



# Assessing Pain in Older Persons, including those with Cognitive Impairment

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# Objectives

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Describe best practice recommendations for assessing pain in older persons, including those with cognitive impairment

- \*identifying patients who may underreport

- \*establishing comfort goals

- \*assessment strategies and selected tools

# Considerations in Under-Reporting of Pain in Older Adults

- **Reluctance to report pain**
  - Pain is inevitable and normal part of aging
  - Providers know if in pain
  - Don't want to be bother or distract provider from treatment
- **Concerns related to pain medicine and side effects**
  - Fear of addiction
  - Concerns about unpleasant side effects
- **Concerns about cost of treatment/insurance coverage**
- **Higher likelihood of cognitive and sensory impairment**

(APS, 2005; Dawson et al., 2005; Herr 2002; Jones et al., 2004)

# Pain and Aging: Establishing Goals of Care

- **Involve older adult and/or family**
- **Overall goals of care**
  - Control pain
  - Improve function and quality of life
  - Balance risks and benefits of treatment options
- **Establish measureable goals**
  - Maintain severity of pain < 4 or mild
  - Allow participation in bingo and family visits

# Quality of Life in Older Persons

**Well-being & General Health**

**Physical Functioning**

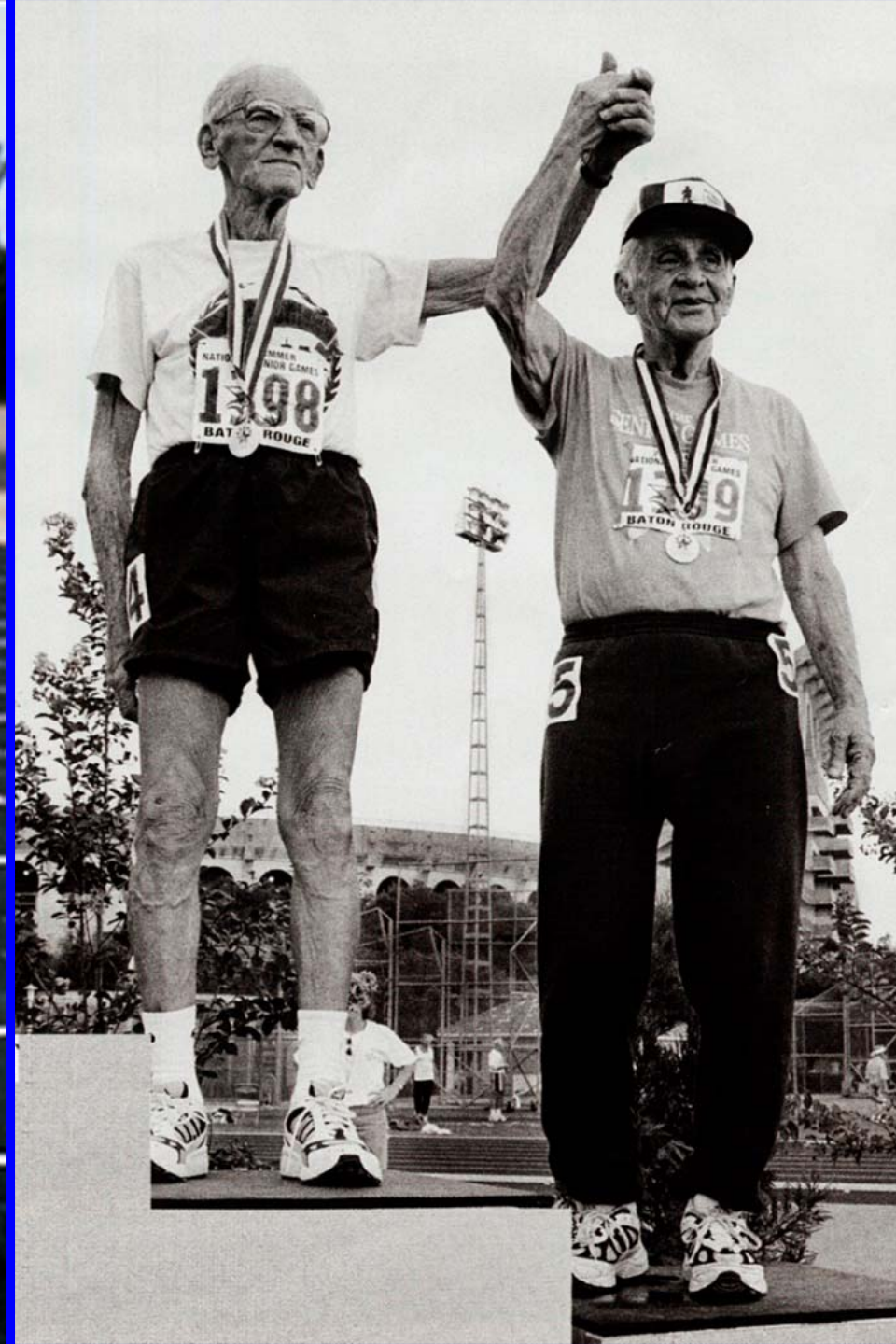
**Psychological Functioning**

**Cognitive Functioning**

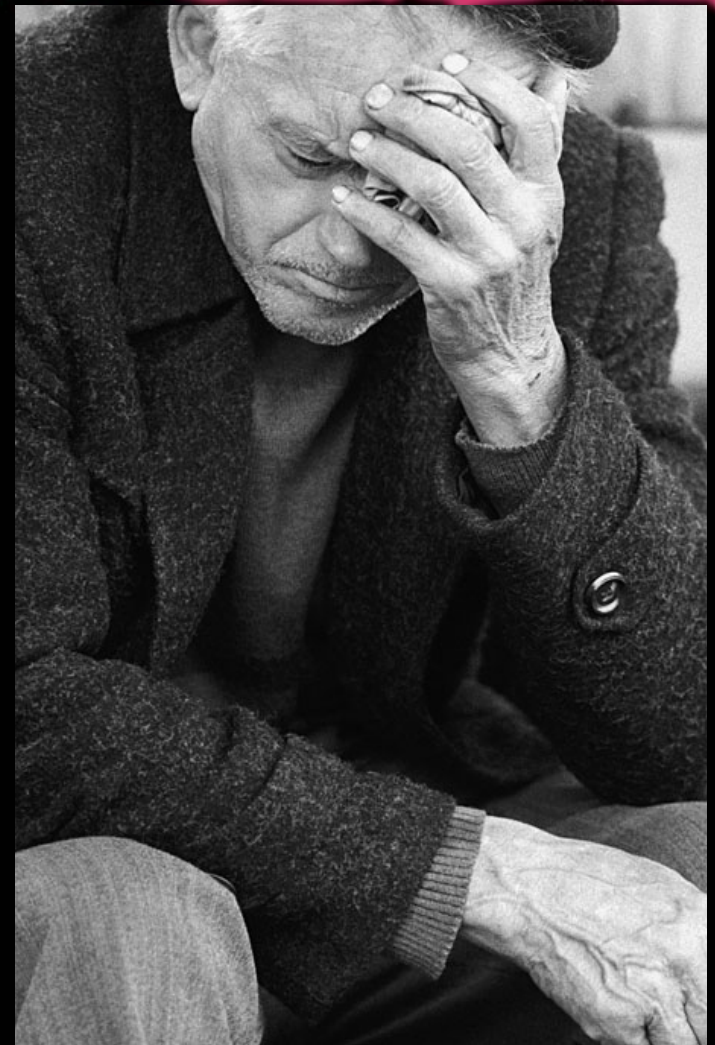
**Social Functioning**

**Vitality**





# Persistent Pain interferes with QOL



# Identifying and Measuring Pain in Older Adults

(Hadjistavropoulos et al., 2007)

