

Assessing for Pain as an Unmet Need

Often times, individuals with dementia experience unmet needs such as pain, hunger, boredom, toileting, etc. Of all of the unmet needs that may be experienced, pain is the most common one that is experienced by individuals with dementia.

Pain most often leads to behavioral issues, as these individuals are unable to express the pain that they experience. Pain is often underdiagnosed in individuals with dementia and warrants a high degree of suspicion when behavior changes are exhibited. Due to deficits in language and cognition that occur with dementia, an individual with dementia may often have a reduced ability to express pain normally. Pain is likely to manifest itself as a behavioral expression, but can also lead to sleep disturbances, decreased socialization, malnutrition, impaired immune function, and impaired ambulation just to name a few. Observation for body language and other nonverbal cues is often necessary. Resistance to care, striking out, and other aggressive expressions during care may also result from pain.

Successful pain management programs include processes for completing comprehensive pain assessments, along with re-evaluations to determine the treatment's effectiveness. Standardized, evidence-based assessment tools are an important component of any pain management program. A variety of valid and reliable assessment tools are available, including tools developed specifically for evaluating residents with dementia or other cognitive impairments, as assessing for pain in individuals with dementia can often times be very difficult due to the loss of ability to communicate. In individuals who are in the beginning stages of dementia, it is possible to get accurate information from them regarding their pain level, by using one of several self-reporting scales, such as the Numerical Rating Scale and the Faces Pain Scale (FPS). In those individuals who are in the more advanced stages of dementia, the Pain Assessment in Advanced Dementia Scale (PAINAD) is recommended. The Behavioral Pain Assessment Scale can also be used for an individual who may not be able to communicate effectively. Each resident should have a comprehensive pain assessment completed on admission, quarterly thereafter and whenever there are changes in condition. The comprehensive pain assessment serves as the baseline from which care planning will be initiated and measurable goals established.

Resources to assess for Pain:

The following are links to where examples of the different pain assessment scales can be accessed:

Numerical Rating

Scale: <http://www.geriatricpain.org/Content/Assessment/Intact/Pages/NRScale.aspx>.

Faces Pain Scale

(FPS): <http://www.geriatricpain.org/Content/Assessment/Intact/Pages/FACESPainScale.aspx>.

Pain Assessment in Advanced Dementia Scale (PAINAD):

Instructions: <http://www.geriatricpain.org/Content/Assessment/Impaired/Pages/PAINADToolInstructions.aspx>.

Form: <http://www.geriatricpain.org/Content/Assessment/Impaired/Pages/PAIDADTool.aspx>.

Behavioral Pain Assessment

Scale: <http://dc67k423myy0n.cloudfront.net/content/intqhc/16/1/59/F2.large.jpg>.

For additional resources related to pain management in those with dementia, you can visit:

- http://www.leadingage.org/How_to_Assess_Reduce_and_Manage_Pain.aspx.
- <http://www.tmfqin.org/Resource-Center>.

References:

Pain management in patients with

dementia: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3817007/>.

Understanding and Responding to Behavioral Symptoms in Dementia:

http://webcache.googleusercontent.com/search?q=cache:C1QHxNSaZsgJ:www.nursing.uiowa.edu/sites/default/files/documents/hartford/ABCs_lecture.DOC+&cd=12&hl=en&ct=clnk&gl=us.

Texas Department of Aging and Disability Services Quality Monitoring

Program: <http://www.dads.state.tx.us/providers/qmp/evidence-based-best-practices/nursing-facilities/pain-management.html>.