,3)	320(66,7)	1,66 (1,30-2,13)	<0,001	1,39 (1,07-1,80)	0,014
<b>Stopped doing small household chores</b>						
No	395(42,9)	526(57,1)	1			
Yes	47(26,1)	133(73,9)	2,13 (1,49-3,04)	<0,001	1,59 (1,01-2,51)	0,047
<b>Stopped bathing alone</b>						
No	417(4,3)	594(58,7)	1			
Yes	25(27,8)	65(72,2)	1,83 (1,13-2,94)	0,012	0,89 (0,49-1,62)	0,699

Variable	Non users of analgesic or adjuvant (%) (n= 442)	Users of analgesic or adjuvant (%) (n=659)	Univariate analysis		Multivariate analysis	
			OR (IC <sup>95%</sup> )	P-value*	OR (CI <sup>95%</sup> )	P-value**
<b>Unable to lift arms</b>						
No	424(40,4)	626 (59,6)	1			
Yes	18 (35,3)	33(64,7)	1,24 (0,69-2,23)	0,469	-	
<b>Unable to handle small objects</b>						
No	435(40,2)	646(59,8)	1			
Yes	7(35,0)	13(65,0)	1,25 (0,49-3,16)	0,636	-	
<b>Difficulty walking</b>						
No	316(45,8)	374(54,2)	1			
Yes	126(30,7)	285(69,3)	1,91 (1,48-2,47)	<0,001	1,53 (1,15-2,04)	0,004
<b>Two or more falls in the last year</b>						
No	363(43,4)	474(56,6)	1			
Yes	79(29,9)	185(70,1)	1,79 (1,33-2,41)	<0,001	1,51 (1,10-2,06)	0,011

## DISCUSSION

This study worked with a geriatric population diagnosed with diseases that cause pain and had been admitted to a geriatric clinic, to determine the quantity, profile, prevalence of use of analgesic medications, and associated factors. A considerable proportion of non-use of analgesic or adjuvant medications was identified among the elderly, as well as the association of use with the female gender, falls, and disabilities regarding the performance of daily activities and self-assessment of health. These results demonstrate a worrying scenario, since they may indicate the initiation of analgesia in an insufficient manner for the geriatric population studied.

The overall prevalence of the use of analgesics or adjuvants for pain management was 59.9 % (95 % CI = 57.0 - 62.8). This prevalence was higher than that identified in a study carried out with a randomly selected sample of all people aged 75 or more years, living in the community in Finland (45.4 %) <sup>14</sup> and of a population-based cohort study of elderly people living in Germany (22.9 %) <sup>10</sup>. However, the fact that the difference between these prevalences is small is noteworthy, since a considerably higher use of analgesics/adjuvants was expected among elderly patients diagnosed with a disease that causes pain than in a population without this characteristic as an inclusion criterion.

When evaluating the most commonly used analgesics in the study population, it was observed that pregabalin was the most frequently used (15 %), since the most prevalent diagnoses were related to diseases that present with nociceptive pain, such as osteoarthritis and musculoskeletal pain, for which the first-line treatment is the use of topical analgesics and/or non-steroidal anti-inflammatories, when possible. <sup>20</sup> The use of pregabalin is adequate for the management of neuropathic pain, but there are reservations regarding its safety in the elderly, since it provides considerable sedation and there is a need for dose adjustment in the presence of renal dysfunction. <sup>20,21</sup> For this reason, among elderly patients, it is important that the prescription of this medication be initiated when the first-line therapy for neuropathic pain, such as non-sedative antidepressants, is not effective. <sup>20,21</sup>

In contrast, paracetamol and dipyrone, analgesics suitable for the management of nociceptive pain, occupied the second (7.3 %) and third (3.7 %) positions respectively among the most used analgesics, which is equivalent to less than half of the pregabalin-based medications. It is relevant to analyze the frequency of non-use of these medications, especially considering that, at admission, prescription and non-prescription medications were surveyed: 90.9 % of the elderly did not use paracetamol or dipyrone (result not previously presented). These are medications considered safe for

use among elderly patients, except for some adverse effects that should be prevented, such as the risk of unintentional overdose associated with hepatotoxicity with the use of paracetamol, and the risk of blood dyscrasia with the use of dipyrrone, which is rarely reported in the Brazilian context.<sup>22</sup>

Among the adjuvants for pain treatment, duloxetine was the most frequently prescribed (18.4 %). It is a selective serotonin and norepinephrine reuptake inhibitor, whose efficacy has been demonstrated in the management of neuropathic and musculoskeletal pain in elderly people, offering a valuable therapeutic option.<sup>20,21</sup> Its use has been associated with significant improvements in pain intensity and functionality.<sup>20</sup> Among the antidepressants that can be used as adjuvants in analgesia, robust evidence points to the use of tricyclic antidepressants and serotonin and norepinephrine reuptake inhibitors that provide pain relief independent of their antidepressant effects.<sup>23</sup> However, both classes are included in the Beers criteria, and therefore, require careful individual assessment of their risk-benefit balance in the context of analgesia.<sup>8</sup>

