

Tips for Managing Pain in Persons with Dementia/Cognitive Impairment

Marti Buffum, DNSc, APRN, BC, CS

VA Pain Teleconference

July 1, 2008

Identification

- Identification of signs of pain in persons with severe cognitive impairment is of primary importance—begin with observations, information gathering, screening, identification of other unfulfilled needs, and team collaboration.
- Definition is essential: discomfort includes objective signs of possible pain and includes behavioral manifestations and negative emotional or physical signs. Aspects to consider: bias of observer, unknown usual patient behaviors from past prior to cognitive impairment, and subjective interpretations of facial expressions.
- Knowing type of cognitive impairment is helpful for understanding communication deficits, executive function, memory deficits, speech problems, idiosyncratic responses, expectation for rehabilitation, etc. This applies to types of dementia, stroke, traumatic brain injury.
- Screening for pain should lead to more comprehensive examination of underlying cause(s) and types of pain. Consider that there may be multiple sources of pain

Characteristics

- Understanding what the person may have been like prior to cognitive impairment—pain issues and locations/conditions/timing, preferred analgesics, expressions and behaviors when in pain
- Persons with dementia are usually older; chronic conditions associated with pain increase with aging and might include systems such as: musculoskeletal, GI, cardiovascular, cancers, headaches, neuropathy
- Persons with dementia or cognitive impairment may have pain just like other people, particularly if painful conditions exist or painful procedures are done.

Assessment

- No standard measure exists for determining pain in elderly with dementia
- Scales for measuring pain are plentiful (since 1992, primarily) and can be accessed at <http://www.cityofhope.org/prc/elderly.asp> International studies have yielded new information on some of these tools. Generally there is lack of consensus between US and international appraisals of psychometrically sound tools. The most promising from international viewpoint are PACSLAC and Doloplus2. From US view the most promising are Discomfort Scale, NOPPAIN, PAINAD, Pain Behavior Measure. New tools continue to be developed. Types and intensity of pain, acute and chronic, activity orientation, and treatment effectiveness are some of the gaps in scale measures.
- Issues related to scales include: not specific to pain, discomfort does not always mean pain, scores on the scales are not comparable with other tools (0-10) as most persons have only one or two of the many behaviors. Different persons have different behaviors and these may differ at different times. Behaviors for pain could be identical to those for another unmet need.

- Assessments using the same scale should be done for different activity levels—rest, movement, during care—and a baseline is helpful to establish. Also, treatment should be evaluated with a reassessment using the same scale.
- Multiple methods for assessing pain should be used, as one tool does not fit all persons' behaviors (e.g., scale, observation reports from caregivers, responses to interventions, analgesic trial)

Interventions

- Role of family caregivers in learning about pain is not well established and family are often not included in pain discussions when patients move between settings
- While not a scale per se, a clinically useful approach is a systematic checklist for ruling out all possible causes of discomfort—hunger, thirst, loneliness, fatigue, wanting to be in another location, anger, frustration, constipation, pain (e.g., Assessment of Discomfort in Dementia Protocol; Checklist of Nonverbal Pain Indicators; Serial Trials Intervention).
- The type and level of pain (intensity) should be treated with appropriate analgesics; pain should be treated when it is identified/recognized; in geriatrics the rule is to start low and go slow; always evaluate effect, starting with a prn and changing to regularly scheduled regimen if effective.
- All treatment should be tailored to the individual. Use of non-pharmacologic treatments could be helpful as adjunctive or as major treatments (e.g., music, distraction, social contact, touch).
- Persons with communicative issues and cognitive impairment need advocates who know them; all of the health care team should be included in treating and evaluating responses to treatment
- Communication between professionals and family caregivers is needed to determine pain responses; while the norm has been undertreatment, it is possible to overtreat also.

VA-related Information

- The VA Office of Nursing Services has collaborated with DoD for handoffs for veterans with TBI transitioning out of the military; the Checklist of Nonverbal Pain Indicators (CNPI) was selected, possibly because descriptors are quite general (vocal complaints, facial grimaces, bracing, restlessness, rubbing, verbal statements)
- There are no established scales for cognitive impairment associated with TBI; there are scales for nonverbal, noncommunicative patients (e.g., pediatric and intensive care/sedation scales)
- Explore transferability of the measurement methods for pain/discomfort in dementia to the younger OEF/OIF TBI veterans. Explore validity issues in utilizing tools designed for persons with dementia; try existing tools but consider alterations and development of new ones

Bibliography

Systematic Reviews

Herr, K., Bjoro, K., Decker, S. (2006). Tools for assessment of pain in nonverbal older adults with dementia: A state-of-the-science review. *Journal of Pain and Symptom Management*, 31(2), 170-192.

