Assessment of Pain in Older People: UK National Guidelines

Dr Julie Gregory
Hello

- Stand up
- Education
- Pain services
- Care / Nursing Homes
- Community care
- Private sector
- NHS acute care
Summary of National Guideline (2018)

- Assessment of pain in older people is a complex process
- Multi-Professional approach is essential
- Communication issues
- Self-report is most accurate
- Recommend PAINAD and Doloplus 2
- Education of all staff important - ongoing
- Need for more research - collaborative role of the MDT in all care settings
Areas to be examined

- Assessment of pain in older people is a complex process
- Communication issues
- Self-report
- Recommend PAINAD and Doloplus 2
Burden of pain

- Pain is commonly experienced by older people
- 75% MSK pain

- Interferes with activities - mainly walking, general activities, mood and enjoyment of life
- 48.1% medication (OTC mainly)
- 48.1% inactivity to relieve pain (Brown et al 2011)
Pain Management Process

- Assessment
- Intervention
- Evaluation and adjustment
Assessment is key to the management of pain

- Assessment is a conversation, verbal & non-verbal with the patient and those who know them

- Self-report considered most accurate

- Always attempt

- Responsibility of the Health Care Professional to consistently and regularly assess pain
**SITE** can the patient localise it with a finger or is it more diffuse? which area of the abdomen is affected?

**ONSET** when did it first start? did it come on suddenly or over time? Has the patient ever had this type of pain before?

**CHARACTER** stabbing? aching? burning? Try to get the patient to describe in their own words exactly how it feels.

**RADIATION** does the pain move anywhere else?

**ASSOCIATED SYMPTOMS** bowel symptoms? urinary symptoms? any relation to menstrual period? date of last menstrual period?

**TIME COURSE** has the pain become worse/better/stayed the same over time?

**EXACERBATING (and relieving) FACTORS** movement? pressing on the area? eating? passing stool/urine? medicines tried?

**SEVERITY** rate the pain on a scale of 1 – 10 (1 being very slight pain, 10 being the worst pain.)
Measure Pain - Intensity

Recommended Pain intensity scales:

- Valid and reliable

- VAS - Visual Analogue Scale

- NRS (0-10) Numerical rating Scale

- VRS Verbal rating Scale (e.g. mild, moderate, severe)

Documentation:

Score - NEWS, Care plan, notes - record

<table>
<thead>
<tr>
<th>Pain score (ladder)</th>
<th>Verbal description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No pain</td>
</tr>
<tr>
<td>1</td>
<td>Mild pain</td>
</tr>
<tr>
<td>2</td>
<td>Moderate pain</td>
</tr>
<tr>
<td>3</td>
<td>Severe pain</td>
</tr>
<tr>
<td>4</td>
<td>Worst pain possible</td>
</tr>
</tbody>
</table>
Chronic pain assessment

BPI (Brief Pain Inventory)
- 32 items
- Assesses pain intensity, interference with functional activities
- Evaluation of treatment

McGill pain questionnaire
- 22 items
- Sensory/ descriptive
- Affective (makes your feel)
- Evaluative
Screening questions

- **ACT-UP**
  - **Activities** - pain affects your life. E.g. sleep, appetite
  - **Coping** - how do you cope with pain?
  - **Think** - do you think your pain will ever get better
  - **Upset** - feeling worried anxious/ depressed
  - **People** - how do people respond to your pain
Assessment of Pain in older people

- Other health related problems compete for Health Care Professionals attention.

- Discount pain - accepted as part of ageing.

- Fear of drugs used,
  - side effects,
  - addiction etc.
Importance of wording

- Use appropriate words to elicit appropriate responses

- Many older people deny ‘pain’
  - Sore
  - Aching
  - Discomfort

Do you hurt anywhere?

What is stopping you from doing.......?
Assessment with older people

Communication

- *Need time* to consider question

Take into account:

- Hearing and understanding
- Memory.
- Cognitive impairment.
- Acute confusion (delirium).
- Dementia.
Pain Assessment and Cognitive Impairment

- Self-report of pain should always be attempted & found to be suitable for many people:
  - 68% with moderate to severe impairment \((n = 59)\).
    Attempt initially and adopt wording if necessary (instructions up to 3 times) \((\text{Closs et al. 2004})\)
  - 60% to 70% mild to moderate cognitive impairment Verbal Descriptor Scale can be used \((\text{Kaasalainen \\& Crook 2004})\)
  - Moderate dementia 60% NRS and 90% VDS \((\text{Lukas et al. 2013})\)
The recognition of pain in people with dementia is complex and challenging. Direct correlation between impaired cognition and poor pain management.
What do we do when communication is an issue?

