Assessing Pain in Older Persons, including those with Cognitive Impairment

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Objectives

Describe best practice recommendations for assessing pain in older persons, including those with cognitive impairment

*identifying patients who may underreport
*establishing comfort goals
*assessment strategies and selected tools
Considerations in Under-Reporting of Pain in Older Adults

- Reluctance to report pain
  - Pain is inevitable and normal part of aging
  - Providers know if in pain
  - Don’t want to be bother or distract provider from treatment

- Concerns related to pain medicine and side effects
  - Fear of addiction
  - Concerns about unpleasant side effects

- Concerns about cost of treatment/insurance coverage

- Higher likelihood of cognitive and sensory impairment

(APS, 2005; Dawson et al., 2005; Herr 2002; Jones et al., 2004)
Pain and Aging: Establishing Goals of Care

- Involve older adult and/or family

- Overall goals of care
  - Control pain
  - Improve function and quality of life
  - Balance risks and benefits of treatment options

- Establish measurable goals
  - Maintain severity of pain < 4 or mild
  - Allow participation in bingo and family visits
Quality of Life in Older Persons

Well-being & General Health
Physical Functioning
Psychological Functioning
Cognitive Functioning
Social Functioning
Vitality
Persistent Pain interferes with QOL
Use of simple standardized pain scales

NRS & VDS strong and preferred (Gagliese et al., 2005; Herr et al., 2004, 2007; Jones et al., 2005; Peters et al., 2007; Scherder & van Manen, 2005)

Pain Thermometer and Faces Pain Scale options (Herr et al., 2007; Li et al., 2007; Taylor et al., 2003; Ware et al., 2006)
### Verbal Descriptor Scales

<table>
<thead>
<tr>
<th>Verbal Descriptor Scale (VDS)</th>
<th>McGill Present Pain Inventory (PPI)</th>
<th>Simple VDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Most Intense Pain</td>
<td>0 = No pain</td>
<td>0 = None</td>
</tr>
<tr>
<td>Imaginable</td>
<td>1 = Mild</td>
<td>1 = Mild</td>
</tr>
<tr>
<td>____ Very Severe Pain</td>
<td>2 = Discomforting</td>
<td>2 = Moderate</td>
</tr>
<tr>
<td>____ Severe Pain</td>
<td>3 = Distressing</td>
<td>3 = Severe</td>
</tr>
<tr>
<td>____ Moderate Pain</td>
<td>4 = Horrible</td>
<td></td>
</tr>
<tr>
<td>____ Mild Pain</td>
<td>5 = Excruciating</td>
<td>(Closs et al., 2004)</td>
</tr>
<tr>
<td>____ Slight Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ No Pain</td>
<td>(Melzack &amp; Katz, 1992; Gagliese et al., 2005)</td>
<td></td>
</tr>
</tbody>
</table>

(Herr et al., 2004, 2007)

NOTE: Core outcome domains for chronic pain clinical trials: IMMPACT recommendations. Pain, 2003;106:337-345. Recommends 4-point VDS for cognitively impaired
Revised-Faces Pain Scale (R-FPS)
(Hicks et al., 2001)

- FPS validity in Caucasian older adults (Herr et al., 2004; 2007)
- FPS greater misinterpretation (Scherder & van Manen, 2005)
- FPS preferred by African American and Asian older adults (Li et al., 2007; Taylor et al., 2003; Ware et al., 2006)
Assessment of Chronic Pain in Older Persons

History and physical examination (AGS, 2002; Lyle et al., 2005)

➔ Establish definitive diagnosis if possible
  – Focus on location of pain
  – Common sites of pain and pain referral, esp. musculoskeletal and neurological systems
  – Consider diagnoses and conditions known to be painful
    – Inflammation, infection (pneumonia, UTI, skin), incision, fracture, positioning, bladder distention, skin breakdown/irritation, constipation
  – Pertinent laboratory and other diagnostic tests
  – Coexisting disease and medication review
## Common Chronic Conditions Causing Pain in Older Adults

### Noceptive Pain
- Low back pain from facet joint arthritis and spondylosis
- Osteoarthritis
- Osteoporosis
- Previous bone fractures
- Rheumatoid arthritis
- Polymyalgia rheumatica
- Paget’s disease
- Coronary artery disease

### Neuropathic pain
- Central poststroke
- Herpes zoster
- Postherpetic neuralgia
- Trigeminal neuralgia
- Nutritional neuropathies
- Peripheral neuropathies
- Other Mixed:
  - myofascial pain,
  - fibromyalgia

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Assessing Pain Impact on Function

