

Pain Management and Cognitive Impairment: Reading the Cues

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Presentation Focus

- Instruments and techniques used to assess and manage pain among cognitively impaired:
 - Skilled Nursing Facility (SNF) residents
 - Adult Day Health Center (ADHC) registrants
- Non-pharmacological interventions
 - Physical
 - Cognitive/Psychosocial/Behavioral
 - Complementary and Alternative Medicines (CAM)
- Current research projects on pain assessment and management

What is Pain?

- Physical pain –
 - Means by which the peripheral nervous system (PNS) warns the central nervous system (CNS) of injury or potential injury to the body
 - PNS = all nerves throughout body except brain & spinal cord
 - CNS = brain & spinal cord
 - www.healthatoz.com
- “Acute mental or emotional distress or suffering”
 - Miriam Webster Dictionary (2006)
- “What the person says it is...”
 - McCaffery & Pasero (1999)
- Pain is “the fifth vital sign”
 - JCAHO (2005)



What is Pain? (continued)

- Psychological
 - Persons with histories of mental illness
 - Persons with depression as a result of awareness of dementia
- Emotional
 - Non-pathological sadness related to cognitive decline and loss of function
- Existential
 - Persons with unresolved life issues



Comparison of SNF and ADHCs

SNFs provide:

- Lodging, board (including dietary)
- 24 hour nursing care
- Diagnostic services
- Pharmacy services
- Assistance with ADLs
- Activities programs
- Social Services
- PT, OT, speech pathology, audiology, dental

for residents no longer able to reside in the community

ADHCs provide:

- Health care services, meals
- 5 – 8 hr. programs
- Preventive, diagnostic, therapeutic, rehab services
- Activities programs
- Social Services coordination
- PT, OT
- Referrals to appropriate specialists
- Supervision, monitoring

for community dwelling registrants not requiring 24-hour care

Pain in Nursing Homes

- 1.5 million = residents of nursing homes
- > 50% = residents who experience substantial pain
- 49-83% of nursing home residents have substantial pain that is undertreated
- 25-33% of nursing home residents are known to have moderate pain on a daily basis
 - Teno et al. (2001)
- Residents with or without cognitive impairments did not differ with respect to prevalence of conditions likely to cause pain
 - Hadjistavropoulos et al. (2007)

Pain in ADHCs

- 5 – 80% = estimated number of registrants with chronic pain
- Pain generally well managed by primary physicians or referrals to pain specialists
- Often associated with musculoskeletal problems, e.g. arthritis, injuries following falls
 - Telephone Survey (2008)
- As percentage of registrants with dementia increases, psychological/emotional pain expected to increase
- 25% = Registrants with severe mental disturbances
 - Kausler et al. (2007)

Pain Assessment Tools for Persons with Dementia

- Self Report
- Faces Pain Scale
- Numeric Rating and Verbal Descriptor Scales
- Abbey Pain Scale
- ADD Protocol
- CNPI (Checklist of Nonverbal Pain Indicators)
- Doloplus-2 Scale
- DS-DAT (Discomfort Scale – Dementia of the Alzheimer's Type)
- FLACC (Faces, Leg, Activity, Cry, Consolability)
- NOPPAIN (The Non-Communicative Patient's Pain Assessment Instrument)
- PACSLAC (Pain Assessment Checklist for Seniors with Limited Ability to Communicate)
- PADE (Pain Assessment for the Dementing Elderly)
- PAINAD (Pain Assessment for Advanced Dementia)
- RaPID (Rating Pain in Dementia)

Non-Pharmacological Approaches to Pain Management

- Physical measures
 - Physical therapy
 - Occupational therapy
 - Heat and cold
 - Massage
 - Transcutaneous electrical nerve stimulation (TENS)
 - Therapeutic Touch
 - Acupressure/Acupuncture
 - Music
 - Singing, humming, tapping
 - Dance



Non-Pharmacological Approaches to Pain Management (continued)

- Physical measures
 - Art
 - Exercise
 - Tai-Chi
 - Movement
 - Gliders, rockers
 - Aromatherapy
 - Whirlpool
 - Environmental alteration
 - Repositioning/bracing

Non-Pharmacological Approaches to Pain Management (continued)

- Cognitive/Psychosocial/Behavioral
 - Distraction
 - Talking/Listening
 - “Reading”
 - Pet Therapy
 - Meditation/Prayer
 - Humor
 - Peer Support Groups
 - Pastoral counseling



Non-Pharmacological Approaches to Pain Management (continued)

- Cognitive/Psychosocial/Behavioral
 - Cueing
 - Relaxation therapy
 - Guided imagery
 - Deep breathing
 - Hypnosis
 - Biofeedback
 - Telephone Survey (2008)
 - Herr (2008)
 - Altilio (2008)
 - Palliative Care Dementia Consortium (2008)

Non-Pharmacological Approaches to Pain Management (continued)

- Complementary Approaches
 - Complementary and Alternative Medicines (CAM)
 - A diverse group of medical and health care systems, therapies and products that are not considered to be part of conventional medicine
 - Alternative Medical Systems
 - Mind-Body Interventions
 - Biologically-Based Practices
 - Manipulative and Body-Based Practices
 - Energy Medicine
 - See also: <http://nccam.nih.gov/health/whatiscam> and <http://www.painfoundation.org/Publications/treatmentoptions2006.pdf>

Non-Pharmacological Approaches to Pain Management (continued)

- Creative Approaches to Dealing with Dementia
 - Continuous Activity Programming
 - Volicer (2006)
 - Montessori-Based Activities in Long Term Care
 - Orsulic-Jeras et al. (2000)
 - The “Bright Eyes” Group Protocol
 - Trudeau (1999)

Current Research

NYS Department of Health Grants

- Schervier Center for Research in Geriatric Care
 - Assessment, Detection, and Treatment of Pain in Nursing Home Residents with Advanced Dementia: Development of an Evidence-Based Best Practice
 - PI: Susan Rosendahl-Masella, PhD & Edward Cisek, PhD

- Long Island State Veterans Home
 - Putting the CNA Pain Assessment Tool (CPAT) to Work: Enabling the Use of the AMDA Pain Management Clinical Practice Guideline in Nursing Home Residents with Dementia
 - PI: Dr. Frank Cervo

- Lutheran Retirement Home
 - Pain Assessment and Management in Residents with Dementia Using Web-based Education and Informatics in Rural Nursing Homes.
 - PD: Christie Tieglund

Acknowledgements

- Angela Andronico, RN – Morningside House Adult Day Health Care Program
- Lisa Bohmart, LMSW – Village ADHC
- Lois Cartica, LMSW – Cabrini – Sr. Josephine Tsuei Senior Day Services (CSJTSDS)
- Kelynn Edmond, GNP – Center for Nursing and Rehabilitation
- Fran Fuertes, RN – CSJTSDS
- Rena Ginat, RN, MHN – Elder Serve on the Palisades
- Angela Jupp, MSW Candidate – CSJTSDS
- Ellen Lardo, RN – Chapin Home ADHC
- Leah Retome, RN, MSN – Beth Abraham Health Services – Adult Day Health Services
- Rita Toback, RN – Village ADHC
- Sheva Turk – Center for Nursing and Rehabilitation

Acknowledgements (continued)

- Palliative Care Dementia Consortium
 - Schervier Center for Research in Geriatric Care
 - Andrus on Hudson
 - Cabrini Center for Nursing and Rehabilitation
 - Kings Harbor Multicare Center
 - Morningside House Nursing Home

Pain is inevitable.
Suffering is optional.

Anonymous

