PP5.3. ZLATNE GODINE, BORBA S BOLOM: IZAZOVI TERAPIJE HRONIČNOG BOLA KOD STARIJIH OSOBA

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Hroničan bol je visoko prevalentan u starijih od 65 godina. Najčešći je bol u lokomotornom sistemu (osteoartritis, bol u donjem delu leđa različite etiologije, koštane metastaze), slede bolne neuropatije (dijabetička ili izazvana hemoterapijom) i bol povezan s drugim hroničnim bolestima. Hroničan bol često dovodi do smanjene pokretljivosti, anksioznosti, depresije i socijalne izolacije i značajno narušava kvalitet života.

Ključni izazovi u farmakoterapiji bola u starih su multimorbidnost, polifarmacija i opadanje fizičkih i mentalnih funkcija organizma. Komorbiditeti menjaju odnos koristi i rizika analgetika, paralelna primena s drugim lekovima povećava rizik od interakcija, a smanjeni hepatični i bubrežni klirens, zajedno sa izmenjenim telesnim sastavom menjaju farmakokinetičke procese. Svi ovi faktori sužavaju terapijske mogućnosti i povećavaju rizik od neželjenih efekata lekova.

Paracetamol se preporučuje kao terapija prve linije za blag do umeren bol zbog povoljnog bezbednosnog profila. Sistemska primena nesteroidnih antiiflamatornih lekova (NSAIL) zahteva poseban oprez zbog gastrointestinalnih, kardiovaskularnih i bubrežnih rizika i davanje u najmanjoj efikasnoj dozi tokom najkraćeg vremena. Topikalni NSAIL su znatno bezbedniji i preporučuju se za mnoga bolna stanja mišićno-koštanog sistema. Opioidi se mogu razmotriti za umeren do jak bol, dok su određeni predstavnici tricikličnih antidepresiva ili antiepileptika opcije za neuropatski bol. Za sve lekove, savetuje se princip otpočinjanja terapije malom dozom leka i postepenog povećavanja doze („*start low and go slow*“).

Preporučuje se individualizovan pristup, kombinovanje farmakoloških i nefarmakoloških modaliteta lečenja (fizikalna terapija, vežbanje, kognitivno-bihejvioralne tehnike, uključivanje negovatelja), uz periodično praćenje potrebe za nastavkom/modifikacijom terapije.

PP5.3. GOLDEN YEARS, FIGHTING PAIN: CHALLENGES OF CHRONIC PAIN TREATMENT IN THE ELDERLY

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Chronic pain is highly prevalent in people over 65. The locomotor system is most frequently affected (osteoarthritis, low back pain of various aetiologies, bone metastases), followed by painful neuropathies (diabetic or chemotherapy-induced) and pain associated with other chronic diseases. Chronic pain often leads to reduced mobility, anxiety, depression, and social isolation, and markedly impairs quality of life.

Key challenges in the pharmacological management of pain in older adults are multimorbidity, polypharmacy, and age-related decline in physical and cognitive function. Comorbidities shift the benefit–risk ratio of analgesics; concomitant drugs increase the risk of interactions; and reduced hepatic and renal clearance, together with altered body composition, change pharmacokinetics. Together these factors narrow therapeutic options and increase the likelihood of adverse effects.

Paracetamol is recommended as first-line treatment for mild to moderate pain because of its favourable safety profile. Systemic non-steroidal anti-inflammatory drugs (NSAIDs) require particular caution due to gastrointestinal, cardiovascular, and renal risks and should be used at the lowest effective dose for the shortest possible time. Topical NSAIDs are considerably safer and are preferred for many musculoskeletal conditions. Opioids may be considered for moderate to severe pain, while certain tricyclic antidepressants or antiepileptic drugs are options for neuropathic pain. For all agents, a “start low and go slow” approach, with gradual titration is advised.

Management should be individualised and should combine pharmacological and non-pharmacological modalities (physical therapy, exercise, cognitive–behavioural techniques, and involvement of caregivers) with periodic reassessment of the need to continue, adjust, or discontinue therapy.

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