According to the Department of Pain Medicine and Palliative Care at Beth Israel Hospital in New York, a family caregiver is “anyone who provides any type of physical and/or emotional care for an ill or disabled loved one at home.” For this definition, “family” refers to a nonprofessional who is called “family” by the person who is sick. Sometimes, family is whoever shows up to help.²

“One of the most frightening and stressful aspects of caregiving is not knowing what to do when your loved one is experiencing pain.”¹

The biggest fear of chronically ill patients and their families is that the patient will suffer with unrelieved pain. Many caregivers consider pain to be an indication of the patient’s status and equate worsening pain with advancing disease and, in the case of terminal illness, impending death. Some caregivers view death as a welcome relief from the pain, and others avoid thinking about death by denying both the pain and the progressing illness. Caregivers tend to perceive pain and associated distress as worse than the patients perceive it. Fears of addiction, tolerance, uncontrolled pain, and analgesic side effects are sources of constant worry for caregivers and present a conflict in terms of providing pain relief.²³

Caregivers’ attitudes toward pain also come into play when caring for a child with chronic pain. One study found that parent perceptions of greater child vulnerability were significantly associated with both lower child functioning and more pain-related health care utilization regardless of child age, sex, and duration of chronic pain.⁴

A separate study of caregivers of workers with low-back pain found that their significant others shared, and perhaps further reinforced, claimants’ illness beliefs, including fear of pain/re-injury associated with certain types of work and activity, and pessimism about the likelihood of returning to work. In some cases, significant others appeared more resigned to the permanence and negative inevitable consequences of the claimant’s back pain condition on work participation, and were more skeptical about the availability of suitable work and sympathy from employers.⁵
Findings from the American Psychological Association’s *Stress in America* survey show those who serve as caregivers — providing care to both the aging and chronically ill — for their family members report higher levels of stress, poorer health and a greater tendency to engage in unhealthy behaviors to alleviate that stress than the population at large. What’s more, while lower stress levels are often associated with older adults, those older adults with caregiving responsibilities report more stress and poorer physical health than their peers.6

**Facts**

- The family caregiver’s role in managing pain includes:7
  - deciding what medications to give and when to give them
  - waking at night to assess pain and administer pain medications
  - reminding and encouraging reluctant patients to take pain medication
  - keeping complex records of multiple medications
  - guarding or limiting medications because of fear of addiction
  - taking responsibility for pain medications

- Family caregivers are a critical support structure for Americans with chronic illnesses, and the U.S. Health System. An estimated 65.7 million American adults find themselves in a caregiving role. They provide the vast majority (78%) of all long-term care services for those with a chronic illness or disability.8,9

- On average, caregivers spend 20.4 hours per week providing care. Caregiving is particularly time-intensive for those who live with their care recipient (39.3 hours/week), and those caring for a child under the age of 18 (29.7 hours/ week). Female caregivers spend more time providing care than men do, on average (21.9 vs. 17.4 hours/week); 13% of family caregivers provide 40 hours of care a week or more.9
• Your loved one may be in pain if he/she:
  - has decreased appetite
  - has lost interest in regular activities
  - is crying and upset about discomfort
  - grimaces or winces when moving
  - stays in bed and doesn’t get dressed
  - has difficulty sleeping
  - is tense and tries to avoid movement

Additional Resources

AARP
601 E Street, NW
Washington, DC 20049
Phone: (888) 687-2277
E-mail: Via website
Twitter: @AARP
www.aarp.org

Administration for Community Living
One Massachusetts Avenue, NW
Washington, DC 20001
Phone: (202) 619-0724
Fax: (202) 357-3555
E-mail: aclinfo@acl.hhs.gov
Twitter: @ACLgov
www.aoa.gov

American Nurses Association, Inc.
Council on Gerontological Nursing
8515 Georgia Avenue
Suite 400
Silver Spring, MD 20910-3492
Phone: (800) 274-4262
Fax: (301) 628-5001
E-mail: Via website
Twitter: @ANANursingWorld
www.nursingworld.org

Caregiver Action Network
10400 Connecticut Avenue
Suite 500
Kensington, MD 20895-3944
Phone: (301) 942-6430
Fax: (301) 942-2302
E-mail: info@caregiveraction.org
Twitter: @caregiveraction
www.caregiveraction.org

Gerontological Society of America
1220 L Street, NW
Suite 901
Washington, DC 20005
Phone: (202) 842-1275
E-mail: Via website
www.geron.org

Leading Age
2519 Connecticut Avenue, NW
Washington, DC 20008-1520
Phone: (202) 783-2242
Fax: (202) 783-2255
E-mail: info@leadingage.org
Twitter: @LeadingAge
www.aging.org

Lotsa Helping Hands
34 Washington Street
Suite 310
Wellesley Hills, MA 02481
E-mail: info@lotsahelpinghands.com
Twitter: @LotsaHelping
www.lotsahelpinghands.com

National Center on Elder Abuse
c/o University of California – Irvine
Program in Geriatric Medicine
101 The City Drive South
200 Building
Orange, CA 92868
Phone: (855) 500-3537 (ELDR)
E-mail: Via website
www.ncea.aoa.gov

This is not intended to be a comprehensive summary of the available information on this topic. Please consult with your health care professional for additional information. These fact sheets may be printed and used for non-commercial purposes only. www.IntheFaceofPain.com
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References


