**Introduction:**
Geriatric patients in the long-term care setting (skilled nursing facilities and assisted living facilities) receive psychotropic medication often for symptoms that could be attributed to pain. By doing a comparison study of residents in long-term care facilities (SNFs) and those in assisted living facilities (ALFs) who receive psychotropic medications and in addition receive some type of analgesic medication, we may be able to identify trends and/or concerns.

**Methods:**
We studied the prevalence of analgesic use among the elderly in these settings who receive psychotropics. Data collection involved the long-term residents of 7 SNFs and 2 ALFs. 361 residents of the SNFs and 30 residents of the ALFs were receiving routine or PRN (> twice monthly) psychotropic medications. We then assessed whether each of the residents receiving psychotropics was being treated for pain on a routine or PRN basis (> twice monthly).

**Learning Objectives:**
- Determine the prevalence of concomitant use of psychotropics and pain medications
- Identify the potential misuse of psychotropic medications for symptoms of pain
- Begin to understand differences in the residents of skilled nursing facilities and assisted living as to the usage of analgesic medications in those patients on psychotropics

**Results:**
Of the 361 long-term SNF residents who were receiving at least one psychotropic medication, 195 (54%) were receiving a routine analgesic, and 45 (12%) of them were receiving prn analgesic (> twice per month). In the ALF, of the 30 residents on psychotropics, 8 (27%) were receiving routine analgesia and 7 (23%) were receiving analgesic medications prn. 34% of the residents on psychotropics in the SNF setting and 50% of the residents on psychotropics in the ALF setting are not receiving any kind of analgesic medication.

**Discussion/Conclusion:**
Elderly patients with dementia may not be able to convey the presence of pain verbally. The response to pain may include anxiety, restlessness, yelling, physical aggression, insomnia, sad affect, crying anorexia, withdrawal and/or irritability. Psychotropic medications may be prescribed for the symptoms that are caused by unrecognized pain. Future educational effort will be made to help clinicians delineate pain symptoms from those that require the use of psychotropics. The lower incidence of analgesic use in ALFs may be indicative of the difference in co-morbidities among SNF vs. ALF residents. ALF residents tend to be seen by fewer geriatricians than SNF residents, and the physician visit is more dependent on resident self-report of pain.