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Intelligent Pain Assessment

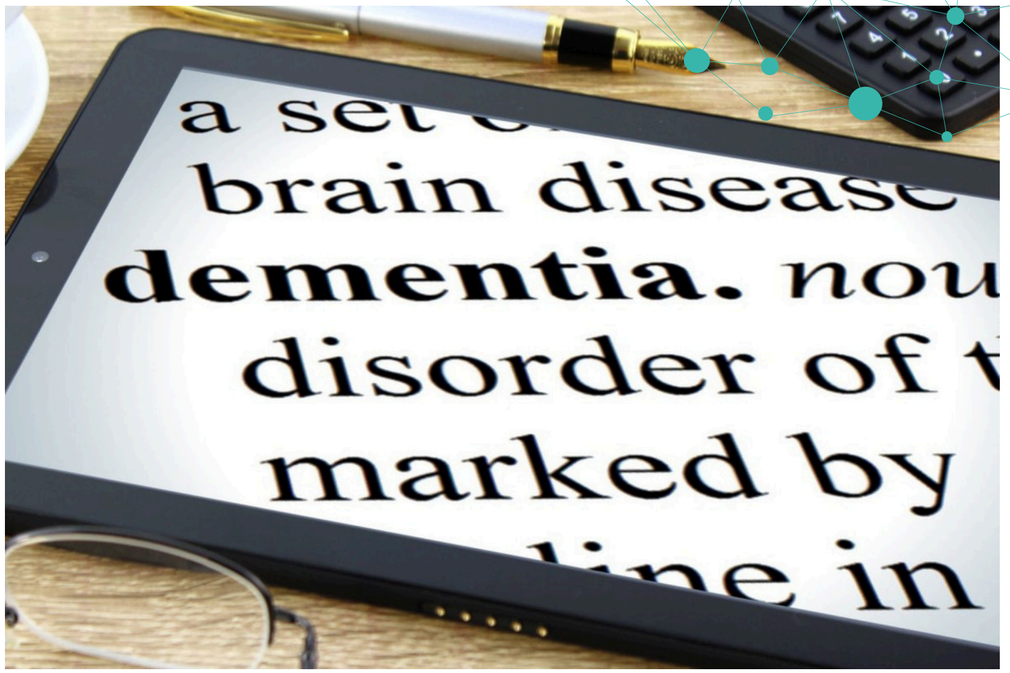
PAIN IN DEMENTIA

PERSON CENTERED CARE

TRAINING SPECIALIST – DUNCAN MCDONALD

TRAINING OBJECTIVES

1. Understand the essentials of Dementia
2. Understand how pain affects people living with Dementia
3. Understand how better pain management can benefit residents and staff



WHAT IS DEMENTIA?

- Dementia is an umbrella term used to describe various conditions where there is a serious deterioration in a person's intellectual ability, emotional state and cognitive functioning.
- It is not a normal part of ageing
- It normally affects older people, the incidence of which increases with age.
- A progressive and ultimately terminal neurodegenerative disorder.
- There is currently no cure.

TYPES OF DEMENTIA

- Alzheimer's disease (AD) - 60%
- Vascular dementia (VaD) - 15%
- Dementia with Lewy Bodies (DLB) - 10%
- Fronto-Temporal Dementia (FTD) - 2%
- Mixed dementia – 10%
- **Other dementias – 3%**

RISK FACTORS FOR DEMENTIA?

- Ageing/Gender
- Genes
- Cognitive reserve
- Ethnicity
- Diet/Alcohol/Smoking
- Health conditions – CVD, Hypertension, High Cholesterol, Obesity,
- Hearing/Visual Impairment
- Traumatic Brain Injury
- Depression
- Down's Syndrome and other learning disabilities

PREVALENCE OF DEMENTIA

- 900,000 people living with dementia in the UK
- Approx 70,000 ↓ 65yrs
- Approx 70% of residents in care homes have dementia or cognitive impairment.
- 1 in 11 people over 65 live with dementia
- Number is expected to double over the next 25yrs.

WHY IS PAIN AN ISSUE IN DEMENTIA?

93% of residents living in a care home have pain and 50% have pain most of the time

70% residents in aged care have **Dementia**, suggesting many may struggle to report their pain

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>90% of people with Dementia affected by stress and distress, often caused by pain.

WHY IS PAIN AN ISSUE IN DEMENTIA?

