PAIN ASSESSMENT IN THE OLDER ADULT WITH DEMENTIA: AN INTEGRATIVE LITERATURE REVIEW

Heather Lutz, BSN

Lynette Castronovo, MSN, APN, GNP-BC & Linda Matheson, PHD, RN
Saint Anthony College of Nursing

BACKGROUND AND SIGNIFICANCE

- Accurate pain assessment is essential for adequate pain management and patients with dementia pose an even greater challenge for completing this task
- Self-report of pain is currently the gold standard, however, with progressive cognitive decline self-report may not always be reliable
- Untreated pain can delay healing, disturb sleep and activity patterns, reduce function, reduce quality of life, and prolong hospitalizations
- Dementia is projected to affect 75.6 million people worldwide in the year 2030 and almost triple in the year 2050 to 135.5 million (WHO, 2017)
- Based on the above figures, it is essential that healthcare staff are equipped with the knowledge and skills to care for these patients
- The best approach to pain assessment is to evaluate it with the most appropriate scale

METHOD

- Integrated literature review (Whittomere & Knaff, 2005)
- Comprehensive search of OVID Medline Plus and EBSCOhost CINAHL: “pain”, “pain assessment”, “pain measurement”, “pain scale”, and “dementia”

Inclusion Criteria: 6 out of 92 articles met the inclusion criteria

- Older adults 65 years and older with a diagnosis of dementia
- Study was reported in English
- Articles were research based
- Articles conducted in the United States and European countries

Exclusion Criteria:

- Articles that included various forms and causes of cognitive impairment other than dementia
- Studies that included subjects younger than 65 years
- Studies that were not research based determined by the hierarchy of evidence

PURPOSE

The purpose of this integrative literature review is to analyze the various types of pain assessment tools used with patients with dementia 65 years and older. This review will evaluate the benefits and limitations of each pain assessment tool and its implications for future healthcare practice, education, policy, and research.

SYNTHESIS OF LITERATURE

<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>FINDINGS</th>
<th>IMPLICATIONS FOR NURSING</th>
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<tbody>
<tr>
<td>Frank et al., (2015)</td>
<td>Both the CNI and PACSLAC should be used cautiously in research and clinical practice. The CNI was found to have strong interrater agreement and reliability in patients with severe dementia. Self-report pain scales can be reliably performed in a large proportion of older adults with severe dementia.</td>
<td>Supports the use of a multidimensional pain assessment program.</td>
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<td>Pautex et al., (2008)</td>
<td>The ability to comprehend the use of a pain scale was related to the degree of cognitive impairment. Self-report pain scales can be reliably performed in a large proportion of older adults with severe dementia.</td>
<td>Pain was found to be highly measured in the elderly. Approximately half of the participants reported pain and about 1/3 were not receiving any analgesics suggesting that pain is under treated in this population. Highlighting the need for health care staff to be more proficient at using observational pain assessments to identify pain. Feasibility of observational scales is not supported for patients with severe dementia.</td>
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<td>O'Brien, Hughes, Michel, (2015)</td>
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<td>Pain was underestimates in 1/3 of the cases. Observational scales should be reserved for those patients who have demonstrated an inability to complete a self-assessment.</td>
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<td>Chan et al., (2014)</td>
<td>Pain in observational tools available consist of items that overlap with other conditions such as delirium and depression.</td>
<td>Understanding the disease process will help healthcare staff in choosing the appropriate pain assessment tool.</td>
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<td>Jordan et al., (2011)</td>
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<td>Jordan et al., (2011)</td>
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RESULTS

- Self-report of pain remains the gold standard
- Self-assessment pain scales should be attempted for all patients with dementia who demonstrate comprehension of the scale
- Observational scales should not be routinely used for pain assessment

IMPLICATIONS & CONCLUSIONS

- Pain assessment should be individualized, multidimensional, and multidisciplinary
- Staff need to be properly trained on the use of the pain assessment scales used in their facility
- Self-report pain assessment scales should be attempted in patients with dementia and observational pain assessment scales should not be routinely used

IMPLICATIONS TO PRACTICE

- Health care staff should be provided educational materials on the types and causes of dementia
- Understanding the disease process will help healthcare staff in choosing the appropriate pain assessment tool

IMPLICATIONS TO RESEARCH

- Ongoing evaluations of pain assessment tools is essential to ensure their use is appropriate, adequate, and effective
- Further research and testing of pain assessment tools involving a culturally diverse population in a variety of clinical settings is needed

IMPLICATIONS TO HEALTHCARE POLICY

- A systematic pain management protocol should be implemented for patients with a diagnosis of dementia