FAST FACTS AND CONCEPT #126
PAIN ASSESSMENT IN THE COGNITIVELY IMPAIRED
L Scott Wilner MD and Robert Arnold MD

Background  The inability of cognitively impaired patients to communicate information about pain places them at high risk for inadequate pain control. Two common risk groups in palliative care include:

- Patients with underlying brain pathology such as dementia, Parkinson’s disease, stroke, or developmental abnormalities (see Fast Fact #192).
- Patients receiving sedating medications such as ICU patients receiving sedative/hypnotics to control anxiety/agitation from mechanical ventilation.

General Strategies  Recommended strategies to assess pain in these patients include the following:

- Ask the patient: many patients who appear cognitively impaired may still be able to provide useful information concerning pain.
- Interview the caregivers and family: patterns of particular behaviors may have developed that indicate pain (e.g. placing a hand on the forehead for headache).
- Review the medical record for known pain-inducing pathology: for instance a diabetic patient with painful neuropathy that was manifest when the patient was cognitively intact.
- Complete a physical examination and directed laboratory studies to assess for common pain-inducing problems (e.g. fracture, urinary tract infection).

Pain Scales  In addition to these measures, clinicians should use a validated pain rating system for the cognitively impaired. Such rating systems focus on the following observational items:

- Facial expression
- Body posture
- Vocalizations
- Appetite
- Interactivity

Representative examples of pain rating scales for the cognitively impaired, along with background information concerning validation studies and clinical experience can be found at:  http://www.healthcare.uiowa.edu/igec/tools/categoryMenu.asp?categoryID=7.

- Assessment of Discomfort in Dementia Protocol  (1999)
- Pain Assessment in Advanced Dementia (PAINAD)  (2003)
- Checklist of Nonverbal Pain Indicators  (2000)
- Pain Assessment for Seniors with Limited Ability to Communicate  (2004)
- Abbey Pain Scale  (2004)

To date, there are no trials showing clear superiority of one of these scales. Thus, clinicians should choose one tool and use it consistently to ensure uniformity among health care providers and across shifts.

References


Fast Facts and Concepts are edited by Sean Marks MD (Medical College of Wisconsin) and associate editor Drew A Rosielle MD (University of Minnesota Medical School), with the generous support of a volunteer peer-review editorial board, and are made available online by the Palliative Care Network of Wisconsin (PCNOW); the authors of each individual Fast Fact are solely responsible for that Fast Fact’s content. The full set of Fast Facts are available at Palliative Care Network of Wisconsin with contact information, and how to reference Fast Facts.

Copyright: All Fast Facts and Concepts are published under a Creative Commons Attribution-NonCommercial 4.0 International Copyright (http://creativecommons.org/licenses/by-nc/4.0/). Fast Facts can only be copied and distributed for non-commercial, educational purposes. If you adapt or distribute a Fast Fact, let us know!

Disclaimer: Fast Facts and Concepts provide educational information for health care professionals. This information is not medical advice. Fast Facts are not continually updated, and new safety information may emerge after a Fast Fact is published. Health care providers should always exercise their own independent clinical judgment and consult other relevant and up-to-date experts and resources. Some Fast Facts cite the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.