- In AD changes are in temporal and parietal cerebral cortex and hippocampus – affecting pain centres in the brain
- VascD is associated with increased pain prevalence
- FtD experiences pain differently – studies show increased pain tolerance
- 1 in 3 PWD have moderate to severe pain and residents with more advanced dementia experience more pain than those with less severe dementia
- PWD have a higher risk of falls
- Older adults have a higher risk of co-morbidities

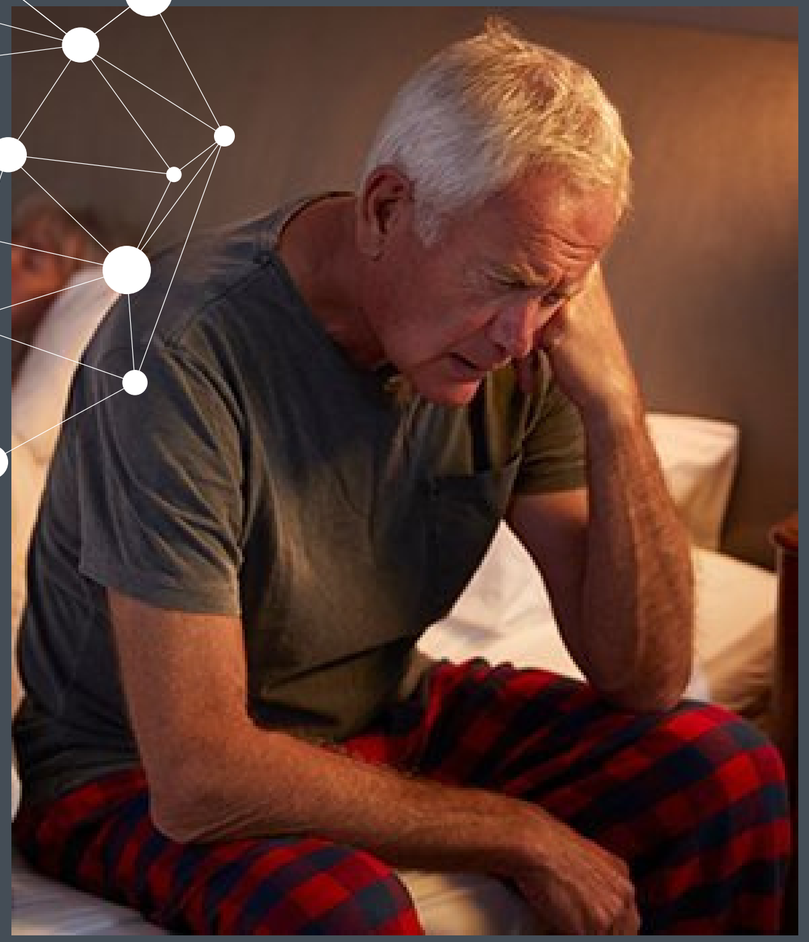
WHY IS PAIN AN ISSUE IN DEMENTIA?

- Nociceptive pain is most prevalent with **70%** in a care home setting
- Mix of nociceptive and neuropathic at **25%**
- Orofacial pain, related to poor oral

WHY IS PAIN AN ISSUE IN DEMENTIA?

- Those with dementia & cognitive impairment often:
- Lose their ability to self-report pain
- Lose their ability to regulate learned responses to pain as their condition progresses
- Facial expression are more intense and more frequent in people with dementia and cognitive impairment

STRESS AND DISTRESS



- Stress and distress varies greatly from person to person
- Occurs in up to 90% of care home residents
- One carer may perceive a behaviour as distressing while another may not
- There are many different reasons why a person may experience

REASONS FOR STRESS AND DISTRESS

- Feeling disorientated or frightened
- Feeling anxious or depressed
- Unmet needs – such as pain
- Changes in routine
- Sundowning
- Past life events

PAIN AND STRESS AND DISTRESS

>90% of people with dementia affected by Stress and Distress, often caused by pain.

Greater the pain = Greater severity of 'distress responses'

33.6% higher severity of behaviours

25.3% more neuropsychiatric behaviours

31.4% more distress to caregivers

PAIN AND STRESS AND DISTRESS

- People living with dementia will show pain through behaviours
- There are many different behaviours associated with pain
- If pain is managed, then the behaviours will lessen

DEMENTIA IS A COMMUNICATION ISSUE

NOT

A BEHAVIOUR ISSUE

BARRIERS TO PAIN RELIEF IN DEMENTIA

- Lack of recognition of pain
- Misdiagnosis of behaviours
- Fear of side-effects
- Fears about drug interactions
- Poor use of analgesia
- Resigned attitudes and beliefs of caregivers

