

Comprehensive Pain Assessment in Cognitively Impaired Older Adults

What is a Comprehensive Pain Assessment?

A comprehensive pain assessment elicits the older adult's subjective self-report of pain when possible. For older adults with cognitive impairment the clinician must consider the older adult's history, interview information and results of physical examinations to identify potential pain etiologies. Pain is highly prevalent in all subtypes of dementia. [Recommendations for Pain Assessment in Cognitively Impaired Older Adults.](#)

Key Considerations

- Observation of behavioral symptoms and identifying any pain related diagnosis etiology is key to assessing pain in this population.
- Address sensory impairments that complicate pain assessment (i.e., use large font, adequate lighting, written/spoken, and hearing amplifiers).
- When possible, use an interdisciplinary approach to pain assessment and treatment.
- Use the appropriate pain assessment tools for older adults based on their cognitive abilities.
- The most reliable and accurate indicator of the existence of pain and its intensity is the older adult's self-report. This is also true for those with mild and sometimes moderate cognitive impairment.
- Attempts should always be made to obtain a self-report from those with cognitive impairment.
- If the older adult denies having pain, use the terms discomfort, aching, or ask "are you hurting anywhere?"
- Assess pain in severe cognitive impairment or those unable to communicate by using a hierarchy approach that includes awareness of painful conditions and procedures, observing behavioral signs and changes and using a nonverbal pain behavior tool, gathering information from family caregivers, and using an analgesic trial if uncertain (to validate pain presence).
- Be cognizant that uncontrolled pain can cause delirium in older adults.
- Various [scales for cognitively impaired older adults](#) are available on the geriatripain.org website.
- Here are validated and reliable tools to consider. The following can be used in individuals with intact cognition to mild and moderate impairment:
 - [Faces Pain Scale-Revised \(FPS-R\)](#)
 - [Numeric Rating Scale \(NRS\)](#)
 - [Verbal Descriptor Scale – Iowa Pain Thermometer-Revised](#)
- The following can be used in individuals with moderate or severe cognitive impairment who are unable to self-report:
 - [Pain Assessment in Advanced Dementia \(PAINAD\)](#)
 - [Pain Assessment Checklist for Seniors with Limited Ability to Communicate \(PACSLAC-II\)](#)
- The same scale should be used consistently with the older adult when evaluating the effectiveness of pain interventions.

Include the following when performing pain assessment in older adults with cognitive impairment along with the appropriate pain tool:

Cognitive Status:

Mild Impairment Moderative Impairment Severe Impairment

Non-responsive Delirium present

Verbal Self Report Attempted: Yes No Individual's response

Current Pain-related Diagnosis(es):
_____**Type or etiology of pain:**

Nociceptive Neuropathic Nociplastic or Mixed Other

History of Depression: Yes No Unknown

Pain History: Yes No Unknown If yes, what contributes to pain and pain type.

What pain interventions have helped? Include family and or caregiver reports.

Pain in last 24 – 48 hours:

No pain Mild pain Moderate pain Severe pain Worst pain possible

Pain Medication History:

Describe medications the older adult has taken and how effective or ineffective they have managed their pain in the past (gather from family or caregiver report if needed).

Effects of pain: Sleep disturbance or hyperarousal Mood changes

Anger/Agitation/Aggression Appetite changes Physical Activity changes

Cultural Beliefs and Preferences Related to Pain Management**Plan of Care:**

The plan of care needs to be individualized to the older adults' needs and reevaluated to determine effectiveness using the same initial assessment tool. The following links provide [Low-Risk Treatments](#) and [Higher-Risk Treatments](#) to select and use in the plan of care.

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References

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