- **Use of simple standardized pain scales**
- **NRS & VDS strong and preferred** (Gagliese et al., 2005 ; Herr et al., 2004, 2007; Jones et al., 2005; Peters et al., 2007; Scherder & van Manen, 2005)
- **Pain Thermometer and Faces Pain Scale options**  
(Herr et al., 2007; Li et al., 2007; Taylor et al., 2003; Ware et al., 2006)

# Verbal Descriptor Scales

## Verbal Descriptor Scale (VDS)

- \_\_\_ Most Intense Pain Imaginable
- \_\_\_ Very Severe Pain
- \_\_\_ Severe Pain
- \_\_\_ Moderate Pain
- \_\_\_ Mild Pain
- \_\_\_ Slight Pain
- \_\_\_ No Pain

## McGill Present Pain Inventory (PPI)

- 0 = No pain
- 1 = Mild
- 2 = Discomforting
- 3 = Distressing
- 4 = Horrible
- 5 = Excruciating

(Melzack & Katz, 1992;  
Gagliese et al., 2005)

## Simple VDS

- 0 = None
- 1 = Mild
- 2 = Moderate
- 3 = Severe

(Closs et al., 2004)

(Herr et al., 2004, 2007)

**NOTE: Core outcome domains for chronic pain clinical trials: IMMPACT recommendations. Pain, 2003;106:337-345. Recommends 4-point VDS for cognitively impaired**

# Revised-Faces Pain Scale (R-FPS)

(Hicks et al., 2001)



- **FPS validity in Caucasian older adults** (Herr et al., 2004; 2007)
- **FPS greater misinterpretation** (Scherder & van Manen, 2005)
- **FPS preferred by African American and Asian older adults** (Li et al., 2007; Taylor et al., 2003; Ware et al., 2006)

# Assessment of Chronic Pain in Older Persons

History and physical examination (AGS, 2002; Lyle et al., 2005)

→ **Establish definitive diagnosis if possible**

- Focus on location of pain
- Common sites of pain and pain referral, esp. musculoskeletal and neurological systems
- Consider diagnoses and conditions known to be painful
  - **Inflammation, infection (pneumonia, UTI, skin), incision, fracture, positioning, bladder distention, skin breakdown/irritation, constipation**
- Pertinent laboratory and other diagnostic tests
- **Coexisting disease** and medication review

# Common Chronic Conditions Causing Pain in Older Adults

## Noceptive Pain

- Low back pain from facet joint arthritis and spondylosis
- Osteoarthritis
- Osteoporosis
- Previous bone fractures
- Rheumatoid arthritis
- Polymyalgia rheumatica
- Paget's disease
- Coronary artery disease

## Neuropathic pain

- Central poststroke
- Herpes zoster
- Postherpetic neuralgia
- Trigeminal neuralgia
- Nutritional neuropathies
- Peripheral neuropathies
  
- Other Mixed:
  - myofascial pain,
  - fibromyalgia

# Assessing Pain Impact on Function

- **Standard tools available for geriatrics**
  - **Physical function:** ROM, performance of ADLs, Tinetti Get-Up and Go Test, Katz ADL Scale, Lawton IADL, FIM
  - **Psychological function:** Geriatric Depression Scale
  - **Cognitive function:** MMSE, CAM
- **Overall impact of pain on function/quality of life**
  - ➔ **Geriatric Pain Measure-M2** (Fisher et al., 2006; Blozik et al., 2007)
    - 82% NH residents provided discernible responses
    - Reliability and concurrent validity established
    - CI related to nonresponses
  - **Brief Pain Inventory & Modified** (Kemp, Ersek & Turner, 2005; Auret et al., 2008)

# Geriatric Pain Measure Short Form (GPM-12)

(Blozik et al., JAGS, 55, 2007)

## **Do you currently have pain with or have you stopped:**

1. moderate activities such as moving a heavy table, pushing a vacuum cleaner, bowling, or playing golf because of pain?
2. climbing more than one flight of stairs because of pain?
3. walking more than 200 yards because of pain?
4. walking 200 yards or less because of pain?

