Recommendations for Assessing Pain in Cognitively Intact Older Adults

1. Take into account the older adult's history, interview information and results of physical examinations.
2. Determine the presence of any sensory (e.g., hearing, eyesight) deficits and check sensory assistive devices (e.g., hearing aids) to make sure that they are working properly.
3. Make adjustments to accommodate the older adults' sensory deficits (e.g., provide written and oral instruction, use enlarged type and bold figures, and ensure adequate lighting).
4. Determine ability to complete the pain interview and to use available pain scales.
5. Use synonyms for pain (i.e., hurt, aching, discomfort) to ensure the older adult understands the question being asked and to encourage appropriate pain self-report.
6. Consider adaptations necessary to obtain self-report in those with mild to moderate cognitive impairment.
7. Provide clear, simple instructions on the use of the pain scales each time administered to assure understanding.
8. Identify an assessment tool that the individual can easily use. The numeric rating scale (NRS), verbal descriptor scale (VDS) or pain thermometer have been shown to be the most preferred and easiest to understand for older adults who are literate. The Faces Pain Scale-R (FPS-R) is another alternative that is useful for some older adults, particularly in African-Americans and Asians.
9. Use the same tool consistently with each assessment and standardize the conditions (e.g., medication use, function/activities being performed) and time of assessment. It is imperative that reassessments of pain and effectiveness of treatments be conducted using the same tool as in the original assessment. Pain tools are not interchangeable and do not represent comparable findings.
10. Documentation concerning the older adult's report of pain must be communicated across providers and care settings. Documentation procedures that facilitate monitoring and communication are recommended.
11. Where brief assessment tools are needed, the VDS and the NRS are, generally, recommended for the assessment of pain intensity among older adults who are cognitively intact and can self-report (able to indicate their own pain level, may be verbally or via physical gesture, such as eye blink, pointing, etc).
12. Evaluate pain and its impact on function at baseline and when monitoring treatment effectiveness. The PEG tool includes 3-items that assess pain intensity, impact on physical activity and Impact on enjoyment of life.
13. Where a more detailed self-report assessment of functional impact is possible, the Brief Pain Inventory or the Geriatric Pain Measure can be considered. For detailed assessment of pain qualities, the McGill Pain Questionnaire can be used for cognitively intact, older adults who are literate.
14. Specialized tools for neuropathic pain (e.g. Neuropathic Pain Scale) should be considered for older adults capable of verbal communication that are suspected of having neuropathic pain.
15. Use an individualized approach collecting baseline scores for each older adult.
16. Where possible supplement the self-report information with observations of pain-related behaviors during the assessment.
17. A comprehensive pain assessment should also include evaluations of impact of pain on related aspects of the older adult's functioning (e.g. associated symptoms, sleep disturbance, appetite changes, physical activity changes, concentration, and relationships with others).

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References

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