Suffering in Silence

Variability in Pain Assessment Leads to Inadequate Treatment in Older Adults with Dementia

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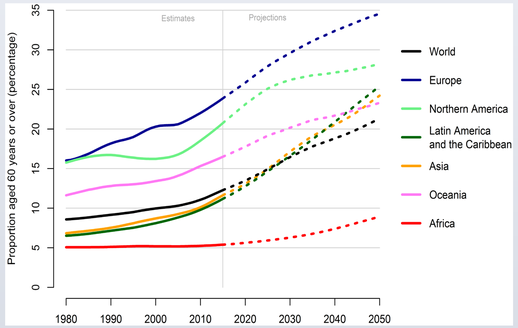
The Population is Aging

The number of Older Adults is the highest it has ever been in history, doubling from 1980 to 2017, and expected to double again by the year 2050. This Older Adult population contains approximately 50 million individuals with Dementia, and nearly 70% of whom have two or more chronic conditions and 25% of whom will fall this year. With this increase in painful conditions in a population with a high potential for communication issues, we must implement further studies for standard best practice guidelines for Pain Assessment.

Percentage of population aged 60 years and over by region, from 1980 to 2050



Data source: United National (2017). World Population Prospects: the 2017 Revision.

Several pain scales are in use, inconsistently and without widespread guidelines despite their continued proof of efficacy. These scales, including the very user-friendly PAINAD, and very thorough PACSLAC, have shown in these six various studies that they can recognize pain much more accurately than the current Verbal Descriptor Scale. Implementation of a standard pain scale for Older Adults with Dementia would lead to better pain recognition to reduce delayed healing, fewer behavioral event, and better quality of life.

Research Highlights

Nakashima, Young, and Hsu (2019) was a cross-sectional study of 50,673 nursing home residents across New York State that found that residents with dementia received 18.2% fewer pain assessments than residents without dementia, which resulted in the recognition of pain only half as frequently.

Nakashima, Young, and Hsu (2019) also found an alarmingly lower rate of PRN pain medication (15% lower) and non-pharmacological interventions used in the dementia population.

Jordan, Regnard, O'Brein, and Hughes (2011) was a National Health Service sponsored study which found that although the PAINAD scale had a 92% sensitivity to pain, it showed only a 62% specificity to pain.

Mehta, Siegler, Henderson, and Reid (2010) studied 100 older adults with fracture-related pain in a tertiary care hospital in NYC found vast inconsistency among care providers in term of pain assessment- with 1/3 of nursing assessments and only 5% of doctor assessments including a pain rating. It was also noted that patients admitted under surgical services were 93% likely to receive opioid analgesia versus only 43% of medical patients.

Fry and Elliot (2018) reviewed the treatments of 181 patients who presented to Emergency Departments age 65 and above who presented with long bone fractures. In this study, Nurses were trained in the use of PAINAD and Six Item Screener test for cognitive impairment, and it found that although it could not describe the intensity of pain, it was 80% reliable in identifying the presence of pain.

Natavio, McQuillen, Dietrich, Wells, Rhoten, Vallerand, and Monroe (2020) was a study comparing the PAINAD and PACSLAC which found a mere 54% of staff preference for PAINAD for its ease of use, rather than the more comprehensive PACSLAC.

PAIN Assessment in Advanced Dementia (PAINAD)

The PAINAD scale was developed by Warden, Hurley, and Volicer (2003) as a very straight-forward, user friendly tool that results in a score from 0-2 in 5 different categories including breathing, negative vocalization, facial expression, body language, and consolability. Each category is further explained in the table below. *This 0-10 score is not used to rate the severity of pain, it is used to acknowledge the presence of pain, with a usual cutoff of 2.

It is to be used for observation in 3 different settings for the most accurate score, which include while resting, during a pleasurable activity (like mealtime), and during a less pleasurable activity (like bathing).

**It is considered the quicker and easier to use of these two scales.

	0	1	2	SCORE
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations	
Negative Vocalization	None	Occasional moan or groan. Low-level speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
Facial Expression	Smiling or inexpressive	Sad. Frightened. Frown	Facial grimacing	
Body Language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
				TOTAL 0-10

Pain Assessment Checklist for Seniors with Limited Ability to Communicate

The PACSLAC according to Fuchs-Lacelle and Hadjistavropoulos (2004) is a checklist composed of a comprehensive review of symptoms that is 60 items long. The list covers a collection of facial expressions, activity and body movements, social, personality, and mood, as well as a category for other which includes changes in sleep and appetite.

While it is certainly more cumbersome than the 5- category PAINAD, it is also more thorough.

**The main pitfall of this scale is in its less than user-friendly bulk.

Facial Expression	Present	Going into Fetal Position	
Grimacing		Stiff/ Rigid	
Sad Look		Social/Personality/Mood	
Tighter Face		Physical Aggression (e.g. pushing people and/or objects, scratching others, hitting others, striking, kicking)	
Dirty Look		Verbal Aggression	
Change in Eyes (Squinting, dull, bright, increased eye movements)		Not Wanting to be Touched	
Frowning		Not Allowing People Near	
Pain Expression		Angry/Mad	
Grim Face		Throwing Things	
Clenching Teeth		Increased Confusion	
Wincing		Anxious	
Open Mouth		Upset	
Creasing Forehead		Agitated	
Screwing up Nose		Cranky/Irritable	
Activity/Body Movement		Frustrated	
Fidgeting		Other	
Pulling Away		Pale Face	
Flinching		Flushed, Red Face	
Restless		Teary Eyed	
Pacing		Sweating	
Wandering		Shaking/Trembling	
Trying to Leave		Cold Clammy	
Refusing to Move		Changes in sleep routine (circle 1 or 2) 1. Decreased sleep 2. Increased sleep during day	
Thrashing		Changes in appetite (please circle 1 or 2) 1. Decreased appetite 2. Increased appetite	
Decreased Activity		Screaming/yelling	
Refusing Medications		Calling Out (i.e. for help)	
Moving Slow		Crying	
Impulsive Behaviors (Repeat Movements)		A specific Sound of Vocalization For pain "ow," "ouch"	
Uncooperative/Resistance to care		Moaning and groaning	
Guarding Sore Area		Mumbling	
Touching/Holding Sore Area		Grunting	
Limping		Total Checklist Score	0-60
Clenching Fist			

Limitations

There is a great need for more research on the topic of pain assessment within the Older Adult population with dementia. Not only does this population need more advocacy related to their unique situation of multiple diagnoses and difficulty understanding and communicating their discomfort, they are also have a high risk for unrecognized and undue suffering. Standardization of these practices would lessen the risk of suffering in this vulnerable population. However, without further research to establish best practice guidelines we cannot be sure we are treating this growing population to the best of our ability.

Conclusions

- The population is aging.
- Older patients have more chronic diseases, including dementia and those which can cause pain.
- Dementia can cause communication challenges which make recognizing pain more difficult.
- Behavioral issues may be pain manifestations in the Older Adult with Dementia population.
- There is no standard of practice in place at this time which leads to variability in patient care.
- Any non-verbal pain scale is better than not when assessing patients with communication challenges caused by dementia.
- The PAINAD scale is fast and easy to administer, but not specific to pain behaviors.
- The PACSLAC is comprehensive but has 60 items which is too bulky.
- Effective administration of either pain scale relies on proper training of caretakers.
- Poor pain management leads to longer hospital stays, falls, behavioral outbursts, and undue suffering.
- There is not enough research in to pain assessment and treatment of Older Adults with Dementia.
- Every study reviewed encourages further investigation of this topic.

- WE NEED TO DO MORE RESEARCH!!

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