



Cognitive Impairment: Pain Assessment & Management

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Objectives

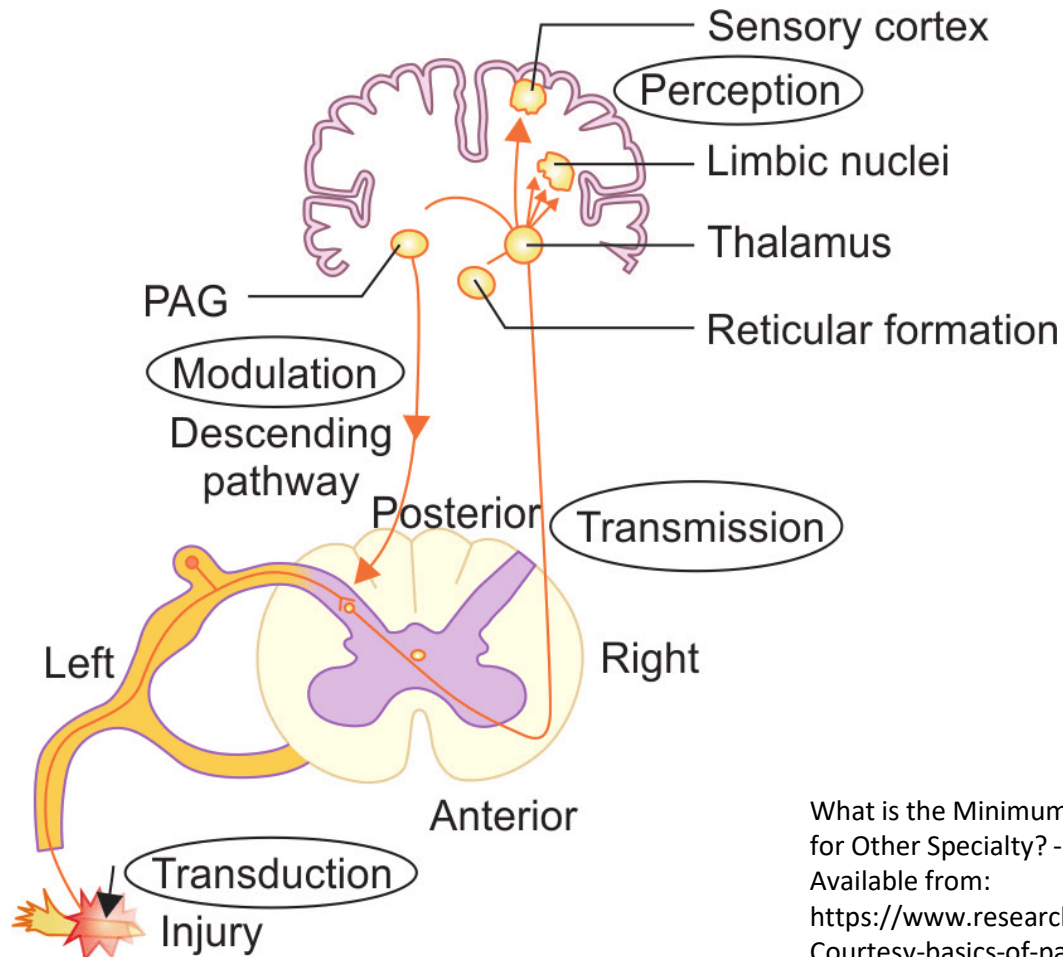
By the end of this session, participants should be able to:

- List possible sources of pain in people with cognitive impairment
- Discuss pain assessment strategies for people with cognitive impairment
- Explain how pain can be managed for people with cognitive impairment

What is Pain

- Unpleasant sensory & emotional experience
- Multidimensional: tissue damage & psycho-spiritual suffering
- Impacts quality of life

Pain: Physiology



What is the Minimum Knowledge of Pain Medicine needed for Other Specialty? - Scientific Figure on ResearchGate. Available from: https://www.researchgate.net/figure/Afferent-pain-pathway-Courtesy-basics-of-pain-management-by-Gautam-Das-reprinted-with_fig1_324776320 [accessed 2 Dec, 2020]

Pain: Psychospiritual Suffering

Visible Pain

PHYSICAL

Hidden Pain

EMOTIONAL
SPIRITUAL
SOCIAL
"SUFFERING"



Cognitive Impairment

Causes of cognitive impairment in older adults

Please share your answers in the chat.



