Pain in Alzheimer’s Disease Patients

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Objectives

Learner will be able to:
- Give a definition of pain.
- List three misconceptions of pain management in elderly.
- Describe one research study showing patients with Alzheimer’s Disease (AD) experience pain.
- Use the Pain Assessment in Advanced Dementia (PAINAD) Scale.
- Describe four age-related changes affecting analgesics
- List two key pain principle for giving analgesics to elderly patients.

What is Pain?

- “Whatever the patient says it is, existing whenever he/she says it does.” (McCaffery 1968)
- “Unpleasant sensory and emotional experience associated with actual or potential tissue damage... it is always unpleasant and therefore, an emotional experience.” (Merskey, 1979)
Why Talk About Pain?

Affects Quality of Life Issues

Causes of Pain in Elderly Population

- Osteoarthritis
- Osteoporosis
- Peripheral neuropathy
- Peripheral vascular disease
- Angina
- Irritable bowel syndrome
- Post-herpetic neuralgia
- Cancer pain

Is Pain a Natural Part of Growing Old?
Misconceptions Regarding Pain in the Elderly
McCaffery M, Pasero C: Pain: Clinical manual pp 675-676.

- Pain perception, or sensitivity, decreases with age.
- If the elderly patient does not report pain, he or she does not have pain.
- If an elderly patient appears to be occupied, asleep, or otherwise distracted from pain, he or she does not have pain.

- The potential side effects of opioids make them too dangerous to use to relieve pain in the elderly.
- Elderly patients report more pain as they age.
- Alzheimer’s patients and others with cognitive impairment do not feel pain, and their reports of pain are most likely invalid.
Howard Florey Institute Study

Degeneration of central pain processing in the brain
OR
Inability for AD patients to communicate the level of pain they experience.

Howard Florey Institute Study

- Pain activity in AD patients just as strong as in healthy volunteers.
- Both groups showed pain related activity in the brain’s medial and lateral pain systems
- Pain activity lasted longer.

Misconceptions Regarding Pain in the Elderly


Cognitively impaired elderly patients are unable to use pain rating scales.
McGill’s Present Pain Intensity Scale

Tips
- Find a pain scale that is appropriate for the individual
- Ask about pain more than once
- Ask about pain in more than one way
- Give adequate time to respond

When Self-report is not possible
- Assume Pain Present (APP)
- Look for Behavioral Indicators
- Give Appropriate Analgesics
PAINAD Scale

- Easy to Use

- Includes five items:
  1. Breathing
  2. Negative vocalization
  3. Facial expression
  4. Body language
  5. Consolability

- Patients observed for 5 minutes

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Pain Assessment in Advanced Dementia (PAINAD)

![PAINAD Scale Table]

- Treatments
  - Pharmacotherapy
  - Non-pharmacological Strategies
Analgesia
Improved QOL

Age-induced Changes
Influencing Analgesics

Absorption
Distribution

How Does This Affect Drug Distribution?

- Lipophilic drugs
- Hydrophilic drugs

Metabolism
Elimination

Age-induced Changes Influencing Analgesics

Tips For Safely Selecting Analgesics

- Use analgesics with short half-lives and fewest side effects
- Reduce opioid dose 25%-50%
- Titrate slowly and monitor responses
Tips For Safely Selecting Analgesics (cont.)

- Be cautious with NSAIDS
- Try acetaminophen for mild-moderate musculoskeletal pain.

Remember!

- AD patients DO FEEL pain
- AD patients CAN self-report pain
- Ask about pain more than once and in more than one way

Remember! (cont.)

- Assume Pain Present
- Use a behavioral scale like PAINAD
- Use appropriate analgesics
All Pain Deserves to Be Treated!

“To cure, sometimes; to alleviate, often; to comfort, always…”

* Aeschylus, a sixth century Greek dramatist

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Resources

Resources


