

Pain Assessment in Older Adults with Cognitive Dysfunction

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BACKGROUND

- Pain is **not** a normal part of aging, yet the prevalence of pain increases with age.
 - Pain is experienced by >85% of older adults.
- Failure to treat pain may lead to severe morbidity and mortality.
- Chronic pain and depression have a high rate of co-occurrence, yet both conditions remain under-recognized and under-treated.
- The presence of cognitive disorders resulting in compromised communication abilities obfuscates the assessment of pain.
 - Only objective pain scales reliably capture pain in non-communicative patients.
- PACSLAC is the only validated pain assessment tool that addresses all 6 behavioral pain assessment domains recommended by the American Geriatrics Society.

PURPOSE & OBJECTIVES

Purpose: Create an educational module for health care teams to increase awareness of objective measurement of physiologic discomfort in older adults with cognitive dysfunction.

Objectives:

- Develop and deliver an educational module to improve knowledge and use of a validated pain assessment tool for older adults (>65 yo).
- Implement and evaluate the education.

METHODS

- Educational module presented to a health care team at a private memory care facility
 - The team consisted of both licensed and unlicensed personnel
 - MD, PA, BSN, RN, LPN, CNA, & caregivers
- Demographic statistical description of the participant population
- Pre-test & post-test surveys administered to assess for gain in knowledge
- Paired t-test statistical analysis to determine significance of knowledge gain

Pain Assessment Checklist for Seniors with Limited Ability to Communicate – II

PACSLAC-II

Limited Ability to Communicate-II (PACSLAC-II)		
Date of Assessment:	Time:	Check if present
Facial Expressions		
1. Grimacing		
2. Tighter face		
3. Pain expression		
4. Increased eye movement		
5. Wincing		
6. Opening mouth		
7. Creasing forehead		
8. Lowered eyebrows or frowning		
9. Raised cheeks, narrowing of the eyes or squinting		
10. Wrinkled nose and raised upper lip		
11. Eyes closing		
Verbalizations and Vocalizations		
12. Crying		
13. A specific sound for pain (e.g., "ow", "ouch")		
14. Moaning and groaning		
15. Grunting		
16. Gasping or breathing loudly		
Body Movements		
17. Flinching or pulling away		
18. Thrashing		
19. Refusing to move		
20. Moving slow		
21. Guarding sore area		
22. Rubbing or holding sore area		
23. Limping		
24. Clenched fist		
25. Going into foetal position		
26. Stiff or rigid		
27. Shaking or trembling		
Changes in Interpersonal Interactions		
28. Not wanting to be touched		
29. Not allowing people near		
Changes in Activity Patterns or Routines		
30. Decreased activity		
Mental Status Changes		
31. Are there mental status changes that are due to pain and are not explained by another condition (e.g., delirium due to medication, etc.)?		
TOTAL SCORE (Add up checkmarks)		

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- Created by Canadian Registered Doctoral Psychologist Thomas Hadjistavropoulos, PhD, ABPP, FCAHS.
- PACSLAC-II is a derivative of the original PACSLAC.
- This 31-item tool is uniquely validated for use by both licensed providers and unlicensed laypersons in the early detection of pain in older adults with cognitive dysfunction.

RESULTS

- Demographics
- Age: 40 (\pm 16.71) years
 - Gender: 75% female, 25% male
 - Race/Ethnicity:
 - 67% Caucasian, 17% Hispanic, 8% Pacific Islander, 8% unidentified
 - Pain assessment knowledge pre-test score: **6.53 (\pm 3.54)**
 - Pain assessment knowledge post-test score: **9.67 (\pm 2.55)**
 - 15 pt scale
 - p-value = <0.001, indicating statistical**

CONCLUSIONS & FUTURE IMPLICATIONS

This project revealed that education for those who care for older adults with cognitive dysfunction is effective in improving pain assessment knowledge, potentially allowing for improved care.

Future study is needed to determine whether this pain assessment tool is implemented by this facility, and whether regular use leads to:

- Reduced incidence of mood and behavioral disorders,
- Reduction in overuse of health care resources,
- Improved patient outcomes, and
- Increased patient satisfaction scores.