- Observe behaviour

- Consider other factors
Behaviours associated with pain (AGS 2002)

1. Vocalisation
   Shout
2. Facial grimace
3. Body language
   Rubbing, guarding
4. Changes in behaviour
   Aggression, resists movement
5. Physiological change
   Increase HR, BP, sweating
6. Physical changes
   Skin damage, fractures,
Recognition of pain

Simple and practical method of pain assessment still required
Corbett et al (2014)

Consistent use of an appropriate pain assessment tool
Bray et al (2015)
Development of Observational Pain Tools (OPT)

Content of tools:

► Based on review of literature
► Involvement of ‘experts’
► Content and format varies
► Number of behaviours range from 6 to 61
► Scores range from 0 to 61 (some no scores produced)
Problems with behavioural assessment

- 158 indicators of pain identified by 109 nurses

- No behaviour is unique to pain
  - Behaviour is unique to individuals
  - Do carers pick up on behaviour?
  - Suggestion - Need to ‘know the person’.
  - Other reasons for distress
    - Fear and anxiety, anger and frustration
    - Distress from environment, others, change
    - Low mood, boredom, hallucinations
<table>
<thead>
<tr>
<th>Assessment Tool</th>
<th>Area of Practice</th>
<th>Number of Items</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Abbey Scale</td>
<td>Long Term Care (LTC)</td>
<td>18</td>
<td>0-2 none 3-7 mild 8-13 moderate 14+ severe</td>
</tr>
<tr>
<td>CNPI (Checklist of Non Verbal Pain Indicators)</td>
<td>Acute Care, LTC</td>
<td>12</td>
<td>0-12</td>
</tr>
<tr>
<td>Doloplus-2</td>
<td>Hospitals, Communication disorder, Dementia</td>
<td>10</td>
<td>0-30</td>
</tr>
<tr>
<td>PACSLAC (Pain Assessment Scale for Seniors with Severe Dementia)</td>
<td>LTC</td>
<td>61</td>
<td>0-61</td>
</tr>
<tr>
<td>PAINAD (Pain Assessment in Advanced Dementia)</td>
<td>LTC</td>
<td>10</td>
<td>0-3 mild 4-6 moderate 7-10 severe</td>
</tr>
<tr>
<td>PADE (Pain Assessment in Dementing Elderly)</td>
<td>LTC</td>
<td>24</td>
<td>No</td>
</tr>
<tr>
<td>BPAT (Bolton Pain Assessment Tool)</td>
<td>Acute Care</td>
<td>18</td>
<td>0-2 none 3-7 mild 8-13 moderate 14+ severe</td>
</tr>
</tbody>
</table>
Reviews of OPT

- Number of published reviews
- Conclude not used in everyday practice
- Questions of R & V
- Need for further testing of OPT
- Range of setting

Observational Study

- Nurses tended *not* to use pain assessment tools,
- Distrusted the scores obtained and
- Preferred to use their own experience to assess pain.

PAINAD

- Based on FLACC and DS-DAT
- Initially tested on 19 white men in USA Advanced dementia - long-term care
- Simple and easy to use
- Detects pain - false positive
- Further testing has been undertaken in acute care
**Doloplus 2**

French - based on scale for young children

10 types of behaviour

3 subscales

R&V - evidenced - compared to VAS

Translated into different languages

Requires more training

Not popular in UK
Abbey Scale

- Tested in nursing homes in Australia
- Senior nurses confirmed the pain.
- Recommended for use in 2007
- Widely used in UK
- No further research
- Subjective
BPAT Bolton Pain Assessment Tool

- Practice development project
- Tested three pain assessment tools in practice
- Issues with each
- Identified pain
- Need to involve family / carers identified
- Combined Abbey and PAINAD

- Tested in practice as a proof of concept
- Trauma units across UK
- Positive feedback:
  - Quick & Easy to use
  - Not always involve family
  - One hospital - pain behaviours added to ‘this is me’
- Needs more research (V&R)
<table>
<thead>
<tr>
<th>Bolton Pain Assessment Tool</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Score</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Pain 0</td>
<td>Mild 1</td>
<td>Moderate 2</td>
</tr>
<tr>
<td>Vocalisation</td>
<td>None</td>
<td>E.g. Occasional groan</td>
</tr>
<tr>
<td>Facial Expression</td>
<td>E.g. Smiling, relaxed</td>
<td>E.g. Looking tense</td>
</tr>
<tr>
<td>Change to body language</td>
<td>None</td>
<td>E.g. Tense, fidgeting</td>
</tr>
<tr>
<td>Behavioural change</td>
<td>None</td>
<td>E.g. Increased confusion</td>
</tr>
<tr>
<td>Physiological change</td>
<td>Normal</td>
<td>E.g. Sighing, increased heart rate</td>
</tr>
<tr>
<td>Physical changes</td>
<td>None</td>
<td>E.g. Skin tears, bruising, grazes</td>
</tr>
</tbody>
</table>

**Patient Name:** Ask family or usual care giver about normal behaviours.  
**Unit No:**

<table>
<thead>
<tr>
<th>Total score</th>
<th>0 - 2</th>
<th>3 - 8</th>
<th>9 - 14</th>
<th>14+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no pain</td>
<td>mild pain</td>
<td>moderate</td>
<td>severe pain</td>
</tr>
</tbody>
</table>
Holistic Assessment

- History (Medical Personal Social)
- Communication
- Memory
- Pain Assessment Tool
- Behaviour
- Family/Carer

Person in pain
Reflect on your practice

- Intuition may play a part in recognising pain
- Familiarity with the person or knowing the person important
- Suggested that pain relief for people with dementia may be improved if pain assessed with family informal caregivers
- Information about the person with dementia’s history and preferences.
- Familiar with individual, history, idiosyncratic expressions and needs

Conclusion

- Assessment of pain in older people is a complex process
- Communication - major factor
- Self-report should always be attempted
- OPT limited use
- Guideline - Recommend PAINAD and Doloplus 2
- BPAT described as having potential
- Part of an holistic assessment
- Involve individual’s familiar with person
See pain more clearly

- https://www.youtube.com/watch?v=9ONjQ7_ZvZA
Thank You For Your Attention Any Questions?