International Federation on Ageing

Meeting Summary

Pain Management in Later Life: Aligning Evidence, Policy, and Action

August 2026

This initiative has been supported by Haleon

Background

Population ageing is reshaping health, care, and social systems globally. As people live longer, a growing number of older adults are living with chronic conditions, multimorbidity, frailty, and functional limitations, many of which are associated with persistent or recurring pain.[1]

Yet despite its significant impact on mobility, independence, mental wellbeing, social participation, workforce engagement, and quality of life, pain in later life remains under-recognized and insufficiently prioritized within policy, research, and care delivery.[1] Too often, it is addressed only as a symptom of another condition rather than as a cross-cutting issue that shapes ageing trajectories and broader system outcomes.[1] Fragmented care pathways, limited workforce capacity, gaps in evidence relating to older adults, and insufficient focus on prevention continue to constrain effective responses.

Recognizing the need for greater alignment across sectors, disciplines, and policy agendas, the International Federation on Ageing (IFA) convened the expert meeting, *Pain Management in Later Life: Aligning Evidence, Policy, and Action*, to explore shared challenges, identify opportunities for action, and advance dialogue on pain management as an integral component of healthy ageing and longevity.

Meeting Discussions

The meeting brought together stakeholders from across health, care, policy, academia, civil society, and related sectors to examine the implications of pain management within the context of population ageing. Discussions were structured to encourage cross-disciplinary exchange, identify areas of common concern, and explore opportunities for collaboration, policy development, and systems-level action.

Pain Management in Later Life: Aligning Evidence, Policy, and Action. June 11 2026, Brussels Belgium

Discussions moved from establishing a shared understanding of pain in later life, through identifying the most pressing shared challenges, to surfacing shared solutions and policy asks. The meeting positioned pain management as a cross-cutting issue that intersects with health, care, and system sustainability, more broadly.

Throughout, participants returned to a central point: pain in later life cannot be understood or addressed in isolation from ageing itself. It both influences, and is influenced by, functional ability, mobility, social participation, independence, and the capacity of older adults to remain engaged in their communities and the workforce.

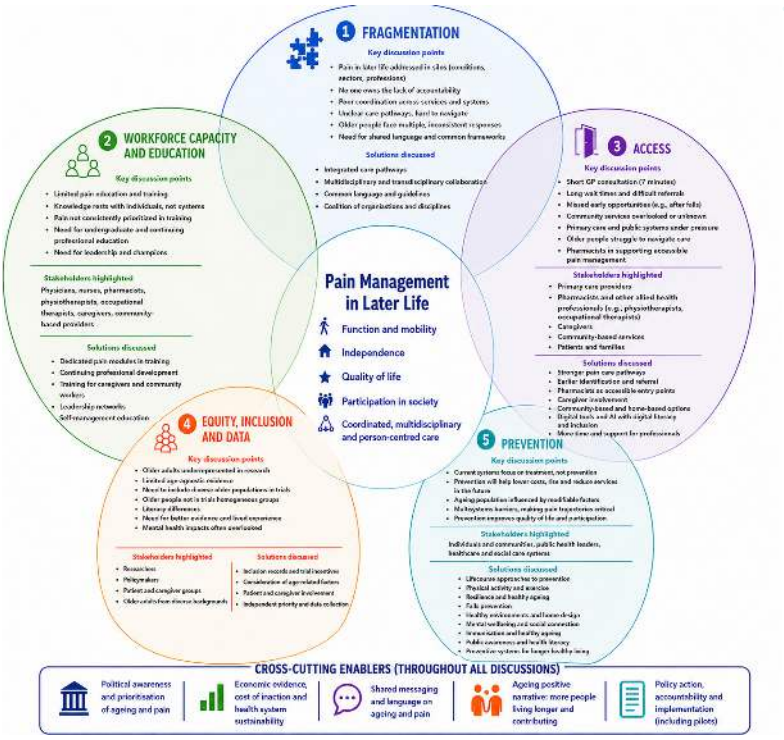
[1] *International Federation on Ageing. 2026. Advocating for Accessible Pain Relief for Older Adults in the European Union (EU). https://ifa.ngo/news/advocating-for-accessible-pain-relief-for-older-adults-in-the-european-union-eu/*

Priority Action Areas

This convening formed part of a broader commitment to advancing healthy ageing and longevity through integrated, person-centred approaches that respond to the realities of demographic change.

