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Pain assessment in the Older Adult

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Older Adults

The horrifying moment when you're looking for an adult but then realize that you are an adult. So you look for an older adult, someone successfully adulting. An adultier adult.

Definition of Pain

- Pain is what the patient says it is and occurs when he or she says it does.
 - McCaffery 1979
- But what if the patient cannot say?

IASP (1994)

- An unpleasant sensory or emotional experience, associated with actual or potential tissue damage or described in terms of such damage
 - Merskey & Bogduk
- Acute, Chronic, Cancer

Communication Difficulties

- Children and babies
- Learning disabled
- Ageing / cognitive impairment
- Culture/Language

- ▶ 10 million people in the UK are over 65 years old. The latest projections are for 5½ million more older people in 20 years time and the number will have nearly doubled to around 19 million by 2050.
- ▶ There are currently three million people aged more than 80 years and this is projected to almost double by 2030 and reach eight million by 2050.
- ▶ The pensioner population is expected to rise despite the increase in the women's state pension age to 65 between 2010 and 2020 and the increase for both men and women from 65 to 68 between 2024 and 2046. In 2008 there were 3.2 people of working age for every person of pensionable age. This ratio is projected to fall to 2.8 by 2033.

IASP GLOBAL YEAR AGAINST PAIN IN OLDER PERSONS

October 2006 – October 2007

Resources: www.iasp-pain.org

IASP



International Association for the Study of Pain
www.iasp-pain.org

EFIC



European Federation of IASP Chapters
www.efic.org

Pain Relief should be a Human Right



Facts on Pain
in Older Persons



The Patients Association

PAIN IN OLDER PEOPLE

- A Hidden Problem

A QUALITATIVE STUDY
MARCH 2007

picker
INSTITUTE
making patients' views count

Fieldwork: September – December 2006

Commissioned by The Patients Association and supported
by a research grant from Napp Pharmaceuticals Limited.



The Patients Association

PAIN IN OLDER PEOPLE

- The Carer's Perspective

SUMMARY REPORT
SEPTEMBER 2006

YouGov®
UNDERSTANDING PEOPLE

Fieldwork: 17/07/2006 to 24/07/2006

Commissioned by The Patients Association and supported
by a research grant from Napp Pharmaceuticals Limited.

Pain in Residential Aged
Care **Facilities**

Management Strategies

August 2005

The Australian Pain
Society



Chronic pain in older adults

- Significant chronic pain affects 20% of adults

Breivik et al 2007

- Rising to 62% of those over 75 *Elliott et al 1999*

- Many diseases causing chronic pain increase with age

- E.g. arthritis, diabetes

- Many risk factors for chronic pain are associated with ageing

- E.g. reduced physical activity, co-morbidities, reduced social networks *Evenson et al 2002, Peat et al 2004*



Impact of pain on older adults

- **Chronic pain is associated with**

- Poor general health (physical, psychological, social) Smith *et al* 2001
- Increased mortality Torrance *et al* 2010
- Increased resource use (carers, NHS, benefits) Maniadakis and Gray 1999

- **In older adults chronic pain is**

- Often under-reported Sofaer-Bennet *et al* 2007
- More likely to be intense, disabling and need treatment Elliott *et al* 1999
- Particularly likely to cause isolation, disability and depression Citra *et al* 2006



So is pain inevitable?



Perspectives from Older People

- “Pain is exhausting... You have to walk slowly. You have to stop and make an excuse or pretend to look in a shop window so that you can put your hand on the window and rest a moment. It’s humiliating”.
- ‘Pain is frustrating because you can’t do things for yourself...Everything’s a challenge.’
- ‘I get very depressed and anxious about it...it’s frightening, especially when you live on your own.’
- ‘Pain can make you feel lonely because you feel that you’re the only one that is suffering and can cope with it, and that is a lonely experience.’

Extracts taken from ‘listening events’ and interviews held with older people who suffer pain (Help the Aged)

CONCISE GUIDANCE TO GOOD PRACTICE

A series of evidence-based guidelines for clinical management

NUMBER 8

The assessment of pain in older people

NATIONAL GUIDELINES

October 2007





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Age & Ageing 2018

The **Assessment of Pain** in Older People: UK National **Guidelines**

Pat Schofield

Age and Ageing, Volume 47, Issue suppl_1, 1 March 2018, Pages i1–i22, <https://doi.org/10.1093/ageing/afx192>

Published: 19 March 2018



Box 1. Key components of an assessment of pain.

