Assessing and Managing Pain for Residents with Dementia

As dementia changes progress, a resident's ability to communicate pain or discomfort can become more difficult. The behavioral expressions of pain or discomfort can be challenging for family and caregivers to identify as the severity of their loved one's dementia worsens.

Pain Risk Evaluation: Identify those residents who are more likely to experience pain and may benefit from routine use of analgesic for prevention/management of pain

1. **Conditions**
    a. Musculoskeletal disorders
    b. Cancers
    c. Vascular
    d. Neuropathic
2. **History**
    a. Chronic pain
    b. Previous fractures
3. **Environmental factors**
    a. Physiological dysfunction (e.g. constipation, dyspnea)
    b. Recent fall/injury
    c. Seasonal arthritis flares

Pain Assessment: Staff can use scales designed to assess pain in people with moderate to severe dementia to 1) identify people who are in pain, and 2) assess response to treatments by providing a numeric value of the pain.

1. **Self Assessment**
    a. Mild - moderate dementia
2. **Assessment through observed behavior**
    a. Moderate - severe dementia

Pain Assessment in Advanced Dementia (PAINAD) SCALE			
Criteria	**Score 0**	**Score 1**	**Score 2**
Breathing (independent of vocalization)	Normal	Occasional labored breathing, short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations
Negative Vocalization	None	Occasional moan or groan. Low level of 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	Tense, distressed pacing. Fidgeting	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

Behavioral Indicators of Pain: There are many behavioral expressions that may be indicators of pain or discomfort. Ensure all staff are aware of these signs and that a thorough assessment for causes is completed so that appropriate interventions can be provided and evaluated for effectiveness.

1. **Facial Expressions**
    a. Slight frown; sad, frightened face
    b. Grimacing, wrinkled forehead
    c. Closed or tightened eyes
    d. Any distorted expression
    e. Rapid blinking
2. **Verbalizations & Vocalizations**
    a. Sighing, moaning, groaning
    b. Grunting, chanting, calling out
    c. Noisy breathing
    d. Asking for help
    e. Verbally abusive
3. **Body Movements**
    a. Rigid, tense body posture, guarding
    b. Fidgeting
    c. Increased pacing, rocking
    d. Restricted movement
    e. Gait or mobility changes
4. **Changes in Interpersonal Interactions**
    a. Aggressive, combative, resisting care
    b. Decreased social interactions
    c. Socially inappropriate, disruptive
    d. Withdrawn
5. **Changes in Activity Patterns/Routines**
    a. Refusing food, appetite change
    b. Increase in rest periods
    c. Sleep, rest pattern changes
    d. Sudden cessation of common routines
    e. Increased wandering
6. **Mental Status Changes**
    a. Crying or tears
    b. Increased confusion
    c. Irritability or distress

Helpful Resources

- National Institute of Health - Analgesic Review Article
- Pain management in patients with dementia - PMC
    - Common pain behaviors in cognitively impaired elderly persons according to the AGS Panel
    - Recommendations to improve pain assessment and management in nursing homes