## **Because of pain, have you:**

5. cut down the amount of time you spend on work or other activities?
6. been accomplishing less than you would like to?
7. limited the kind of work or other activities you do?
8. Does the work or activities you do require extra effort?
9. Do you have trouble sleeping?
10. Does pain prevent you from enjoying any other social or recreational activities (other than religious services)?
11. On a scale of 0-10, how severe is your pain today?
12. In the last 7 days, how severe has your pain been on average?

# Hierarchy of Pain Assessment Techniques in Cognitively Impaired

- **Patient report**
- **Potential causes of pain (acute and chronic)**
- **Pain behaviors— direct observation**
- **Surrogate report and behavior change**
- **Response to analgesic trial**

McCaffery, Pasero. *Pain: Clinical Manual*; 1999.

Herr et al. Assessment of pain in nonverbal patients. *Pain Manage Nurs*. 2006;7.

Hadjistavropoulos et al. Interdisciplinary Expert Consensus Statement. *Clin J Pain*. 2007;23.

# Importance of Pain Behaviors

- **Self-report of those who cannot speak**
- **Direct observation behaviors**
- **Changes in activities, interactions, etc**
- **Most important behaviors?**
  - **Grimacing, guarding, rubbing, bracing (Shega et al., JAGS, 2008)**



**IS FACIAL GRIMACING MOST SENSITIVE AND RELIABLE BEHAVIORAL INDICATOR OF PAIN?**

# Use of Behavioral Pain Tools

(Herr et al., 2010)

- **One aspect of a comprehensive ongoing pain assessment**
  - Consistent evaluation of behaviors
  - Monitor for change over time
  - Behavior tool score not same as intensity score
- **Establish procedure for assessing pain with behavior tool**
  - Who will do it? When? How often?
  - What will be done with the scoring information?
  - Plan for follow-up evaluation?
- **Document/record all scores in a location that is readily accessible by other health care providers.**

# BEHAVIORAL PAIN TOOLS

- **Updated critique of tools at City of Hope website**  
(funded by The MayDay Fund)
  - 17 tools reviewed (English)
  - Detailed critique and brief summary/ tool contact info  
<http://prc.coh.org/PAIN-NOA.htm>
- **www.GeriatricPain.org**  
(funded by The MayDay Fund, University of Iowa, RWJ Fellowship)
  - Best Practice Recommendations for Assessment, Pain Management, Education, Quality Improvement in NHs

# Direct Observation Tools

- **The Pain Assessment in Advanced Dementia (PAINAD) Scale, (Warden et al., 2003)**
- **Checklist of Nonverbal Pain Indicators (CNPI), (Feldt,2000)**
- **The Pain Assessment Scale for Seniors with Severe Dementia-Dutch (PACSLAC-D) (Zwakhalen, Hamers & Bergen, 2007)**
- **Mobilization-Observation-Behavior-Intensity-Dementia Pain Scale (MOBID) (Husebo et al., JPSM, 34, 2007)**
- **Nursing Assistant-Administered Instrument to Assess Pain in Demented Individuals (NOPPAIN), (Snow et al., 2004)**
- **Pain Behaviors for Osteoarthritis Instrument for Cognitively Impaired Elders (PBOICIE) (Tsai et al., 2008)**

# Pain Assessment in Advanced Dementia Scale (PAINAD)

Warden, Hurley, Volicer, 2003

- **Used to assess pain in older persons who have dementia or a cognitive impairment and a limited ability to communicate**
- **Useful for daily or as-needed (prn) use**
- **Short, simple to understand, easy to use with limited training**
- **Includes key pain behaviors of negative vocalizations, facial expressions, and body language.**

