

PAIN ASSESSMENT FOR PATIENTS WITH DEMENTIA AND PROSPECTS FOR REHABILITATION

PRESENTED BY

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Definition of dementia

- Dementia is a clinical syndrome due to a disease of the brain which is usually of a progressive nature, leading to disturbances of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgment.
- It is not a specific disease but rather a syndrome that can be caused by various underlying conditions.
- The decline in cognitive function in dementia goes beyond what is considered a normal part of aging and can significantly impact a person's daily life.

Assessment and challenges of pain in persons with dementia

- Between 60 and 80 percent of dementia patients in assisted living facilities report that they experience pain regularly (Corbett et al., 2012).
- Assessing pain in dementia patients is particularly difficult.
- Communication difficulties restrict subjective reporting of pain that a cognitively healthy adult would normally be able to report.
- Commonly used pain assessment instruments are not the best choice in cases of dementia.
- Most of dementia pain assessment require additional validation.

Assessment and challenges of pain in persons with dementia – cont'd

- Self-reporting pain is feasible in the early stages of dementia when cognitive impairment is minimal and communication skills are largely unimpaired.
- Self-reporting and assessment of pain become increasingly challenging as neuropathological damage advances.
- It is recommended to involve a proxy who is familiar with the patient to rate the level of pain in pain assessment.

Pain management in patients with dementia

- There is a particular risk of severe pain among people with severe dementia and a mixed form of dementia.
- Administration of painkillers is restricted in patients with dementia (Husebo et al., 2008).
- Studies have suggested that patients with dementia may be abusing analgesics, such as paracetamol (Haasum, 2011).
- Stronger painkillers like opioids are unlikely to be considered when prescribing pain medication to people with dementia.
- Most pain medication prescribed is of low dosage (Corbett et al., 2012).

Pain management in patients with dementia – Case report (Morrison & Siu, 2000).

- A patient with dementia who have a hip fracture get much fewer opioids before and after surgery(Sieber et al,. 2011, Jensen-Dahm, 2016).
- When prescribed, opioids are taken at a dosage that is one-third that of cognitively intact people (Morrison & Siu, 2000).
- This is partiality because there are not many pharmacological studies, which restricts our knowledge of the pharmacodynamics of analgesic drugs for dementia patients (McLachlan et al., 2011)

Relevance of pain management in dementia

- Communication Challenges
- Improved Quality of Life
- Behavioural and Psychological Symptoms
- Individualized Care
- Enhanced Functional Ability
- Prevention of Complications

Relevance of pain management in dementia

- Family and Caregiver Support
- Ethical Considerations
- Promoting Trust and Comfort

Impact of untreated pain on behaviour and quality of life of persons with dementia

- Agitation and Aggression
- Resistance to care
- Depression and Anxiety
- Increased Confusion
- Withdrawal
- Decreased Participation

Impact of untreated pain on behavior and quality of life of persons with dementia – cont'd

- Insomnia or restlessness
- Reduced mobility
- Appetite changes
- Overall well-being
- Challenges in caregiving

Prospects for rehabilitation in dementia

- Rehabilitation in the context of dementia involves a multidisciplinary approach leveraging on expertise of healthcare professionals including physicians, physical therapists, occupational therapists, speech-language pathologists, psychologists, and social workers.

Prospects for rehabilitation in dementia – cont'd

- Comprehensive assessments are conducted to understand the individual's cognitive, physical, and emotional abilities to identify specific areas of impairment and guides the development of personalized rehabilitation plans.

Real-life examples of effective pain assessment and rehabilitation in individuals with dementia.

- **Observational Pain Scales**

Example: Use of validated observational pain scales, such as the Abbey Pain Scale or Pain Assessment in Advanced Dementia (PAINAD), which rely on behavioral indicators to assess pain in non-verbal individuals.

Real-life Impact: Caregivers and healthcare professionals can use these scales to observe and document pain-related behaviors, leading to more accurate pain assessments.

Real-life examples of effective pain assessment and rehabilitation in individuals with dementia – cont'd

- **Regular Pain Assessments**

Example: Incorporating routine pain assessments into daily care routines.

Real-life Impact: Consistent assessments help detect changes in pain levels over time, allowing for timely adjustments in pain management strategies.

Real-life examples of effective pain assessment and rehabilitation in individuals with dementia – cont'd

- Cognitive-Behavioral Approaches

Example: Using cognitive-behavioral techniques, such as distraction or redirection, to manage pain-related distress.

Real-life Impact: Behavioral interventions can help shift the focus away from pain, alleviating anxiety and improving overall comfort.

Real-life examples of effective pain assessment and rehabilitation in individuals with dementia – cont'd

- Environmental Modifications

Example: Making adjustments in the living environment, such as providing comfortable seating or using adaptive equipment.

Real-life Impact: A more comfortable and supportive environment contributes to pain relief and enhances the individual's ability to function independently.

Real-life examples of effective pain assessment and rehabilitation in individuals with dementia – cont'd

- Caregiver Education and Support

Example: Providing education to caregivers on recognizing pain cues and implementing pain management strategies.

Real-life Impact: Informed and empowered caregivers are better equipped to respond to the needs of individuals with dementia, contributing to improved pain management.

Real-life examples of effective pain assessment and rehabilitation in individuals with dementia – cont'd

- Holistic Approaches

Example: Adopting holistic approaches that consider physical, emotional, and social aspects of pain.

Real-life Impact: By addressing pain from multiple perspectives, rehabilitation efforts become more comprehensive, leading to better outcomes for individuals with dementia.

Real-life examples of effective pain assessment and rehabilitation in individuals with dementia – cont'd

- **Communication Aids**

Example: Implementation of communication aids, including visual or written cues, to help individuals with dementia express their pain.

Real-life Impact: By providing alternative means of communication, individuals with dementia can convey their pain more effectively, allowing for prompt intervention.

Real-life examples of effective pain assessment and rehabilitation in individuals with dementia – cont'd1;flg

- Regular Reassessment

Example: Implementing a system for regular reassessment of pain levels and the effectiveness of interventions.

Real-life Impact: Ongoing evaluation ensures that pain management strategies remain relevant and can be adjusted based on the individual's changing needs.

IMPORTANCE OF PAIN MANAGEMENT AND FUTURE REHABILITATION

The rate of dementia in nursing homes is 84.3 percent, while the rate among those living at home is 10.8 percent. Overall, an estimated 101,000 people were living with dementia in Norway in 2020. This figure is expected to rise to 236,789 in 2050, and to 380,134 in 2100.

- **THANK YOU**