The low frequency of opioid use (5 %) corroborates national studies, which show a reduction in the use of this class of medication in Brazil, despite an increase being observed in the global context, and especially in developed countries.<sup>24</sup> Brazil, like many countries in the world, faces challenges related to the control and regulation of opioids, seeking to balance the need for pain relief with the prevention of their misuse or abuse.<sup>24-26</sup> The growing concern about the global opioid epidemic, observed in countries such as the USA and Canada, raises the importance of effective public policies, professional training, rigorous monitoring, and patient education to ensure responsible use of these medications and mitigate possible adverse effects.<sup>24-26</sup>

The high average of diagnoses of diseases that cause pain among the elderly in the population studied stood out ( $2.6 \pm 1.6$  diseases that cause pain per elderly person). This result suggests that the intensity of pain experienced by the individuals evaluated was likely to be substantial, especially considering that osteoarthritis and musculoskeletal pain were among the most frequent diseases that cause pain among them. These are diseases characterized by nociceptive pain and are widely diagnosed among the elderly, whose intensity is normally measured as moderate to incapacitating.<sup>27,28</sup>

It was difficult to identify, in the scientific production on the use of analgesics and adjuvants among the elderly, studies that addressed the same study population (elderly people with diseases that cause pain, treated at a geriatric outpatient clinic), which makes it difficult to compare the results, both in terms of prevalence and factors associated with the use of these medications.

Regarding associated factors, an association was observed between female gender and use of analgesic or adjuvant medications (OR = 1.69 95 % CI = 1.19 - 2.40), consistent with that found in other studies conducted around the world.<sup>10,13</sup> This association reveals not only biological differences between men and women, but also behaviors regarding health care.<sup>13</sup> This important finding raises and reinforces the need for an increasingly global, individualized and assertive assessment of pain, especially in males, since they have a history of not verbalizing their pain or underestimating it more frequently.<sup>2,10,29</sup>

Regarding self-perception of health, the use of analgesics/adjuvants is associated with a negative perception (regular or poor). Pain treatment, especially in elderly people, should be undertaken holistically and not solely based on the biomedical model. Pain is a biopsychosocial experience and psychological factors must be taken into account by all members of the healthcare team.<sup>1</sup> Furthermore, it suggests a careful approach to prescribing and monitoring medications and the importance of ongoing health education for patients and family members.

It was also observed that those who used medication were twice as likely to stop doing small household chores (OR = 2.13 95 % CI = 1.49 - 3.04). This result may indicate a possible ineffectiveness in the analgesic treatment implemented or the implementation of the treatment only when faced with a

limitation in daily life. Although it is necessary to better elucidate this association from a longitudinal perspective, it is necessary to reflect on the development of holistic strategies for health promotion that meet the demands of analgesia with the objective of providing greater functional independence among the elderly.

The mobility variable was also associated with the use of medication (stopping walking and two or more falls in the last year). The results of this analysis show the complexity of the relationship between medication use, mobility, and propensity to fall in the elderly.<sup>30</sup> On the one hand, the association of 'difficulty walking' suggests the importance of multidisciplinary work and the inclusion of non-pharmacological measures in the treatment. On the other hand, the 'occurrence of falls' may be linked to potential drug interactions and common adverse effects between analgesics and adjuvants, such as sedation, drowsiness, and dizziness, for example.<sup>20,23</sup> It is essential to adopt more simplified pharmacotherapy regimens and to be aware of criteria and lists of potentially inappropriate medications for the elderly. In this context, the use of deprescription, which is considered a planned process of reducing or ceasing the use of medications that no longer provide therapeutic benefit or that are causing harm, is an effective strategy for promoting health and healthy aging.<sup>30</sup>

A limitation of the present study is the retrospective collection in a secondary database, which is based on the outpatient clinic's computerized system. This source of information depends on records by several health professionals, which often results in gaps in data completeness and quality. To mitigate this limitation, a manual review of all medical records was performed in search of discrepancies or gaps. Another limitation is the lack of assessment of the dose of analgesics and adjuvants used for pain treatment, as well as the specific therapeutic indication of analgesics/adjuvants. However, the prevalence of data on non-use are so high that it is believed that exploring the dosage would probably corroborate the prospect of potential underuse of analgesics/adjuvants.

Pain measurement scales were also not explored in this study, as their documentation is not mandatory in the outpatient clinic's computerized system, which does not allow for uniform data retrieval. This is not only a limitation of this study, but also a limitation of the institution's anamnesis form itself, which is proposed to be readjusted to provide an adequate and duly documented assessment of pain among the elderly treated.

Given the progressive aging of the population, there is a need to train health professionals and improve institutions to provide adequate pain assessment and implementation of analgesia at different levels of health care. There is a need to adequately assess diseases among the elderly, who present clinical peculiarities concerning pain, as well as to provide adequate analgesia. Alternative analgesics/adjuvants should be selected according to the specific safety profile in geriatrics.

## CONCLUSION

This study presents a unique and unprecedented approach in Brazil, as it addresses specific aspects of elderly people with diseases that cause pain. It is also important to note that the research was conducted in a geriatric outpatient clinic, a scenario that becomes increasingly relevant with the aging of the Brazilian population. Furthermore, important data regarding the profile of use of analgesic medications among elderly people with chronic pain are collected, signaling potential underuse and association of the use of analgesic treatment in situations in which there is a worse perception of health status and more deteriorated functional capacity.

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