

The Pain Assessment Scale for Seniors with Severe Dementia-II (PACSLAC-II)

Description: The Pain Assessment Scale for Seniors with Severe Dementia-II (PACSLAC-II) is a revised version of the original PACSLAC tool. Both tools were developed for a qualified health professional to observe and assess common and subtle pain behaviors with the goal to identify the presence or absence of pain. The PACSLAC-II was developed with the foundation of the original 60 item tool. Changes were made to address advances in scientific knowledge and respond to clinical feedback. The PACSLAC-II is a direct observation scale with 31 items covering 4 subscales: subscales (Social Personality/Mood Indicators, Facial Expressions, Activity/Body Movement, and Physiological Indicators/Eating/Sleeping Changes/Vocal Behaviors). Each item is scored on a present/absent dichotomous scale. Subscale scores are summed to arrive at a total score ranging from 0 to 31.

Psychometrics: Developers report strong internal consistency with Cronbach's alpha of 0.77 with vaccine-related pain and 0.74 with movement-related pain. Intra-rater reliability scores ($\kappa = 0.63$) were also reported. The tool is highly correlated with the psychometrically strong parent tool, establishing construct, convergent, and discriminant validity. The tool accounts for unique variance even with the contributions of all other tools, including the original PACSLAC, with strong effect sizes in discriminating between pain states and non-pain states. Interrater reliability for the PACSLAC-II is reported between $r = .76 - .96$. The tool's convergent validity has been evaluated with the numeric rating scale ($r = .542$), the PACSLAC ($r = .613$), and the PAINAD ($r = .645$). When scoring pain with the PACSLAC-2 frame-by-frame on video versus real-time in the clinical setting the scores are highly correlated ($r = .92 - .99$). In hospitalized

patients with post-stroke aphasia, the PACSLAC-II was not able to differentiate patients experiencing mechanically induced experimental pain ($p = .06$) although differences in those experiencing the strongest pain stimulus were significant. The mean age of this post-stroke aphasia sample was 61 years (range: 45-72 years). Recent research supports the use of the PACSLAC-II by laypeople who are working under the direction of a health professional.

Languages and Settings: The PACSLAC-II is available in English. Although it has been translated in other languages, only one studied involving a translated version (French) has been published to date. The original tool has been studied in the nursing home setting in North America. The tool has also been evaluated in the acute care setting with patients diagnosed with post-stroke aphasia.

Feasibility/Clinical Utility: The average time to complete the PACSLAC-II is reported at 96 ± 2 seconds, which is significantly less time than the PACSLAC but greater time than the PAINAD.

Scoring and Interpretation: Simple instructions for scoring are provided at the beginning of the tool. No threshold for determining pain presence is provided. Instead, interpretation of scores is encouraged to be done on an individual basis considering trends in each individual's scores and intervention response over time for each individual.

Summary/Critique: The PACSLAC-II, a shortened version of the psychometrically sound PASCLAC, appears to be a clinically useful behavior checklist to screen for pain in older adults unable to self-report. Further, studies with samples of older adults with

increased diversity in ethnicity and cultures, levels of pain severity or pain types would also contribute to questions of generalizability.

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