Participants highlighted the importance of recognizing pain not only as a clinical concern, but also as a factor influencing functional ability, independence, quality of life, and broader ageing outcomes. A thread that ran throughout the meeting included the need for shared language across organizations.

Across the meeting, five priority action areas – fragmentation (1), workforce capacity and education (2), access (3), equity and data (4), and prevention (5) - emerged.



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While perspectives reflected diverse disciplines and sectors, discussions converged around a shared set of opportunities to strengthen collaboration, inform policy and practice, and support more effective approaches to pain management in later life.

1. Fragmented Pain Care Across the Life Course

Objective: *To move from siloed, condition-specific treatment toward an integrated, person-centred approach that recognizes pain in later life as a cross-cutting issue, rather than a secondary symptom.*

> **Even if pain is addressed, it's addressed in a very siloed way - it might be managed as part of cancer or as part of another condition - but it's not really looked at across the board, in the context of ageing.**

Pain in older adults is too often managed only as part of another diagnosis rather than recognized in its own right within the broader trajectory of ageing. This leaves no single actor clearly responsible for addressing it across the continuum of care, while many older adults do not identify themselves as "pain patients," making it harder to seek and navigate appropriate support.

Proposed opportunities, in this context, included stronger multi-, inter-, and trans-disciplinary collaboration among professionals who support older adults, improved information-sharing across the ageing and care continuum, and the development of national chronic pain pathways grounded in a biopsychosocial - rather than purely biomedical - approach to healthy ageing and longevity.

2. Workforce Capacity and Education on Pain and Ageing

Objective: To equip the full spectrum of health and care professionals who support older adults – from general practitioners (GPs) and geriatricians to pharmacists, nurses, physiotherapists, chiropractors, caregivers, community-based workers, and other allied health professionals - with consistent training on recognizing and managing pain, specifically for older adults.

> **Perhaps that knowledge might lie in one healthcare professional or person, but it's not really systematically preserved. So how do we integrate pain management for older adults more systematically - as a standalone module - into training programs?**

Training emerged as one of the most consistently identified opportunities for action. Participants called for pain in older adults to be embedded as a standalone, systematic component of undergraduate curricula, reinforced through continuing professional development, and extended well beyond physicians to the wider workforce, including advanced practice nurses (APN), who interact regularly with older adults.

Improving awareness of pain in later life and appropriate responses across the health and care workforce is an important first step in the continuum from recognizing needs to ensuring timely access to appropriate, person-centred care.[1,2]

On the patient side, discussions highlighted the value of holistic self-management education tailored to later life, alongside practical tools such as simple question prompts that older adults can use when engaging with healthcare professionals.

3. Access to Pain Management for Ageing Populations

Objective: To improve older adults' access to pain management by strengthening policies and creating opportunities for pain to be recognized, assessed, and addressed across the health, care, and community settings that support healthy ageing.

> **You've got the person sitting in the middle, and all these healthcare professionals around the outside - but it's almost up to the person themselves to navigate that system around access, which most people are never going to do – or just don't have the resources to be able to.**

With GP appointments often limited, participants discussed strengthening the role of the broader health, care, and community workforce in supporting earlier recognition of pain-related concerns. Pharmacists were highlighted as one important resource, often serving as a first point of contact for older adults. Nurses, including APNs, residential and community-based long-term care staff, occupational therapists, physiotherapists, and informal carers were also recognized as key contributors to identifying changes in health status, supporting earlier intervention, and improving access to appropriate care. Expanding these roles could help improve the accessibility, safety, and affordability of care while enabling earlier recognition and management of pain.

Participants noted that only around 20% of older adults follow up with a GP after a minor fall - illustrating how early indicators of pain, frailty, and functional decline can be missed, while also highlighting the importance of preventing falls before they occur. Discussions therefore emphasized the importance of accessible, person-centred approaches that support prevention, earlier identification of concerns, timely intervention, and improved access to pain management for older adults through policy and practice.