Stolee, P., Hillier, L., Esbaugh, J., Bol, N., McKellar, L., Gauthier, N. (2005). Instruments for the assessment of pain in older persons with cognitive impairment. *Journal of the American Geriatrics Society*, 53(2), 319-326.

van Herk, R., van Dijk, M., Baar, F., Tibboel, D., de Wit, R. (2007). Observation scales for pain assessment in older adults with cognitive impairments or communication difficulties. *Nursing Research*, 56(1), 34-43.

Zwakhalen, S., Hamers, J., Abu-Saad, H., Berger, M. (2006). Pain in elderly people with severe dementia: A systematic review of behavioural pain assessment tools. *BioMed Central Geriatrics*, 6(3). <http://www.biomedcentral.com/1471-2318/6/3>. Accessed 5/1/2008.

Comment: Helme, R. (2006). Commentary to synopsis by Martina Habeck: How useful are currently available tools for pain evaluation in elderly people with dementia? *Nature Clinical Practice Neurology*, 2(9), 475. Practice Point accessed at www.nature.com/clinicalpractice/neuro 5/1/2008.

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

Tools

Herr K, Bjoro K, Decker S. State of the art review of tools for assessment of pain in nonverbal older adults [monograph on the Internet]. Duarte (CA): City of Hope, Beckman Resource Institute; 2007[cited 2008 Apr 25]. Available from: <http://www.cityofhope.org/>

References

AGS Panel on Persistent Pain in Older Persons. (2002). The management of persistent pain in older persons. American Geriatrics Society. *Journal of the American Geriatrics Society*, 50, S205-S224.

Alzheimer's Association. (2007). Estimate of worldwide prevalence of Alzheimer's disease is 26.6 million. <http://www.emaxhealth.com/91/12843.html>, accessed 4/4/2008.

Buffum, M., Hutt, E., Chang, V., Craine, M., Snow, A.L. (2007). Cognitive impairment and pain management: Review of issues and challenges. *Journal of Rehabilitation Research and Development*, 44(2), 315-330.

Buffum, M., Sands, L., Miaskowski, C., Brod, M., Washburn, A. (2004). A clinical trial of the effectiveness of regularly scheduled versus as-needed administration of acetaminophen in the management of discomfort in older adults with dementia. *Journal of the American Geriatrics Society*, 52(7), 1093-1097.

Buffum, M., Habberfelde M. (2007). Moving to new settings: Pilot study of families' perceptions of professional caregivers' pain management in persons with dementia. *Journal of Rehabilitation Research and Development*, 44(2), 295-304.

Cohen-Mansfield, J., Lipson, S. (2008). The utility of pain assessment for analgesic use in persons with dementia. *Pain*, 134, 16-23.

Cohen-Mansfield, J. (2008). The relationship between different pain assessments in dementia. *Alzheimer Disease and Associated Disorders*, 22(1), 86-93.

Cook, A., Thomas, M. (1994). Pain and the use of health services among the elderly. *Journal of Aging and Health*, 6, 155-174.

Feldt, K. (2000). The checklist of nonverbal pain indicators (CNPI). *Pain Management Nursing*, 1, 13-21.

Fuchs-Lacelle, S., Hadjistavropoulos, T. (2004). Development and preliminary validation of the pain assessment checklist for seniors with limited ability to communicate (PACSLAC). *Pain Management Nursing*, 5, 37-49.

Hølen, J.C., Saltvedt, I., Fayers, P.M., Hjerstad, M.J., Loge, J.H, Kaasa, S. (2007). Doloplus-2, a valid tool for behavioural pain assessment? *BMC Geriatr*, 19(7), 29.

Hurley, A., Volicer, B., Hanrahan, P., Houde, S., Volicer, L. (1992). Assessment of discomfort in advanced Alzheimer patients. *Research in Nursing and Health*, 15(5), 369-377.