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Cognitive Impairment

Causes of cognitive impairment in older adults:

Dementias

End-stage – cardiac/renal

Stroke

Medication side-effects

Epilepsy

Endocrine issues

Metabolic

Delirium

Anemia

Cancer (& treatment)

Cognitive Impairment

Potentially reversible causes:

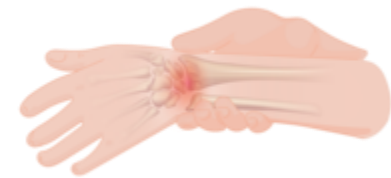
- Metabolic
- Anemia
- Medication side-effects
- Endocrine
- Delirium

Pain

Experienced by more than 50% of older adults living in the community

Experienced by up to 70% of older adults in care settings

Van der Leeuw et al. (2018)



https://upload.wikimedia.org/wikipedia/commons/thumb/7/7e/Wrist_pain.png/256px-Wrist_pain.png

Pain: Cognitive Impairment

Analgesic Use

Residents without cognitive impairment: 38.8% - 79.6%

Residents **with** cognitive impairment: 20.2% - 61.2%

Tan et al. 2015

**People with dementia receive less
pain medicine than those with
normal brain function.**

Bruneau, 2014

Pain: Causes

- Primary conditions
- Pain from other conditions
- Pain related to co-morbidities



Pain: Primary Causes

- Osteoarthritis
- Osteoporosis
- Rheumatoid arthritis
- Back pain



Pain: Other causes

- Infections e.g. UTI, respiratory
- Dental issues
- Injuries e.g. Falls
- Pressure Injuries
- Constipation
- Culture related



Pain: Co-morbidities

Which co-morbidities can be a source of pain?

Please share your answers in the chat.



<https://openclipart.org/image/800px/316105>

Pain: Co-morbidities

- Diabetic-related nerve pain (neuralgia)
- Heart-related conditions (cardiovascular)
- Post stroke syndromes
- Cancer

Barriers to Pain Management

- Condition (e.g. Cognitive impairment) Specific
- Pain Diagnosis
- Medication Related
- Patient Associated
- Assessment Factors
- Staff Impact

Cognitive Impairment Specific

- Pain not recognized
- Pain ignored
- Poor communication e.g. documentation
- Patient unable to communicate
- Patient's thinking ability

Pain Diagnosis

- Pain behaviors not recognized
- Difficulty interpreting pain behaviors
- Unable to connect with patient

Medication Related

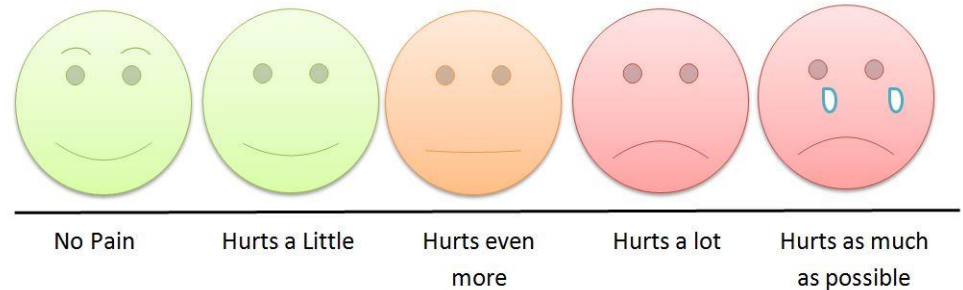
- Right drug at right time
- Analgesics usually second choice

Patient Associated

- Stoicism
- Hopelessness

Assessment Factors

- Tools



- Pain Identification

- Resource-related

"File:Children's pain scale.JPG" by Robert Weis is licensed under CC BY-SA 4.0

Staff Impact

- Patient self-report: mild-moderate Dementia
- Beliefs related to cognitive impairment
- Knowledge
- Rely on:
 - Physical pathology
 - Personal judgement
- Analgesia phobia

Impact of Untreated Pain

- Suffering
- Poor Quality of Life
- ↑ Risk of falls
- Poor appetite/sleep
- Behavioral & Psychological symptoms



<https://www.maxpixel.net/static/photo/1x/Fire-Facebook-Three-Flames-Pain-3-Heart-Hands-on-4823532.jpg>

Pain Management

- Assessment
- Medications:
 - Analgesics
 - Adjuvants
- Non-pharmacological strategies

Situation #1: Abbey

Resident: Abbey, age 86

Conditions: Rheumatoid arthritis, hypertension, hypothyroid, previous uterine cancer and mild dementia

States: “My back is aching”

Behaviors: Takes part in dance class, eats well, smiles frequently, usually wakes up around 3 am with trouble sleeping

Meds: Acetaminophen 500 mg at 8 am, noon & 5 pm

Abbey – Assessment

- Ability to communicate
- Questions
- Observations
- Physical findings

Abbey – Pain Management: Medications

Current:

- Tylenol 500 mg: 8 am, noon & 5 pm
- How long does each dose work?
- Would you change anything?

