

Analgesic Trial for Suspected Pain in Older Adults with Cognitive Impairment

Pain is highly prevalent in all types of dementia. Use a combination of self-report and observational assessment tools in this population.

Definition of an Analgesic Trial: Using observation or experimentation to determine if an action (e.g. administering a medication) improves signs and symptoms (e.g. pain behaviors) observed prior to the intervention.

Initiate an analgesic trial if any of the following are present:

- Pathologic conditions likely to cause pain.
- Procedures likely to cause pain are scheduled.
- Behaviors suggest pain, based on the scores of an observational pain tool such as the PACSLAC (Pain Assessment in Seniors with Limited Ability to Communicate) or the PAINAD (Pain Assessment IN Advanced Dementia Scale)
- Pain behaviors continue after attention to cause of pain.
- Pain behaviors continue after attention to basic needs and comfort measures.
- Surrogates report previous chronic pain or behaviors indicative of pain.

Provide an analgesic trial and titration appropriate to the estimated intensity of pain based on the above, analgesic history, and prior assessment.

- Try APAP first (if no hepatic dysfunction). Order scheduled rather than prn. APAP is often effective in improving behaviors, function, or both.
 - If no response to APAP after 24–48 h and if localized inflammatory pain is suspected, try topical NSAIDs, lidocaine, or both.
 - If no response after 24 h, try morphine sulfate sol (5–10 mg po q4–6h) or oxycodone 5–10 mg po q6–8h. Consider buprenorphine transdermal pch (5 mcg/h to max 10 mcg/h for 7 d) if unable to take oral analgesic. *Caution:* monitor for changes in neuropsychiatric status in frail older adults, particularly in combination with antidepressants.
- If no response to APAP after 24–48 h and if neuropathic pain is suspected, try pregabalin 50 mg po 3x/d (Reduce dose if CrCl <60 mL/min^{BC}). If pain diagnosis is supported by a response to pregabalin, consider a tx plan that includes pregabalin or gabapentin.
- Carefully monitor response to analgesics with each change as agent and dose are titrated to achieve pain relief yet avoid undesirable AEs.
- If behavior improves with pain tx, establish pain tx plan considering risks, benefits, and costs of tx options.

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References:

Herr K, Coyne PJ, Ely E, Gélinas C, Manworren RCB. Pain Assessment in the Patient Unable to Self-Report: Clinical Practice Recommendations in Support of the ASPMN 2019 Position Statement. *Pain Manag Nurs.* 2019 Oct;20(5):404-417. doi: 10.1016/j.pmn.2019.07.005. Epub 2019 Oct 12. PMID: 31610992.

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