Dementia is a disease affecting 55,000 Irish people (1).

- Characterised by progressive cognitive impairment, ranging from mild to severe impairment where the ability to communicate may be absent.
- These people are at risk of having their pain underassessed and undermanaged (2).
- A survey exploring Irish Paramedics and Advanced Paramedics views on the current pain assessment tools available to them, and whether these tools are suitable for use with dementia patients is proposed.
- Existing observational pain assessment tools used with dementia patients are examined and their suitability for pre-hospital use discussed.

Introduction

- Adults with cognitive impairments, such as dementia, are at a much higher risk of not receiving adequate analgesia for their pain (3).
- Estimated between 40% and 80% of dementia patients regularly experience pain (4).
- Current pain assessment tools used pre-hospital in Ireland
  - Numerical Rating Scale for patients >8yrs
  - Wong Baker Scale for pediatric patients
  - FLACC Scale for infants
- No specific pain assessment tool for use with patients who are not capable of self-reporting their level of pain.

Objective

- This research aimed to identify observational pain assessment tools used in this cohort. The most consistently recommended tools were identified. The suitability of these tools for use in the pre-hospital setting assessed.

Findings

- Literature review identified 29 observational pain assessment tools.
- Lack of literature relating to pre-hospital setting.
- American Geriatric Society (AGS) identified six pain behaviors in dementia patients (5).
  - Changes in facial expression, activity patterns, interpersonal relationships and mental status
  - Negative vocalisation
  - Body language
- These six criteria should be the foundation of any pain assessment tool.
- Three most consistently recommended tools identified.

Abbey Pain Scale

- 6 items assessed
- Meets AGS criteria
- Quick and easy to implement
- Moderate to good reliability and validity (6)

Dolopain

- 15 items assessed
- Meets 5 of 6 AGS criteria
- Requires observation over time
- Prior knowledge of patient required
- Moderate to good reliability and validity (6)

PAINAD

- 5 items assessed
- Meets 3 of 6 AGS criteria
- Less than 5 minutes to implement
- May be influenced by psychological distress
- Good reliability and validity (6)

Conclusion

- Ability to self report pain is deemed "gold standard".
- Patients with mild to moderate disease, and indeed, some with severe disease, may retain the ability to self report.
- An observational tool is required when dementia has progressed to the point of being unable to self report or become non-verbal.
- It is in these patients where undetected, misinterpreted or inaccurate assessment of pain becomes frequent (7).
- Aim of any tool is to gain a good assessment of pain, however, pain scale should be suited to the clinical setting they are being used in.
- The feasibility of an assessment tool is an important factor along with reliability and validity.
- No one assessment tool could be recommended over another.
- Abbey and PAINAD have potential for use pre-hospital, however, further research, clinical evaluation and trial in an ambulance service is required.

References