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

Description: The Pain Assessment Scale for Seniors with Severe Dementia (PACSLAC) developed by a Canadian team, is a tool for the familiar caregiver to observe and assess both common and subtle pain behaviors. The tool is a checklist with four subscales and a total of 60 items: Facial expressions (13 items), Activity/body movements (20 items), Social/personality/mood (12 items) and Physiological indicators/eating and sleeping changes/vocal behaviors (15 items). Each item is scored on a present/absent dichotomous scale. Subscale scores are summed to arrive at a total score ranging from 0 to 60.

Psychometrics: Several follow-up studies have been conducted on the PACSLAC since it was developed, providing substantial psychometric data on the tool. Solid support for construct, concurrent, and discriminant validity has been demonstrated, as has the ability to detect differences in levels of pain, as expressed in numbers of behaviors exhibited. In studies comparing pain scores on the PACSLAC to proxy pain reports by a health care professional, a range of (0.35-0.54) has been reported. The tool appears to be sensitive to treatment effects as well. Internal consistency evaluations have supported good to very good ranges (0.74-0.92). There has been very good agreement in interrater reliability testing (94%), using percent agreement as the chosen calculation. Additional studies provide intra-class correlation ranges between 0.77 and 0.96, providing further support of strong inter-rater reliability, for both caregivers and qualified nurses. Intra-class correlations were also used to evaluate intra-rater reliability, with ranges of 0.72 to 0.96 reported. The PACSLAC has been

tested for convergent validity with the PAINAD (r = .625), the shortened PACSLAC-II (r = 0.613), the visual analog scale (r = .684).

Languages and Settings: The PACSLAC originated in English, but has been translated into French, Portuguese, Korean, Japanese, Turkish, and Dutch. Studies of the original tool have been limited to the nursing home setting.

Feasibility/Clinical Utility: The length of the PACSLAC has been voiced as a concern among clinicians prior to use, but developers report that both nurses and caregivers endorse the tool's applicability in daily use. Despite the 60 items, simple instructions are provided for the tool's use. One study found the average length of time for trained raters to complete the PACSLAC was 135 ± 53 seconds, this was significantly more time than the PAINAD and shortened PACSLAC-II. Consensus reviews of the tool report that training is necessary prior to use of the tool, but no information is provided about the required length or level of training to achieve strong reliability scores. Clinical utility has not been specifically evaluated, though preliminary cut-offs for determining pain presence are provided by the authors. A qualitative study with emergency department nurses reported that nurses found the PACSLAC as unsuitable for the emergency setting based on scale length.

Scoring and Interpretation: Simple instructions for scoring are provided at the beginning of the tool. Some guidelines for interpretation have been provided (see Hadjistavropoulos et al., 2010).

Summary/Critique: The PACSLAC is a potentially clinically useful behavior checklist that is reportedly easy to use for assessing and monitoring changes in persons with dementia exhibiting behaviors associated with pain. With 60 items, the tool is

comprehensive and addresses pertinent indicators noted in the literature and AGS Guideline. Preliminary normative data and cut-offs are provided but require further validation in larger, more diverse samples. A concern about the effect of cultural background and perceptions of the observer/caregiver has been raised, as both may affect interpretation of the behavioral indicators of the PACSLAC. Further, additional factor analysis in English-speaking and other diverse samples and settings would be useful. In particular, samples of older adults with increased levels of pain severity need to be included.

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