

Pain Management in Persons with Cognitive Impairment

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Objectives of the Presentation

- Explore new data about pain assessment tools
- Describe best practices for pain management in patients with dementia

Definition of Pain

- Pain=
 - verbal report
 - whatever the person says it is (McCaffery)
- Discomfort=
 - objective signs
 - behaviors
 - express negative emotional or physical state (Hurley et al, 1992)

Challenges to Managing Pain

- Do persons with dementia have pain?
 - Decreased complaints with greater cognitive impairment
- How does pain manifest?
- Is pain differentiated from other discomforts?
- Can we call it pain if not stated?
 - Side effects
- Are we consistent?
 - No standard
- Do we give trials long enough?

Potentially Painful Conditions: Multiple

- Musculoskeletal
 - backaches, arthritis, fractures, falls, injuries
- Gastrointestinal
- Circulatory
 - cardiac, peripheral vascular pain
- Cancers / tumors
- Neurological
 - Headaches
- Peripheral neuropathy

Measuring Pain in Persons with Dementia

Assessment Guidelines: American Geriatrics Society (2002)

- Facial expression
- Verbalization, vocalization
- Body movements
- Changes in interpersonal interactions
- Changes in activity patterns/
routines
- Mental status changes

"Assessing Pain in the Patient with Impaired Communication: A Consensus Statement from the VHA National Pain Management Strategy Coordinating Committee"

- Assess behavioral signs
- Describe visible signs of pain
- Document assessment
 - OK to use 99
 - Do not be the proxy by providing #
- Document intervention and effect
- http://www1.va.gov/Pain_Management/

"Pain Assessment in the Non-verbal Patient: Position Statement with Clinical Practice Recommendations"

- American Society for Pain Management Nursing
http://www.aspmn.org/Organization/position_papers.htm

Consider cause

Identify, describe pain

Describe behaviors, functioning, mental status

Obtain others' reports

Intervene

Evaluate effect

Communicate

Consistent approach

Scales for Measuring Pain: No gold standard!

Depends on verbal ability:

- Faces, Verbal, 0-10, Line

Observational:

Checklist of Nonverbal Behaviors

- Discomfort Scale (DS-DAT)
- PainAD
- NOPPAIN
- Doloplus 2
- PACSLAC

<http://www.cityofhope.org/prc/elderly.asp>

Scales for Pain Measurement in Older Persons with Cognitively Impairment

- Abbey
- ADD
- CNPI
- Doloplus2
- DS-DAT
- Pain Behavior Measure
- FACS
- Minimum Data Set
- Proxy Pain Questionnaire
- FLACC
- NOPPAIN
- PACSLAC
- PADE
- PAINAD
- PAINÉ
- MOBID
- PATCOA
- Rating Pain in Dementia
- EPCA

Four Systematic Reviews

- Stolee et al, 2005
 - 30 tools: 18 self-report, 12 staff
 - DS-DAT and Pain Behavior Measure best
- Herr et al, 2006
 - 10 reviewed: English only
 - NOPPAIN, DS-DAT best

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Systematic Reviews- cont'd

- Zwakhalen et al, 2006
 - 12 tools
 - International: English, Dutch, French, German
 - Doloplus2, PACSLAC best
- Van Herk et al, 2007
 - 13 tools
 - FACS, PACSLAC, DS-DAT, PAINAD promising

Checklist of Nonverbal Pain Indicators

(Feldt, 2000) (Evaluate at rest and during movement, Y/N)

- Vocal complaints: nonverbal (moans, groans, cries, sighs)
- Facial grimaces/winces (clenched teeth, furrowed brow)
- Bracing (holding onto side rails)
- Restlessness (shifting position, inability to keep still)
- Vocal complaints: verbal ("ouch"; "that hurts"; cursing; "stop")
- Rubbing (massaging affected area)

Discomfort Scale

(Hurley et al, 1992)

- 9 observable behaviors:
 - noisy breathing, negative vocalization, sad or frightened facial expression, frown, tense body language, fidgeting
- Each observation is rated 1-3 according to:
 - intensity, duration, frequency
- Difficult to use, training required

Pain AD

(Warden et al., 2003)

- 5 observable behaviors each rated 0-2
- Noisy breathing, negative vocalization, facial expression, body language, consolability
- Based on Discomfort Scale
- Score of 4 indicates pain treatment trial
- Easy to use, each behavior defined, little training required

No Bodies in Pain (NOPPAIN)

(Snow, et al, 2004)

- Focuses on specific pain behaviors while doing common care tasks
- 4 sections
 - Care conditions for observation
 - Bathing, dressing, transfers
 - Presence/absence of pain behaviors
 - Pain behavior intensity
 - Pain thermometer for overall rating
- Excellent in clinical care
- Easy for caregivers to use, some training

Doloplus 2 (Wary et al, 1999) (International)

