

Pain in Dementia

People living with dementia are just as likely as other residents to experience pain. We often do not fully understand the pain experience of a person living with dementia if they are unable to communicate easily with us. Therefore, we cannot assume that the pain experience of people living with dementia is less bothersome or significant compared to those without dementia simply because they cannot tell us.

It is important to be vigilant about any changes in behaviour or mood from what is normal for that person, and always consider the possibility that any change might be a sign that the person is experiencing some pain.

SEE CHANGE, THINK PAIN

The 4 steps to pain management in the context of dementia

Pain identification

- Watch for any changes in behaviour, which can often be a response to experiencing pain. Examples include increased agitation or aggression, resistance to receiving care or resisting movement of their body, repetitive vocalisations, withdrawal, reduced wandering or engagement, or mood disturbances such as anxiety or depression.
- Family and friends may be able to advise on previous pain and how the person responded and behaved then.

Pain assessment

- If the person is still able to communicate (mild to moderate dementia), self-report tools can be used (e.g. M-RVBPI, NRS, VDS)¹. You may need to test whether the persons living with dementia understands how to answer the self-report tools. Request assistance from family or friends if needed.

- If the person is not able to communicate (severe dementia), use observational tools instead (e.g. the Abbey Pain Scale, PAINAD)¹.
- Make sure to observe and assess behaviour and responses to pain when at rest (e.g. sitting still, lying in bed) and while moving (e.g. standing up, bending down, raising arms, etc).

Pain treatment

- The treatment plan will be determined based on information gathered during the identification and assessment steps.
- Treatment will likely need some modification and must take into consideration whether the person with dementia will be able to comply, or if staff are able to assist with administration of both pharmacological and non-pharmacological treatments.

Pain evaluation and monitoring

- Assess and review the person's pain and response to pain treatment once a week. Vigilant monitoring is important, especially for people with dementia.
- After any new medication is prescribed or dosages have been changed, consider using a 24-hour pain chart² to monitor pain responses (behaviour, mood, etc).
- Use the same pain assessment tool each time to consistently monitor changes in pain responses (whether improved, stable, or worsening). Have the same staff member administer it each time if possible.
- Review the pain management plan according to observations.

¹ See Appendices from *Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition* for copies of these assessment scales

² See the Aged Care Pain Chart template in the *PMG Toolkit 2nd Edition* Printable Resources