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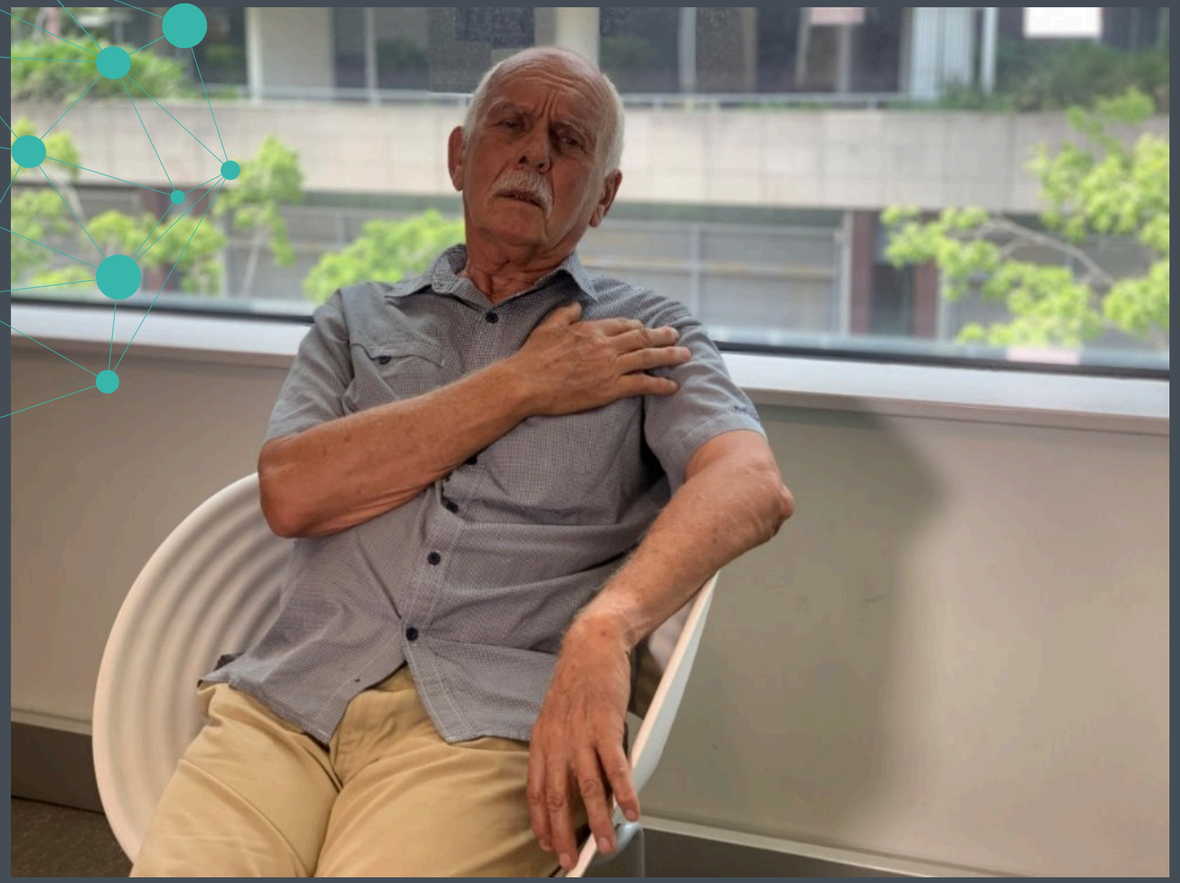
BECOME A ‘PAIN DETECTIVE’

- Residents are unable to self-report pain
- May have dysphasia
- May have Hypoalgesia
- Constipated/UTI/Delirium
- Rule out ‘unmet needs’
- Use an assessment tool to rule in/rule out

HOW DO WE KNOW IF THEY ARE IN PAIN?

- The most obvious way to find out if a person with dementia is in pain is to ask them – but as their condition progresses, they may have difficulty telling you.
- They may not be able to describe where the pain is coming from, and even say “no” if you ask if they’re in pain.
- They might use the wrong words to explain how they feel – for example, saying “injection” rather than “indigestion”.
- It may help to ask specific questions, such as:
- “Is your arm aching?”
- “Does it hurt here?”
- “Does it sting?”

SIGNS OF PAIN



- calling out, groaning or shouting – especially if this is new behaviour, or has increased
- changes in body language, such as fidgeting, restlessness, twitching, rubbing a body part or tensing up
- facial expressions like grimacing and frowning
- seeming frightened or distressed during personal care like washing and dressing
- sleeping more or less than usual
- physical changes like sweating, appearing flushed or pale, fast pulse and/or changes in temperature
- appearing withdrawn or low in mood
- changes in appetite, like refusing food

WHEN SHOULD WE ASSESS FOR PAIN?

- When the resident moves in
- Regular ‘resident of the day’ to establish baselines
- Any change in behaviour/normal routine
- Any signs of pain
- As part of the accident/incident process
- When completing behaviour charts
- Before PRN medication (and follow-up after)

THE IMPACT OF UNTREATED PAIN

- An increased risk of falls
- Poor appetite
- Sleep disturbance
- Increased behaviour that challenges

Worse depending on severity of pa

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BENEFITS OF PAIN MANAGEMENT

- Reduced falls
- Medicine optimisation
- Reduces inappropriate administration of medication
- Reduces rates and severity of behaviours
- Better quality of life
- Increased participation
- Increased independence
- Better mental health
- You have time to spend with residents

THANK YOU

For more information contact

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