- 10 items
- Rated from 0 to 3 (intensity)
- 5 of 30 total = pain
- Total score reflects progression of experienced pain rather than pain at a particular moment
- Adapted from use with children
- French and English

Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC)

(Fuchs et al., 2004)

- 60 items with 4 subscales
 - Facial expressions
 - Activity/body movements
 - Social/ personality/mood
 - Physiological/eating/sleeping/vocal
- Scored as present or absent
- No interpretation of score available
- Created from interviews about recalled patients

MOBID

- New approach
- Caregiver moves patient
- Evaluates intensity
- Types of pain
- International

ADD and Serial Trials Interventions

- Assessment of Discomfort in Dementia Protocol (Kovach et al)
- Serial Trials Protocol (Kovach et al)
 - Systematic test of effects

Thoughts about the Scales

- Multiple methods may be preferable over any single scale (Cohen-Mansfield, 2008)
 - Scale
 - Observed behaviors
 - Family input
 - Responses to interventions
- Are we certain we're measuring pain?
- Raises awareness!

Evaluation of the Scales

- Effectiveness of pain management should be included in assessment tools (Helme, 2007)
- Most need more validity and reliability testing with larger samples, specific populations
- Most tested in very few studies
- Pain intensity difficult to measure
- New scales always being developed
- Differences between international and US

Evaluation of the Scales (cont'd)

- No cutoff scores
- No response to treatment
- Discomfort = Pain?
- Pain intensity problematic
- Not condition specific
 - Physical
 - Type of cognitive impairment
- Variability within and between individuals
- Education about behaviors needed

Other Signs of Pain: Information from Observation and Caregivers

- Family members know
- Watch during movement
- Other signs:
 - Poor appetite
 - Depressive symptoms
 - Poor sleep
 - Change in function
 - Agitation
 - Refuses care
 - Moans, groans, cries

Family Caregivers: Untapped Resource

- Familiarity
- Understanding the person
 - Behaviors
 - Moods
 - Facial and bodily expressions
- Overwhelming?
 - Pain as a priority?
- Concerns: unnecessary? side effects?
fear of addiction?

Recommended Practices

- Assessment
- Etiology
- Characteristics of the pain
 - Duration, persistence, frequency, location, aggravating/alleviating factors
 - Intensity
- Treatment plan development

Assessment Approach

- Behavioral evaluation
 - Unmet need
 - Target cause of discomfort
- Evaluate environment
 - Activity pacing
 - Enough rest?
- Physical exam findings
 - Response
 - Positive findings
- Consultation: psych, pain

Nonpharmacologic Approaches

(Snow & Shuster, 2006; Kovach et al, 2002, 2005)

- Short trials of change
- Change environmental stimuli
- Soothing, supportive verbal communication
- Touch
- Physical exercise/movement
- Sensory stimulation
- Music
- Massage

Pharmacological Approaches: Guiding Principles (Hutt et al, 2007)

- When pain is detected, institute treatment rapidly
- Use scheduled rather than "prn"
- Neuropathic pain considerations
- Titrate medication
- Assess response
- Mitigate side effects

Customize

- Outcomes to use?
 - Specific to patient?
- Familiarity with patient
- Evaluate using several sources
 - Team
 - Family
 - Caregivers

When patients transfer to other settings

- Continuity as able
- Follow up
- Frequent visits
- Keep care plan focus
- Share knowledge
- Assist family
 - Uncertain how to discuss pain with staff (Buffum and Haberfelde, 2007)

New Research/Projects

- Low-Dose Opiate Therapy for Discomfort in Dementia (L-DOT), -RR&D
(Shuster, Snow et al, in progress)
- Views of the PAINAD in VA
(Horvath, in development)

What do we know now?

- Discomfort does not always mean pain
 - Customization required
- Family caregivers need to be included
- Organizational characteristics for best pain management
 - Clinical leaders involved
 - Low staff turnover
- Attitudes, knowledge, beliefs need addressing

Recommendations: Clinical Practice

- Find what works, be consistent
 - Use WHO pain ladder
 - Use non-pharmacological strategies
- Communicate what works and explore strategies
 - Family caregiver
 - Staff
 - Document
 - Other settings
- Continuously evaluate what works
 - If stops working = other need?

Recommendations: Research

- Test the pain scales for other patients with problems expressing themselves (delirium, stroke, brain injury)
- Explore the role of family as part of the care team
- Empower family caregiver to learn how to identify and report pain

In Sum

- Persons with dementia may have pain just like other people!
- Use multiple methods (scales, observer reports, function, trials) to assess pain
- Family caregivers and health care team members need education and communication about pain
- Persons with dementia need advocates
- Pain and discomfort should be treated in collaboration with ALL of the health care team

Their Comfort Rests with Us

"Pain is a more terrible lord of mankind than even death himself." ..

(Albert Schweitzer, 1865-1965)