Background

• Dementia is a disease affecting 55,000 Irish people (1)
• Characterised by progressive cognitive impairment, ranging from mild impairment, which may affect memory, to severe impairment where the ability to communicate may be absent
• These people are at risk of having their pain underassessed and undermanaged (2)
• A survey exploring Irish Paramedics and Advanced Paramedics views on the current pain assessment tools available to them, and whether these tools are suitable for use with dementia patients is proposed
• Existing observational pain assessment tools used with dementia patients are examined and their suitability for pre-hospital use discussed

Introduction

• Adults with cognitive impairments, such as dementia, are at a much higher risk of not receiving adequate analgesia for their pain (3)
• Estimated between 40% and 80% of dementia patients regularly experience pain (4)
• Current pain assessment tools used pre-hospital in Ireland
  • Numerical Rating Scale for patients
  • Wong Baker Scale for pediatric patients
  • FLACC Scale for infants
  • No specific pain assessment tool for use with patients who are not capable of self-reporting their level of pain

Objective

• This research aimed to identify observational pain assessment tools used in this cohort. The most consistently recommended tools were identified. The suitability of these tools for use in the pre-hospital setting assessed

Findings

• Literature review identified 29 observational pain assessment tools
• Lack of literature relating to pre-hospital setting
• American Geriatric Society (AGS) identified six pain behaviors in dementia patients (5)
  • Changes in facial expression, activity patterns, interpersonal relationships and mental status
  • Negative vocalisation
  • Body language
• These six criteria should be the foundation of any pain assessment tool
• Three most consistently recommended tools identified

Abbey Pain Scale

• 6 items assessed
• Meets AGS criteria
• Quick and easy to implement
• Moderate to good reliability and validity (6)

Doloplus 2

• 15 items assessed
• Meets 5 of 6 AGS criteria
• Requires observation over time
• Prior knowledge of patient required
• Moderate to good reliability and validity (6)

PAINAD

• 5 items assessed
• Meets 3 of 6 AGS criteria
• Less than 5 minutes to implement
• May be influenced by psychological distress
• Good reliability and validity (6)

Conclusion

• Ability to self report pain is deemed “gold standard”
• Patients with mild to moderate disease, and indeed, some with severe disease, may retain the ability to self report
• An observational tool is required when dementia has progressed to the point of being unable to self report or become non-verbal
• It is in these patients where undetected, misinterpreted or inaccurate assessment of pain becomes frequent (7)
• Aim of any tool is to gain a good assessment of pain, however, pain scale should be suited to the clinical setting they are being used in
• The feasibility of an assessment tool is an important factor along with reliability and validity
• No one assessment tool could be recommended over another
• Abbey and PAINAD have potential for use pre-hospital, however, further research, clinical evaluation and trial in an ambulance service is required

References