Pain Assessment for the Dementing Elderly (PADE)

Description: The Pain Assessment for the Dementing Elderly (PADE) was originally developed as an informant-based tool to help caregivers detect pain in individuals with advanced dementia (Villanueva, Smith, Erickson, Lee, & Singer, 2003). The 24-item tool has 3 distinct parts. Part 1 requires intensity ratings of 13 observed behaviors on a semi-VDS scale. Part 2 involves a proxy assessment of global pain intensity, and Part 3 is a chart review to rate changes in 10 activities of daily living, including dressing, feeding, and transfers, using a 4-point Likert scale. Five categories of indicators from the American Geriatric Society guideline, which served as the conceptual basis for the tool, are included.

Psychometrics: Preliminary psychometrics of the whole tool (24 items) indicated weak distinctions between pain and no pain groups as well as poor reliability findings. Concurrent validity has not yet been established. Support for the relevance of some indicators to assessment of pain is lacking (e.g., neatness of grooming). Current psychometric data suggests moderate correlations for the whole tool with an agitation scale (CMAI 0.30-0.42), and moderate correlations with other pain scales for Part 1 only. An additional study employing only Part 1 of the tool, (i.e., the intensity rating of 13 observable pain behaviors) has provided support for discriminant validity and sensitivity (Lints-Martindale, Hadjistavropoulos, Lix, & Thorpe, 2012). Inter-rater reliability, using interclass correlations, indicates a range of findings from 0.54 to 0.96, with strongest data supporting Parts 1 and 3 of the tool. Similar findings were reported with intra-rater reliability, with low to moderate correlations for Part 2, and Parts 1 and 3 indicating

moderate to strong correlations (range 0.70-0.98). Concerns exist related to internal consistency as studies have reported variable data (range 0.24-0.88).

Settings and Languages: The tool has been evaluated in primarily Caucasian, English speaking samples in United States nursing. There are no known translations.

Scoring and Interpretation: Scoring of the PADE is complex, with different formats, scaling, and scoring approaches within the three parts of the tool. Scoring instruction or guidance on interpretation of scores is not provided.

Feasibility/Clinical Utility: Expert consensus publications have concluded that the PADE is complex to use. Data regarding training needs, administration time or instruction is not available.

Summary/Critique: The PADE is unique in that it incorporates aspects of pain assessment beyond direct observation, requiring assessment of trends over time, which provides valuable information for a comprehensive pain tool. However, these attributes come with feasibility and clinical utility concerns. Attempting to integrate 'in-the moment' pain assessment with a longer-term overview of pain is problematic. Further validation is needed if the entire tool is to be used. Additionally, the use of a caregiver as proxy for pain severity ratings is not supported in the literature. These concerns suggest the need for further refinement and testing to establish sound validity/reliability and clinical utility.

Contact Information for Tool Developer:

We were unable to obtain permission to post the contact information.

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