- **Standard tools available for geriatrics**
  - **Physical function:** ROM, performance of ADLs, Tinetti Get-Up and Go Test, Katz ADL Scale, Lawton IADL, FIM
  - **Psychological function:** Geriatric Depression Scale
  - **Cognitive function:** MMSE, CAM

- **Overall impact of pain on function/quality of life**
  - **Geriatric Pain Measure-M2** (Fisher et al., 2006; Blozik et al., 2007)
    - 82% NH residents provided discernible responses
    - Reliability and concurrent validity established
    - CI related to nonresponses
  - **Brief Pain Inventory & Modified** (Kemp, Ersek & Turner, 2005; Auret et al., 2008)
Geriatric Pain Measure Short Form (GPM-12)  
(Blozik et al., JAGS, 55, 2007)

Do you currently have pain with or have you stopped:
1. moderate activities such as moving a heavy table, pushing a vacuum cleaner, bowling, or playing golf because of pain?
2. climbing more than one flight of stairs because of pain?
3. walking more than 200 yards because of pain?
4. walking 200 yards of less because of pain?

Because of pain, have you:
5. cut down the amount of time you spend on work or other activities?
6. been accomplishing less than you would like to?
7. limited the kind of work or other activities you do?
8. Does the work or activities you do require extra effort?
9. Do you have trouble sleeping?
10. Does pain prevent you from enjoying any other social or recreational activities (other than religious services)?
11. On a scale of 0-10, how severe is your pain today?
12. In the last 7 days, how severe has your pain been on average?
Hierarchy of Pain Assessment Techniques in Cognitively Impaired

- Patient report
- Potential causes of pain (acute and chronic)
- Pain behaviors— direct observation
- Surrogate report and behavior change
- Response to analgesic trial

Importance of Pain Behaviors

- Self-report of those who cannot speak
- Direct observation behaviors
- Changes in activities, interactions, etc
- Most important behaviors?
  - Grimacing, guarding, rubbing, bracing (Shega et al., JAGS, 2008)

**IS FACIAL GRIMACING MOST SENSITIVE AND RELIABLE BEHAVIORAL INDICATOR OF PAIN?**
Use of Behavioral Pain Tools
(Herr et al., 2010)

- One aspect of a comprehensive ongoing pain assessment
  - Consistent evaluation of behaviors
  - Monitor for change over time
  - Behavior tool score not same as intensity score

- Establish procedure for assessing pain with behavior tool
  - Who will do it? When? How often?
  - What will be done with the scoring information?
  - Plan for follow-up evaluation?

- Document/record all scores in a location that is readily accessible by other health care providers.
BEHAVIORAL PAIN TOOLS

- Updated critique of tools at City of Hope website (funded by The MayDay Fund)
  - 17 tools reviewed (English)
  - Detailed critique and brief summary/ tool contact info
    http://prc.coh.org/PAIN-NOA.htm

- www.GeriatricPain.org
  (funded by The MayDay Fund, University of Iowa, RWJ Fellowship)
  - Best Practice Recommendations for Assessment, Pain Management, Education, Quality Improvement in NHs
Direct Observation Tools

- The Pain Assessment in Advanced Dementia (PAINAD) Scale, (Warden et al., 2003)
- Checklist of Nonverbal Pain Indicators (CNPI), (Feldt, 2000)
- The Pain Assessment Scale for Seniors with Severe Dementia-Dutch (PACSLAC-D) (Zwakhalen, Hamers & Bergen, 2007)
- Mobilization-Observation-Behavior-Intensity-Dementia Pain Scale (MOBID) (Husebo et al., JPSM, 34, 2007)
- Nursing Assistant-Administered Instrument to Assess Pain in Demented Individuals (NOPPAIN), (Snow et al., 2004)
- Pain Behaviors for Osteoarthritis Instrument for Cognitively Impaired Elders (PBOICIE) (Tsai et al., 2008)
Pain Assessment in Advanced Dementia Scale (PAINAD)
Warden, Hurley, Volicer, 2003

- Used to assess pain in older persons who have dementia or a cognitive impairment and a limited ability to communicate
- Useful for daily or as-needed (prn) use
- Short, simple to understand, easy to use with limited training
- Includes key pain behaviors of negative vocalizations, facial expressions, and body language.
# PAINAD Scale
*(Warden, Hurley, Volicer, JAMDA, 2003)*