Abbey – Pain Management: Non-Pharmacological

What are some non-pharmacological measures that can help Abbey?



<https://openclipart.org/image/800px/316105>

Abbey – Pain Management: Non-Pharmacological

- Physiotherapy
- Massage
- Heat/Cold
- Positioning

Abbey – What if...

Pain not managed with Acetaminophen

- Medication:
 - Which drug? Why? Dose/Schedule
 - Every 6 hours?
 - Every 4 hours?
 - Side effects:
 - Nausea & drowsiness
 - Constipation

Abbey – What if...

Diabetic – burning pain in legs

- Neuropathic
- Effective Drugs:
 - Anti-convulsant e.g. Gabapentin
 - Tri-cyclic antidepressants e.g. Amitriptyline

Abbey – What if...

Hip replacement – pain remained after replacement

- Medication?
- Non-medication?

Stroke – pain after a stroke

- Medication?
- Non-medication?

Key Messages

- Pain: physical, emotional & spiritual
- Impact of pain on Quality of Life
- Many pain sources
- Use the most appropriate assessment tool
- Timing of analgesics
- Management of side effects

References

- Ammaturo, D.A., Hadjistavropoulos, T. & Williams, J. (2017). Pain in dementia: Use of observational Pain Assessment Tools by people who are not health professionals. *Pain Medicine* 18(10). 1895-1907. <https://doi.org/10.1093/pm/pnw265>
- Bokberg, C., Ahlstrom, G., Karlsson, S., Hallberg, I.R. & Janlov A-C. (2014). Best practice and needs for improvement in the chain of care for persons with dementia in Sweden: a qualitative study based on focus group interviews. *BMC Health Services Research*. 14(596). Doi: 10.1186/s12913-014-0596-z
- Bruneau, B. (2014). Barriers to the management of pain in dementia care. *Nursing Times* (110:28). 12-16

References

Corbett, A., Husebo, B.S., Achterberg W.P., Aarsland, D., Erdal, A. & Flo, E. (2014). The importance of pain management in older people with dementia. *British Medical Bulletin* 111(1). 139-48. Doi: 10.1093/bmb/ldu023

Dementia Australia (2017). *Caring for someone with dementia 11: Pain*. Retrieved from:
https://www.dementia.org.au/sites/default/files/helpsheets/Helpsheet-CaringForSomeone11-Pain_english.pdf

Dissanayake, D.W.N. & Dissanayake D.M.D. (2015). The physiology of pain: An update and review of clinical relevance. *Journal of the Ceylon College of Physicians*. 46(1-2). 19-23.
DOI: <http://doi.org/10.4038/jccp.v46i1-2.7740>

References

Miller, L.A., Galioto, R., Tremont, G., Davis, J., LaFrance, W.C. Jr. & Blum, A.S. Cognitive impairment in older adults with epilepsy: Characterization and risk factor analysis. *Epilepsy & Behavior*. 56 (113-117).

<http://dx.doi.org/10.1016/j.yebeh.2016.01.011>

Mu, A., Weinburg, E., Moulin, D.E., & Clarke, H. (2017). Pharmacologic management of chronic neuropathic pain: Review of the Canadian Pain Society consensus statement. *Canadian Family Physician* 63. 844-52.

Paolucci, S. et al. (2016). Prevalence and time course of post-stroke Pain: A multicenter prospective hospital-based study. *Pain Medicine* (17)5. 924-930.

<https://doi.org/10.1093/pm/pnv019>

References

- Pereira, J. et al. (2016). *The Pallium Palliative Pocketbook 2nd Ed.* Pallium Canada
- Tan, C.K.E., Jokanovic, N., Koponen, P.H.M., Thomas, D., Hilmer, S. & Bell, S.J. (2015). Prevalence of analgesic use and pain in people with and without dementia or cognitive impairment in aged care facilities: A systematic review and meta-analysis. *Current Clinical Pharmacology* 10(3). 194-203

Questions and Discussion

