

Pain Management in Dementia

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Objectives

- Describe the challenges of pain management in individuals with dementia
- Review the available tools for assessing pain in patients with dementia
- Evaluate the evidence for various pain management strategies for patients with pain and dementia
- Recommend an approach for assessing and treating pain in patients with dementia

Rationale

- Pain and dementia often co-occur
- Unclear how persons with dementia may experience pain differently
- Dementia impairs ability to describe symptoms
- Presentation of pain may be non-specific
 - Change in behavior or emotional state
- Pain in persons with dementia is commonly undertreated or inappropriately treated

Assessment of Pain in Dementia: Challenges

- Pain self-report scales are cognitively complex and require abstraction
- With advanced dementia, self-report may not be possible
- No direct measures => no gold standard to compare accuracy of pain assessment
- Many unmet needs may present similarly
 - How to distinguish pain, hunger, over- or under-stimulation, anxiety, need to toilet, boredom, loneliness, etc.?

Assessment of Pain in Dementia: Assessment Tools

- Many assessment tools exist:
 - ABBEY
 - ADD
 - CPAT
 - CNPI
 - DBS
 - DOLOPLUS-2
 - EPCA2
 - MOBID
 - NOPPAIN
 - PACSLAC
 - PADE
 - PAINAD
 - PAINE
- Administered by nurses or other caregivers
- Rely on behavioral observation
- Most have been validated in limited populations

Assessment of Pain in Dementia: Behavioral Cues

- Facial expressions
 - Frown, grimace, wrinkled brow, rapid blinking
- Vocalizations
 - Moaning, sighing, grunting, calling out, asking for help, verbal abuse
- Body movements
 - Rigid posture, guarding, fidgeting, gait or mobility changes

Assessment of Pain in Dementia: Behavioral Cues

- Changes in interpersonal interactions
 - Aggressive, combative, resisting care, socially inappropriate, withdrawn
- Changes in activity or routines
 - Refusing food, sleep pattern changes, cessation of common routines
- Mental status changes
 - Confusion, crying, irritability or distress

Assessment of Pain in Dementia: Suggested Approach

- For verbal patients, attempt self report
 - Verbal descriptor scales better than numeric
 - Limited validity/reliability if MMSE<15
- Use behavioral observation
 - Consider using a validated instrument (PAINAD, PACSLAC, DOLOPLUS-2, MOBID-2)
 - If screen is positive, assess for other unmet needs
 - Use physical exam to evaluate for source of pain

Treatment of Pain in Dementia

- Limited research available on treatment of pain in dementia
 - Small trials of short duration
 - Nursing home populations only
 - Methodologic limitations in most of trials

Treatment of Pain in Dementia: Serial Trial Intervention

- Nursing-led intervention, RCT, 114 patients
- If a behavior change suggestive of pain occurs:
 - Attempt to identify source of discomfort or unmet need
 - Institute non-pharmacologic comfort measures
 - If behavior persists, administer analgesic (usually acetaminophen)
 - If behavior persists, consult with NP, MD, hospice or geropsych
- Compared to usual care
- Less discomfort in treatment group (DS-DAT)

Treatment of Pain in Dementia: Husebo et al

- Cluster RCT of stepwise analgesic treatment
- 352 patients, 8 weeks
- Stepwise protocol initiated if pain identified
 1. Acetaminophen
 2. Oral morphine (up to 20mg/day)
 3. Transdermal buprenorphine
 4. Pregabalin
- Most patients stopped at step 1
- Reduced agitation, aggression and pain
- No difference in ADLs

Treatment of Pain in Dementia: Other Trials

- Manfredi et al, Int J Geriatr Psychiatry, 2003
 - 4 week RCT, 47 patients with agitation
 - Placebo v. oxycontin 20mg/day or morphine 20mg/day
 - No significant differences between groups
- Chibnall et al, J Am Geriatr Soc, 2005
 - 2 mo crossover RCT, 25 patients
 - Placebo vs. acetaminophen (3g/day)
 - Improved activities participation, agitation unchanged
- Buffum et al, J Am Geriatr Soc, 2004
 - 4 week crossover RCT, 39 patients
 - Placebo v. acetaminophen 650mg/day
 - No difference between groups

Treatment of Pain in Dementia: Suggested Approach

- Limited data to inform our approach to pain management in dementia
- Assess for pain systematically
- If potential pain identified
 - Attempt to find source of discomfort
 - Start with nonpharmacologic measures
 - Use scheduled acetaminophen for ongoing pain
 - If no relief with acetaminophen, add opiate pain medication
 - Reevaluate response after each intervention

Conclusions

- Assess for pain in patients with dementia
 - Especially if change in behavior or mental status
- Use verbal self report if the patient is able
 - Supplement with behavioral observation
- Use behavioral observation in non-verbal patients
- Assess for other unmet needs
- Use scheduled acetaminophen and non-pharmacologic measures
- Add opiates if not responsive to initial measures