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breathing</strong></td>
<td>Normal</td>
<td>Occasional labored breathing</td>
<td>Noisy labored breathing Long period of hyperventilation</td>
<td></td>
</tr>
<tr>
<td><strong>Independent of</strong></td>
<td></td>
<td>Short period of hyperventilation</td>
<td>Cheyne-stokes respirations</td>
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<tr>
<td><strong>vocalization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Negative</strong></td>
<td>None</td>
<td>Occasional moan or groan Low level of speech with a negative or</td>
<td>Repeated troubled calling out Loud moaning or groaning Crying</td>
<td></td>
</tr>
<tr>
<td><strong>vocalization</strong></td>
<td></td>
<td>disapproving quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Facial expression</strong></td>
<td>Smiling or inexpressive</td>
<td>Sad, frightened, frown</td>
<td>Facial grimacing</td>
<td></td>
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<tr>
<td></td>
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<tr>
<td><strong>Body language</strong></td>
<td>Relaxed</td>
<td>Tense Distressed pacing</td>
<td>Rigid, fists clenched Knees pulled up Pulling or pushing away</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Distressed pacing Fidgeting</td>
<td>Striking out</td>
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<tr>
<td><strong>Consolability</strong></td>
<td>No need to console</td>
<td>Distracted or reassured by voice or touch</td>
<td>Unable to console, distract or reassure</td>
<td></td>
</tr>
</tbody>
</table>

**Total**
Informant-based Tools

- The Pain Assessment Scale for Seniors with Severe Dementia (PACSLAC) (Fuchs-Lacelle et al., 2004)
- The Doloplus 2 (Wary, B. and the Doloplus Group, 2001)
- The Abbey Pain Scale (Abbey) (Abbey et al., 2004)
- Elderly Pain Caring Assessment 2 (EPCA-2) (Morello et al., Pain, 133, 2007)
- Pain Assessment for the Dementing Elderly (PADE) (Villaneuva et al., 2003)
- Certified Nurse Assistant Pain Assessment Tool (CPAT) (Cervo et al., Am J Alz Disease and Other Dementias, 22, 2007)
- Discomfort Behavior Scale (DBS) (Stevenson et al., Res Nsg & Health, 29, 2006)
PASCLAC (Pain Assessment Checklist for Seniors with Limited Ability to Communicate)

Fuchs-Lacelle & Hadjistavropoulos, 2004

- PACSLAC incorporates a more comprehensive list of behaviors- 60 items (most on MDS 3.0)
- Less than 5 minutes
- Ongoing screen on a monthly or quarterly basis to identify person-specific behaviors related to pain

Tool can be obtained from thomas.hadjistavropoulos@uregina.ca
**PACSLAC**
(Pain Assessment Checklist for Seniors with Limited Ability to Communicate)
(Fuchs-Lacelle & Hadjistavropolous, 2004)

<table>
<thead>
<tr>
<th>Facial expressions</th>
<th>Activity/body movements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grimacing</td>
<td>Uncooperative/resistant to care</td>
</tr>
<tr>
<td>Change in eyes</td>
<td>Guarding sore area</td>
</tr>
<tr>
<td>Frowning</td>
<td>Fidgeting</td>
</tr>
<tr>
<td>Opening mouth</td>
<td>Restless</td>
</tr>
<tr>
<td>Creasing forehead</td>
<td>Refusing medications</td>
</tr>
<tr>
<td>Clenching teeth</td>
<td>Stiff/rigid</td>
</tr>
<tr>
<td>Wincing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social/personality/Mood indicators</th>
<th>Physiological indicators/ Eating/Sleep/Vocal Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical aggression</td>
<td>Pale face</td>
</tr>
<tr>
<td>Verbal aggression</td>
<td>Teary eyed</td>
</tr>
<tr>
<td>Not wanting to be touched</td>
<td>Sweating</td>
</tr>
<tr>
<td>Throwing things</td>
<td>Changes in appetite</td>
</tr>
<tr>
<td>Increased confusion</td>
<td>Screaming/yelling</td>
</tr>
<tr>
<td>Upset</td>
<td>Moaning and groaning</td>
</tr>
<tr>
<td>Agitated</td>
<td></td>
</tr>
<tr>
<td>Cranky/irritable</td>
<td></td>
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Empiric Analgesic Trial (N=1)

- If in doubt, analgesic trial may be diagnostic
- Treat behavioral symptoms with pain medication
- Studies needed to guide approaches
  - Acetaminophen trials show impact (Buffum et al, 2004; Chibnall et al., 2005)
  - Opioid trials impacted by low dose (Manfredi et al., 2003)
  - Serial Trial intervention inclusive approach (Kovach et al., 2006)

(AMDA, 2009; Herr et al., 2006)
Putting the Pieces Together
See Algorithm in *Geriatrics at Your Fingertips* (2010)

Self Report
- NRS
- VDS
- FPS

Behavior Assessment
- Direct observation
- Surrogate reporting
- Screening vs Dx

Potential Causes
- Physical exam and history
- Pathological conditions
- Common problems or procedures painful

Analgesic Trial
- Confirming suspicions
THANK YOU