# PAINAD Scale

(Warden, Hurley, Volicer, JAMDA, 2003)

	0	1	2	Score
Breathing Independent of vocalization	Normal	Occasional labored breathing Short period of hyperventilation	Noisy labored breathing Long period of hyperventilation Cheyne-stokes respirations	
Negative vocalization	None	Occasional moan or groan Low level of speech with a negative or disapproving quality	Repeated troubled calling out Loud moaning or groaning, Crying	
Facial expression	Smiling or inexpressive	Sad, frightened, frown	Facial grimacing	
Body language	Relaxed	Tense Distressed pacing Fidgeting	Rigid, fists clenched Knees pulled up, Pulling or pushing away Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	

**Total**

# Informant-based Tools

- **The Pain Assessment Scale for Seniors with Severe Dementia (PACSLAC)** (Fuchs-Lacelle et al., 2004)
- **The Doloplus 2** (Wary, B. and the Doloplus Group, 2001)
- **Pain Assessment in Noncommunicative Elderly Patients (PAINE)** (Cohen-Mansfield, Clin J Pain, 22, 2006)
- **The Abbey Pain Scale (Abbey)** (Abbey et al., 2004)
- **Elderly Pain Caring Assessment 2 (EPCA-2)** (Morello et al., Pain, 133, 2007)
- **Pain Assessment for the Dementing Elderly (PADE)** (Villaneuva et al., 2003)
- **Certified Nurse Assistant Pain Assessment Tool (CPAT)** (Cervo et al., Am J Alz Disease and Other Dementias, 22, 2007)
- **Discomfort Behavior Scale (DBS)** (Stevenson et al., Res Nsg & Health, 29, 2006)

# **PASCLAC** (Pain Assessment Checklist for Seniors with Limited Ability to Communicate)

Fuchs-Lacelle & Hadjistavropoulos, 2004

- **PACSLAC incorporates a more comprehensive list of behaviors- 60 items (most on MDS 3.0)**
- **Less than 5 minutes**
- **Ongoing screen on a monthly or quarterly basis to identify person-specific behaviors related to pain**

**Tool can be obtained from [thomas.hadjistavropoulos@uregina.ca](mailto:thomas.hadjistavropoulos@uregina.ca)**

# PACSLAC

(Pain Assessment Checklist for Seniors with Limited Ability to Communicate)

(Fuchs-Lacelle & Hadjistavropolous, 2004)

## Facial expressions

Grimacing  
Change in eyes  
Frowning  
Opening mouth  
Creasing forehead  
Clenching teeth  
Wincing

## Social/personality/Mood indicators

### Physical aggression

Verbal aggression  
Not wanting to be touched  
Throwing things  
Increased confusion  
Upset  
Agitated  
Cranky/irritable

## Activity/body movements

Uncooperative/resistant to care  
Guarding sore area  
Fidgeting  
Restless  
Refusing medications  
Stiff/rigid

## Physiological indicators/ Eating/Sleep/Vocal Behaviors

Pale face  
Teary eyed  
Sweating  
Changes in appetite  
Screaming/yelling  
Moaning and groaning

# Empiric Analgesic Trial (N=1)

- If in doubt, analgesic trial may be diagnostic
- Treat behavioral symptoms with pain medication
- Studies needed to guide approaches
  - Acetaminophen trials show impact (Buffum et al, 2004; (Chibnall et al., 2005)
  - Opioid trials impacted by low dose (Manfredi et al., 2003)
  - Serial Trial intervention inclusive approach (Kovach et al., 2006)

# Putting the Pieces Together

See Algorithm in *Geriatrics at Your Fingertips* (2010)

## Self Report

- NRS
- VDS
- FPS

## Potential Causes

- Physical exam and history
- Pathological conditions
- Common problems or procedures painful

## Behavior Assessment

- Direct observation
- Surrogate reporting
- Screening vs Dx

## Analgesic Trial

- Confirming suspicions

**THANK YOU**

