

# Understanding Dementia: Pain

## What raises your suspicion it may be pain?

***"Joe is yelling out before I even touch him! He yells out when he sees me coming!" This can be an anticipatory response. He associates seeing you with "pain" he has experienced in the past. This PSW/nurse is going to move me.***

***"Maria sleeps all day and refuses to get up." Sleep can be a distraction for people living with chronic pain. Do not assume it means they are not experiencing pain!***

## Pain Matters

Pain is the body's warning sign that something is wrong. Many chronic illnesses and painful conditions cause pain, such as diabetes, arthritis, past fractures, recent fractures, and spinal stenosis. Of course this is not the entire list of ailments that may cause pain.

- Look at the individual's health history
- Look at the person's pain history
- Look for facial expressions
- Look for body movement such as "guarding"
- What appears to be "physical aggression" pushing people, throwing things, striking or hitting others, resistance to care could stem from pain
- Physical symptoms noted...tachycardia; elevated blood pressure, restlessness
- Need to eliminate by identifying the sensation "Oh no, the baby is coming, the baby is coming!"

A person with dementia can say strange things you can't quite understand, however to say the baby is coming can be associated with memories from the past...I just peed myself (water breaking) and now I have the sensation of delivering a baby (constipated and/or need to have a bowel movement).

**Remember all behaviour has meaning and it may be an expression of pain!**

## Pain and dementia

Dementia does not impair a person living with dementia's (PLWD) ability to feel pain but it may IMPAIR their ability to self-report pain accurately. Reporting "no pain" is not the same as having no pain. People with MMSE scores of 18 or higher can typically self-report pain. MMSE of 13 or lower have considerable difficulties to self-report accurately. There is a clear relationship between pain and responsive behaviours!

## Why does pain go untreated in seniors?

If a PLWD cannot tell you they have pain, we often associate their expressions of responsive behaviour as psychiatric problems. Expressions of pain for a PLWD are greater than those who are not living with dementia. Increased behaviours may be due to their fear of not understanding what is causing the pain related to their lack of knowledge of their surroundings. If a PLWD has pain, they are 6 times more likely not to receive the proper pain medication due to their lack of confusion.

Unfortunately, they often receive an antipsychotic. Antipsychotic meds can hasten death! Antipsychotic medications do not take their pain away!

Analgesics are "under given" in Long Term Care (LTC)

- Often the pain is expressed when the individual is being moved in bed, being transferred, being bathed or getting dressed
- This pain is reported to registered staff and the registered staff goes to the PLWD after the interaction has occurred with the PSW
- PLWD may fail to remember this pain occurred
- They are not currently in pain when asked by the registered staff
- As registered staff we often say to the PLWD, "You aren't in pain are you?" As we shake our head back and forth to emphasize "no" without thinking that a PLWD may automatically mimic what we just did and shake their head "no".

## How should pain be assessed in PLWD

Use pain scales because it is a common language to communicate with other professionals.

- Assessment for pain should be completed and assessed over a 3 minute period of movement, not when the person is at rest. Assess daily at least and at different times of the day
- Rule of thumb, always ask but change up the words you use such as: hurt; ache; sore; discomfort; pins and needles.

Standardized Tools to Screen and Assess for Pain:

- OPQRSTUV SBAR
- Painslac (most evidence for cognitively impaired)
- Painaid Abbey Pain Scale