[2] *Dubois, H. & Nivakoski, S. (2025). Living Conditions and quality of life: Mental health: Risk Groups, trends, services, and policies. Eurofound. 10.2806/1616679*

4. Equity, Inclusion, and Age-Disaggregated Data

Objective: To close research and treatment gaps that specifically affect older populations, ensuring older adults are represented in clinical evidence and data, and receive pain management approaches appropriate to the full diversity of ageing experiences.

> **We're talking about older adults, but we're not actually asking them. And it shouldn't just be quantitative research - qualitative matters too.**

Discussions repeatedly returned to evidence gaps affecting older populations, including limited inclusion of older adults in clinical trials and a lack of appropriate personalized treatment options. Participants called for more consistent inclusion of older adults in research, data, and clinical studies, alongside greater investment in evidence generation that directly engages with older adults through both quantitative and qualitative approaches.

Older adults are not a homogeneous population. Experiences of ageing vary considerably across socioeconomic, cultural, geographic, and health contexts, showcasing the need for more nuanced data and approaches that reflect the diversity of later life.

5. Prevention Across the Life Course of Ageing

Objective: To shift focus toward early, life-course prevention of pain-related decline, supporting healthy ageing trajectories rather than relying primarily on reactive treatment in later life.

> **By the age of 30, you're losing one percent of muscle function a year - and after 60, that goes up to two percent a year. Scary stuff.**

Prevention was framed as needing to begin much earlier than is often assumed. Declines in muscle function can begin around age 30 and accelerate with age, reinforcing the importance of a life-course approach to healthy ageing - one in which pain sits within a broader continuum, interrelated with nutrition, physical activity, fall prevention, immunization, and housing design rather than addressed in isolation.

Several participants observed that current systems often incentivize downstream treatment rather than prevention. Strengthening recognition among policymakers of the value of prevention, and of the contribution of nurses, pharmacists, caregivers, and other non-physician professionals (e.g., occupational therapists, physiotherapists, and other allied health professionals), was identified as an important component of building the case for investment in healthy ageing and long-term system sustainability.

Conclusion and Acknowledgement

The meeting, *Pain Management in Later Life: Aligning Evidence, Policy, and Action*, brought together a multidisciplinary and multisectoral group of experts to reflect the breadth of perspectives relevant to pain management in older adults.

The discussions reinforced that pain management in later life is not solely a clinical issue, but one that intersects with healthy ageing, functional ability, social participation, workforce engagement, and the sustainability of health and care systems. The priority action areas outlined in this summary provide a foundation for continued dialogue, collaboration, and evidence-informed action to advance person-centred approaches to pain management within the context of ageing populations.

The IFA wishes to convey sincere gratitude to the following participants whose thoughtful participation informed the development of this statement:

- Roxana Badiei, International Federation on Ageing (IFA)
- Prof Mario Barbagallo, University of Palermo
- Marta Bartnicka, European Pain Federation (EFIC)
- Amy Jo Collins, World Health Organization (WHO)
- Dr Hans Dubois, European Foundation for the Improvement of Living and Working Conditions (Eurofound)
- Mohamed Elzarei, Haleon
- Hoi Shan Fokeladeh, International Council of Nurses (ICN)
- Elisabeth García, JADE Health
- Prof Irmela Gnass, Paracelsus Medical University
- Dr Jiri Horecky, European Ageing Network (EAN)
- Sam Kynman, European Pain Federation (EFIC)
- Simon Levitt, Harwood Levitt Consulting
- Dr Nadia Malliou, Pain Alliance Europe
- Frederick Martinez, Cancer Patients Europe
- Yara Peterko, Council of Occupational Therapists for the European Countries
- Prof Gisèle Pickering, Medicine and Clinical Pharmacology Medical Faculty and Director of the Clinical Research Platform, University Hospital Clermont-Fd,
- Dr Philipp Reicherts, University of Augsburg
- Prof Patricia Schofield, School of Nursing & Midwifery. Faculty of Health: Medicine, Dentistry and Human Sciences University of Plymouth
- Holly Shorey, Eurocarer
- Gregor Sneddon, International Federation on Ageing (IFA)
- Jan Tessier, International Association of Physiotherapists Working with Older People (IPTOP)
- Bart Vandendries, European Chiropractors' Union
- Madeline Whitaker, Haleon
- Jozie Yusof, Harwood Levitt Consulting

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