

Assessing Pain in Patients with Dementia

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Self-Report Scales

- Always attempt self-report
- Valid for a large portion of patients with mild-moderate dementia
- Verbal Rating Scales (e.g., mild, moderate, severe)
- 0-10 scales
- Coloured Analogue Scale
 - McGrath et al. (1996). *Pain*, 64, 435-443.
 - Hadjistavropoulos et al. (1997). *The Pain Clinic*, 10, 71-80.

21-Point-Box Scale

- Jensen, Miller & Fisher (1998). *Clinical Journal of Pain*, 14, 343-349.
- Avoid horizontal visual analogue scales
- Use large fonts
- Check comprehension

Behavioural Domains of Pain Assessment Recommended by the American Geriatrics Society (American Geriatric Society (2002). *JAGS*, 50, S204-S224)

- Facial Expressions
- Verbalizations and vocalizations
- Body movements
- Changes in interpersonal interactions
- Changes in activity patterns or routines
- Mental status changes

How to Best Assess Pain in Patients with Dementia (From Hadjistavropoulos et al., 2007)

- Take into account patient history, physical examination results, etc.
- Use both self-report and observational approaches, if possible
- Seniors with mild to moderate dementia can typically use simple self-report scales
- Use a good standardized observational assessment scale such as the PACSLAC
- Pain assessment during a movement-based task is more likely to identify an underlying persistent pain problem
- Examine whether use of analgesic medications results in a reduction of behavioural indicators of pain
- A comprehensive pain assessment includes evaluation of other aspects of patient functioning (e.g., mood)
- Solicit assistance of knowledgeable informants

Using the PACSLAC (modified and adapted from Hadjistavropoulos et al., 2007)

- Use an individualized approach collecting baseline scores for each patient
- Solicit the assistance of caregivers familiar with the patient

- If assessment tools are used to monitor pain levels over time, they must be used under consistent circumstances (e.g., during a structured program of physiotherapy, over the course of a typical evening)
- The total score is more likely to be useful than subscale scores
- The PACSLAC is a screening instrument and, as such, it cannot be considered to represent a definitive indicator of pain

Possible Movement Protocol (Based on Husebo et al., 2007)*

- Guide to open both hands (one at a time)
- Guide to stretch both arms towards the head (one arm at a time)
- Guide to stretch both hips and knees (one leg at a time)
- Guide to turn in bed to both sides
- Guide to sit at the bedside

*Physiotherapist or other qualified health professional supervision is required to avoid injur

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

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Facial Expressions	Present
Grimacing	
Sad Look	
Tighter face	
Dirty look	
Change in eyes (squinting, dull, bright, increased movement)	
Frowning	
Pain expression	
Grim face	
Clenching teeth	
Wincing	
Opening mouth	
Creasing forehead	
Screwing up nose	
Activity/Body Movement	
Fidgeting	
Pulling Away	
Flinching	
Restless	
Pacing	
Wandering	
Trying to leave	
Refusing to move	
Thrashing	
Decreased activity	

Activity/Body Movement	Present
Uncooperative/Resistant to care	
Guarding sore area	
Touching/holding sore area	
Limping	
Clenched fist	
Going into foetal position	
Stiff/Rigid	
Social/Personality/Mood	
Physical aggression (e.g., pushing people and/or objects, scratching others, hitting others, striking, kicking)	
Verbal aggression	
Not wanting to be touched	
Not allowing people near	
Angry/Mad	
Throwing things	
Increased confusion	
Anxious	
Upset	
Agitated	
Cranky/Irritable	
Frustrated	

Refusing medications	
Moving slow	
Impulsive Behaviour (e.g., repetitive movements)	
Present	
Other continued	
Shaking/Trembling	
Cold & clammy	
Changes in sleep (please circle): Decreased sleep or Increased sleep during day	
Changes in Appetite (please circle): Decreased appetite or Increased appetite	
Screaming/Yelling	
Calling out (i.e. for help)	
Crying	
A specific sound or vocalisation For pain 'ow', ouch'	
Moaning and groaning	
Mumbling	
Grunting	

Other	Present
Pale Face	
Flushed, red face	
Teary eyed	
Sweating	

Sub-scale Scores:

Facial Expressions _____

Activity/Body Movement _____

Social/Personality Mood _____

Other _____

Total Checklist Score _____

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Relevant Articles

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