**Introduction**

The elderly population 80 years old and above is the fastest growing segment of the US population today (U.S. Census Bureau, 2010). One of the most common complaints of adults in their 80s and above is chronic pain, which is often inadequately treated (Roy, R., Thomas, M.R., 1987). Treating elderly patients with chronic pain is particularly challenging, complicated by pharmacokinetic and pharmacodynamic changes in aging (Turnheim K. 2003) and compliance issues (Balkrishnan R. 1998). A secular mindfulness-based stress reduction (MBSR) program was developed by Jon Kabat-Zinn in 1979 and has since shown measurable benefits to individuals in decreasing depression, pain, and anxiety. Observations from a number of studies suggest that MBSR could be effective in reducing pain and pain related behaviors for a range of chronic conditions (Kabat-Zinn J, Burney. 1981; Kabt-Zinn J. 1982).

We will probe the utility of an adapted MBSR course for the treatment of chronic pain in older adults with a feasibility/acceptability study that will compare pre and post pain intensity and severity scores of participants. We hypothesize that this course will significantly lower pain intensity and interference scores in participants.

**Measures**

**Pain Intensity and Interference**

- PEG Pain Screening Tool
  - A validated screening questionnaire to assess average pain intensity (P), interference with enjoyment in life (E), and interference with general activity (G)

**Feasibility and Acceptability**

- Feasibility defined as the ability to recruit 18-20 residents for the MBSR course and acceptability as attendance and participant satisfaction

**Results**

Table 1. Pre, post-course, and 2 month follow up scores for question 1 of the PEG Pain Screening Tool. “What number best describes your pain on average in the past week?”

<table>
<thead>
<tr>
<th></th>
<th>Pre-course</th>
<th>Post-Course</th>
<th>2 month follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>4.43 +/- 1.93</td>
<td>2.93 +/- 1.78*</td>
<td>2.29 +/- 1.33**</td>
</tr>
</tbody>
</table>

* p value pre- post p<0.001  
** p value pre- 2 month post p<0.001

Table 2. Pre, post-course, and 2 month follow up scores for question 2 of the PEG tool. “What number best describes how, during the past week, pain has interfered with your enjoyment?”

<table>
<thead>
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<th>Pre-course</th>
<th>Post-Course</th>
<th>2 month follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>4.11 +/- 2.11</td>
<td>2.73 +/- 1.72*</td>
<td>2.38 +/- 2.63**</td>
</tr>
</tbody>
</table>

* p value pre- post p<0.02  
** p value pre- 2 month post p<0.01

A total of 21 patients participated in the course, 85% of them attending 6 or more classes with only 1 patient dropping out of the course. The course received a mean satisfaction rating of 4.4 (5 being extremely satisfied, 0 being not at all satisfied)

**Conclusion**

- These data suggest that an adapted MBSR program for chronic pain in older adults is a feasible, acceptable, and effective intervention for lowering pain intensity and interference in older adults
- This small study paves the way for larger efficacy studies that may compare this intervention to other current chronic pain standards of care.

**Acknowledgements**

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**Resources**

- U.S. Census Bureau, 2010