Direct enquiry about the presence of pain

- including the use of alternative words to describe pain

Observation for signs of pain

- especially in older people with cognitive/ communication impairment

Description of pain to include:

- sensory dimension
 - – the nature of the pain (eg sharp, dull, burning etc)
 - – pain location and radiation (by patients pointing to
 - the pain on themselves or by using a pain map)
 - – intensity, using a standardised pain assessment scale

- affective dimension

– emotional response to pain (eg fear, anxiety,

•depression)

- impact: disabling effects of pain at the levels of

•– functional activities (eg activities of daily living)

•– participation (eg work, social activities, relationships)

•*Measurement of pain*

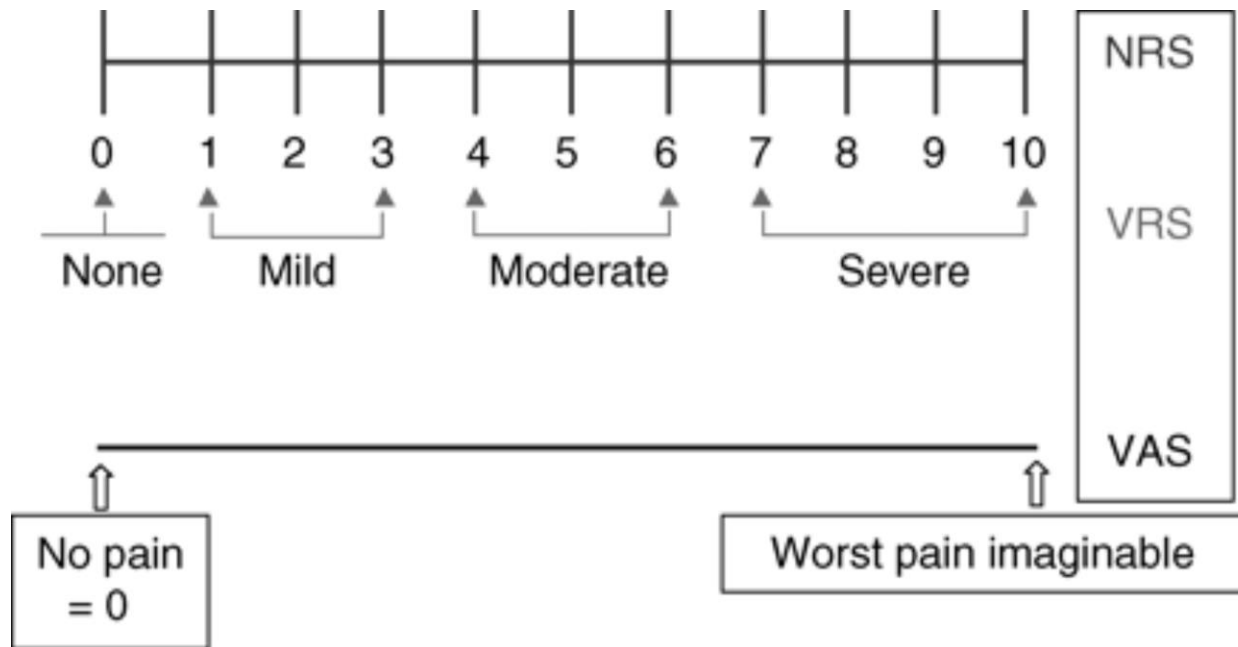
- using standardised scales in a format that is accessible to the individual

Cause of pain

- examination and investigation to establish the cause of pain

Scales

- ❖ Visual Analogue Scale (Scott & Huskisson 1976)
- ❖ Verbal Descriptors (Gracely et al 1981)
- ❖ Faces Scale (Whaley & Wong 1987)
- ❖ LANSS Scale



From: Assessment of pain

Br J Anaesth. 2008;101(1):17-24. doi:10.1093/bja/aen103

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Pain Assessment

- ❖ Listen Carefully – what words are used
 - ❖ May deny pain but admit to discomfort, aching, soreness
 - ❖ Do you hurt anywhere?
 - ❖ Are you uncomfortable?
 - ❖ How does it affect you?
 - ❖ - Believe the patient



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Disruptive or Challenging Behaviours

- Severe pain is less likely to cause wandering.
 - But, more likely to display aggressive and agitated behaviours
-
- Hyochol & Horgas (2013)

Behavioural Signs





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Pain Face



EYE LIDS TIGHTEN/CLOSE LIPS
TIGHTEN/PARTED
EYE BROW LOWERS NOSE WRINKLES
CHEEK AREA RAISED

Intuitive Signs

- Facial expression (grimace)
- Verbal expression (groaning, moaning)
- Protected position – rigid, limited movement
- Restlessness, agitation
- Physiological signs – clammy, sweating, pale, >BP, >P



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Behavioural Scales

- DS Dat
 - Abbey
 - PainAd
 - PacSlac
 - Doloplus, Algoplus
-
- And many more, there is no need to develop any more tools





PAINAD Scale

*Five-item observational tool (see the description of each item below).

**Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0="no pain" to 10="severe pain").

Items*	0	1	2	Score
Breathing independent of vocalization	Normal	Occasional laboured breathing. Short period of hyperventilation	Noisy laboured breathing. Long periods of hyperventilation. Cheyne- Stokes respirations	
Negative vocalization	None	Occasional moan or groan. Low level 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	Fidgeting. Tense. Distressed pacing.	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**	

Abbey Pain Scale

Q1. Vocalisation e.g. whimpering, groaning, crying
Absent 0 Mild 1 Moderate 2 Severe 3

Q2 Facial Expression e.g. looking tense, frowning, grimacing, looking
frightened Absent 0 Mild 1 Moderate 2 Severe 3

Q3. Change in body language e.g. fidgeting, rocking, guarding part of the
body, withdrawn Absent 0 Mild 1 Moderate 2 Severe 3

Q4 Behavioural change e.g. increased confusion, refusing to eat, alteration
in usual patterns Absent 0 Mild 1 Moderate 2 Severe 3

Q5 Physiological change e.g. temperature, pulse or blood pressure outside
normal limits, perspiring, flushing or pallor
Absent 0 Mild 1 Moderate 2 Severe 3

Q6 Physical changes e.g. skin tears, pressure areas, arthritis, contractures,
previous injury Absent 0 Mild 1 Moderate 2 Severe 3

Algoplus Scale: **Acute pain**-behavior scale for older persons with inability to communicate verbally

- **ALGOPLUS is therefore particularly recommended for screening and evaluating :**
- acute painful conditions (e.g., fractures, post-operative pain, ischemia, lumbago, herpes zoster, urinary retention, etc.),
- transitory pain attacks (e.g., facial neuralgia, cancer breakthrough pain, etc.),
- pain induced by treatment or medical diagnostic procedures.

Cost Collaborative

- *SCH COST Action TD1005* Pain Assessment in Patients with Impaired Cognition, especially Dementia
- Work Group Two – Nursing (PS,SZ,IG,ES,NA, RD,CS)
- Exploring care workers experiences of the assessment of pain amongst older adults with cognitive impairment





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Assessment of Pain - Challenges

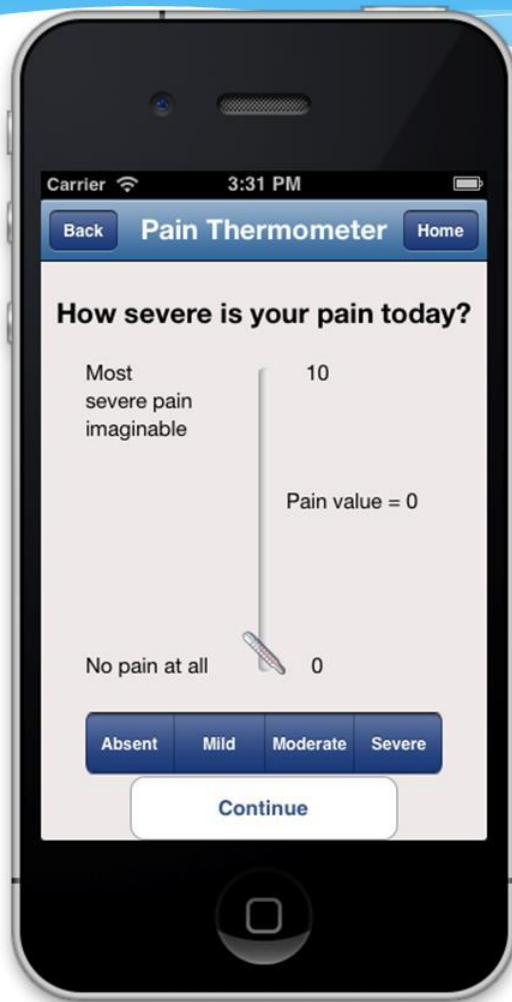
- Survey of Care staff across Europe.
- 415 responses. (UK 28, Netherlands 139, Germany 147, Denmark 9, Belgium 35, Switzerland 18, Austria 39)
- The majority (48.5%) of the nursing staff currently worked in the hospital.



- Only 25% of sample use guidelines.
- Different scales across countries.
- Dissatisfaction about the current knowledge of pain assessment in cognitively impaired older adults.
- There seems to be an international struggle to interpret findings of the observational pain scales available.



Pain Assessment Application



Pain App

[Pain Med.](#) 2018 Jun 1;19(6):1121-1131. doi:
10.1093/pm/pnx028.

**Usability Testing of the iPhone App to Improve Pain
Assessment for Older Adults with Cognitive Impairment
(Prehospital Setting): A Qualitative Study.**

[Docking RE](#)¹, [Lane M](#)², [Schofield PA](#)¹.



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To summarise

- We need to evaluate the pain scales in all settings and support implementation with appropriate education for staff. There is no need to develop any more tools.
- All types of management should be applied to older cohorts and not simply translated across from younger populations.
- We must recognise that older cohorts are changing and adapt to meet their changing needs.
- Education is key for health care professionals and older adults themselves – Accepting pain is part of ageing is not good enough.

 **As Melzack (1975) once said**

- ❖ “To describe pain solely in terms of intensity is like specifying the visual world only in terms of light flux, without regard to pattern, colour, texture and the many other dimensions of the visual experience”
- ❖ Dealing with older people is no different – they are individual with individual needs and wants. Therefore we just need to be receptive to their needs and creative with our approaches to care.

Factors Influencing Pain

- Age
- Gender
- Culture
- Social class
- Education
- Meaning of pain
- Control & coping
- Staff attitudes

Possible technological solutions



- Flossie Chambers, 89, playing 10-pin bowling at the Sunrise Senior Living Centre, Edgbaston
Daily Telegraph, 14 September 2007
- “Digital natives” are growing up!