Module 2

Part I: General pain assessment
   - Assessment of pain in nonverbal residents

Part II: Pharmacological management

Part III: Nondrug interventions for pain and other symptoms

Part IV: Nursing assistant role in observing and relieving pain
Part I: General Pain Assessment

Pain Is...

- “An unpleasant sensory and emotional experience associated with actual or potential tissue damage” www.iasp-pain.org/terms

- “Pain is whatever the experiencing person says it is, existing whenever he says it does.”

Pasero & McCaffery, 2011
Pain in Older Adults

- 25 – 56% community-dwelling elders
- 45 – 85% nursing home residents
- 30 – 80% cancer patients in treatment
- 20% of hospitalized patients in their last days of life
- 20% of hospice patients
- Remember...presence of co-morbidities
Acute and Chronic Pain

**Acute**
- Sudden onset/response to illness or injury
- Usually decreases over time as healing occurs; self-limiting
- Goal: eliminate pain by treating cause
- Physical signs: “fight or flight”
- Behavioral signs

**Chronic (Persistent)**
- Insidious onset, or follows acute
- Lasts beyond expected healing period or associated with a chronic condition
- Goal: maintain function & quality of life
- Behavioral signs
Common Sources of Chronic (Persistent) Pain in Older Adults

- Musculoskeletal (osteoarthritis, degenerative joint disease e.g., pain in back, hands, feet)
- Osteoporosis/compression fractures
- Peripheral vascular disease
- Neuropathies (e.g., diabetic neuropathy, post-herpetic neuralgia, post chemotherapy)
- Cancer
- Contractures
- Pressure ulcers/wounds

AGS, 2009; Hadjistavropolus et al., 2007; Herr, 2010
Barriers to Pain Relief

- Importance of discussing barriers

- Specific barriers
  - Professionals
  - Health care systems
  - Patients/families

Davis et al., 2002; Derby et al., 2010; Gunnarsdottir et al., 2002; Miaskowski et al., 2005; Paice, 2010; Pasero & McCaffery, 2011
Challenges Pain Assessment in Older Adults

- Stoicism, not wanting to be a “complainer”
- Fears: procedures, side effects, addiction
- Fatalism: Pain is part of aging
- Cultural differences
- Cognitive or sensory impairments
- Depression
- Multiple causes of pain
- Concurrent illnesses
- Disabilities
- Use of different words to describe pain, like my hip is “sore”.
Pain Assessment Overview

- Etiology
  - History
  - PE
  - Lab/diagnostic
- Location
- Intensity
- Character/Quality

- Pattern
- What makes it better or worse

Goals of Care
- Function
- Quality of Life
- Comfort
The Cancer Pain Practice Index (CPPI)

- Comprehensive pain assessment
- Focused assessment/reassessment
- Analgesics
- Side Effects
- Nonpharmacological therapies
- Education

Fine et al., 2010
Pain Etiology

Etiology

- History

- Physical examination

- Laboratory/diagnostic evaluation

Fink & Gates, 2010
Analgesic History

- Previous experience with pain medication
- What medications?
- What doses?
- Efficacy?
- Side effects?
- Attitudes?
Location

- Pain location and quality
- Is the pain consistent with known diagnosis or is this a new pain?
Pain Intensity Tools

Fink & Gates, 2010; Herr et al., 2006a

ELNEC - Geriatric Curriculum
## Character/Quality of Pain

### Nociceptive
- **Sources:** organs, bone, joint, muscle, skin, connective tissue
- **Examples:** arthritis, tumors, gall stones, muscle strain
- **Character:** dull, aching, pressure, tender
- **Responds to traditional pain medicines & therapies**

### Neuropathic
- **Source:** nerve damage, e.g., peripheral nerve or CNS pathology
- **Examples:** postherpetic neuralgia, diabetic neuropathy, spinal stenosis, chemotherapy
- **Character:** shooting, burning, electric shock, tingling
- **Requires different types of medications than nociceptive pain**
Pattern

Do you have pain that is with you most of the time?

Do you have pain that comes and goes with very little or no pain in between?

Do you have some pain that is with you all the time but also some pain that comes and goes?
What Makes the Pain Worse?

Or Better?
Assess Impact of Pain on Function and Quality of Life

- Activities of daily living
- Mobility or transfers
- Mood, sleep, energy
- Participation in meals, activities
- Social activities
- Any new changes
Comfort- Function Goals

- To identify how much pain can exist without interfering with needs or desired activities

- Appropriate for all types of pain

- Goals agreed on with patient/resident to promote quality of life

Pasero & McCaffery, 2011
Pain at the End of Life

- Existential distress
- Dimensions of QOL
- Requires interdisciplinary approach
Pain Assessment in Nonverbal Older Adults

- Advanced dementia
- Progressive neurological disease
- Post CVA
- Imminently dying
- Developmentally disabled
- Delirium
Differences in the Pain Experience of Older Adults with Dementia

- Tolerance to acute pain possibly increases but pain threshold does not appear to change
- Dementia may alter response to acute pain
- Cognitive impairment may decrease the perceived analgesic effectiveness
- Pain can negatively affect cognitive function
Can Older Adults with Cognitive Impairment (CI) Give Reliable Pain Reports?

**Various studies**

- CI residents slightly underreport pain, but their reports are valid
- 83% of residents with mild to moderate CI could reliably complete at least one pain scale
- 73% of post-op patients with moderate CI were able to complete a 4-point verbal descriptor scale
All persons deserve prompt recognition and treatment of pain even when they cannot express their pain verbally.

- Establish a pain assessment procedure
- Use Hierarchy of Pain Assessment Techniques
- “Assume pain is present”
- Use empirical trials
- Re-assess and document

www.aspmn.org/Organization/position_papers.htm
Hierarchy of Data Sources

- Older adult’s report *(if possible)*
- Prior pain history
- Painful diagnoses
- Behavioral indicators
- Observer assessment
- Response to empirical therapy
Pain Behavior Assessment Tools-
for Patients Who Cannot Self Report

- CNPI - Checklist for Nonverbal Pain Indicator
- PACSLAC – Pain Assessment Checklist for Seniors with Severe Dementia
- PAINAD – Pain Assessment in Advanced Dementia
Behavioral/Observational Cues

**Obvious:**
- Grimacing or wincing
- Bracing
- Guarding
- Rubbing

**Less Obvious:**
- Changes in activity level
- Sleeplessness, restlessness
- Resistance to movement
- Withdrawal/apathy
- Increased agitation, anger, etc.
- Decreased appetite
- Vocalizations
Analgesic/Empirical Trial in Nonverbal Older Adults for Pain Relief

Behaviors suggest it could be pain

Try pain medicine

Behaviors decrease

It’s probably pain!
When to Assess and Document

- Admission
- Regular intervals
- New pain
- Exacerbations
- Uncontrolled pain
- New therapy (new meds, increased doses)
Communicating with Physicians: Key Strategies

- Diagnosis, pre-existing pain, medication changes
- Summarize your assessment data (intensity, character, location, side effects, pattern)
- Report older adult’s/family’s concerns
- Your recommendations for changes
Final Thoughts

There are many challenges to assessing pain in older adults - nonetheless, there is no pain relief when there is no pain assessment.