Husebo, B., Strand, L., Moe-Nilssen, R., Husebo, S., Snow, A.L., Ljunggren, A. (2007). Mobilization-Observation-Behavior-Intensity Scale (MOBID): Development and validation of a nurse-administered pain assessment tool for use in dementia. *Journal of Pain and Symptom Management*, 34(1), 67-80.

Hutt, E., Buffum, M., Fink, R., Jones, K., Pepper, G. (2007). Optimizing pain management in long-term care residents. *Geriatrics Aging*, 10(8), 523-527.

- Kim, K., Jones, E., Goldstein, M. (2001). Mental health services for older veterans in the VA system. *Psychiatric Services*, 52(6), 765-768.
- Kovach, C.R., Noonan, P.E., Griffie, J., Muchka, S., Weissman, D.E. (2001). Use of the assessment of discomfort in dementia protocol. *Applied Nursing Research*, 14(4), 193-200.
- Kovach, C.R., Noonan, P., Schlidt, A., Reynolds, S., Wells, T.. (2006). The Serial Trial Intervention: an innovative approach to meeting needs of individuals with dementia. *Journal of Gerontological Nursing*, 32, 18-25.
- Kovach, C.R., Wells, T. (2002). Pacing of activity as a predictor of agitation for persons with dementia in acute care. *Journal of Gerontological Nursing*, 28(1), 28-35.
- Kovach, C., Schlidt, A.M. (2005). Balancing and connecting program (BAC): A two-session in-service education program for caregivers of people with dementia. Education and Resource Manual. Milwaukee (WI): College of Nursing and Center on Age and Community, University of Wisconsin Milwaukee.
- Krishnan, L., Petersen, N., Snow, A.L., Cully, J., Schulz, P., Graham, D., Morgan, R., Braun, U., Moffett, M., Yu, H., Kunik, M. (2005). Prevalence of dementia among Veterans Affairs Medical Care system users. *Dementia and Geriatric Cognitive Disorders*. Published online: www.karger.com/dem. Accessed 3/1/2008.
- McCaffery, M. (1968). Nursing practice theories related to cognition, bodily pain, and man-environment interactions, Los Angeles, CA: UCLA Students' Store, 1968.
- Mezinskis, P.M., Keller, A., Luggen, A. (2004). Assessment of pain in the cognitively impaired older adult in long-term care. *Geriatric Nursing*, 25(2), 107-112.
- Mobily P.R., Herr K.A., Clark, M.K., Wallace, R.B. (1994). An epidemiological analysis of pain in the elderly: The Iowa 65+ rural Health Study. *Journal of Aging and Health*, 62, 139-154.
- Morello, R., Jean, A., Alix, M., Sellin-Peres, D., Fermanian, J. (2007). A scale to measure pain in non-verbally communicating older patients: The EPCA-2.--Study of its psychometric properties. *Pain*, 133, 87-98.
- Parmelee, P.A. (1996). Pain in cognitively impaired older persons. *Clinics in Geriatric Medicine*, 12(3), 473-88.
- Parmelee, P.A., Smith, B, Katz, I.R. (1993). Pain complaints and cognitive status among elderly institution residents. *Journal of the American Geriatrics Society*, 41, 517-522.

Shega J., Hougham, G., Stocking, C., Cox-Hayley, D., Sachs, G. (2006). Management of noncancer pain in community-dwelling persons with dementia. *Journal of the American Geriatrics Society*, 54, 1892-1897.

Snow, A.L., Shuster, J.L. (2006). Assessment and treatment of persistent pain in persons with cognitive and communication impairment. *Journal of Clinical Psychology: In Session*, 62(11), 1379-1387.

Snow, A.L., Weber, J., O'Malley, K. et al. (2004). NOPPAIN: a nursing assistant-administered pain assessment instrument for use in dementia. *Dementia and Geriatric Cognitive Disorders*, 17(3), 240-246.

Warden, V., Hurley, A., Volicer, L.. (2003). Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAIN-AD) scale. *Journal of the American Medical Directors Association*, 4, 9-15.

Wary, B., Doloplus, C. (1999). Doloplus-2, a scale for pain measurement. [*Soins Gerontol.*] 19, 25-7. French.