Get on Board the T.R.A.I.N.
Texas: Reducing Antipsychotics In Nursing Homes

PAIN, PAIN...
GO AWAY!
Objectives

At the conclusion of the presentation, the participate will be able to...

- Describe at least two negative outcomes associated with the use of antipsychotic medications to manage pain related behaviors in elderly persons with dementia.

- Explain the three types of pain
Objectives

- Explain at least three common causes and related manifestations of pain in elderly persons with dementia
- Explain three best practice pain management strategies for elderly persons with dementia
Consequences of Antipsychotic Use

- Increased risk of stroke and death
- Side effects – tremors, rigidity, restlessness, muscle spasms, drowsiness, dizziness, blurred vision, rapid heartbeat
- Can lead to immobility, decline in ADLs, decreased socialization, sleep disturbances, decreased appetite, depression, increase in behaviors
Untreated PAIN

UNMET NEED!

environmental

spiritual

emotional

psychological

physical
Consequences of Untreated Pain

- Immobility – pressure ulcers, incontinence, circulatory and respiratory problems, falls
- Increased functional limitations – decline in ADLs, decreased socialization
- Sleep disturbances, decreased appetite
- Depression and anxiety
- Agitation and aggression
- Inappropriate use of antipsychotics to treat pain related behaviors
OUCH!

facial grimacing

guarding

insomnia

striking out

moaning
Impact of Dementia on Pain

- Estimated 35 million people worldwide have dementia
- 71% of Texas nursing home residents 65 y.o. and older have diagnoses of Alzheimer’s, dementia or cognitive impairment
- 45-80% of nursing home residents with dementia experience pain on a daily basis
- Generally persons with dementia receive less pain medication than those who are cognitively intact
What is Pain?

- Pain is an unpleasant sensory or emotional experience.
- Pain is present whenever a person says it is.
- Pain may be acute or chronic/persistent.
What is Pain?

- Nociceptive pain – results from actual or potential tissue damage
- Neuropathic pain – results from a disturbance of function or pathologic change in the peripheral or central nervous system
- Unspecified or Mixed pain – results from unspecified or mixed mechanisms and includes both nociceptive and neuropathic pain
What Causes Pain?

- Degenerative joint disease
- Low back disorders
- Rheumatoid arthritis
- Gout
- Headaches
- Fibromyalgia
- Neuropathies
- Peripheral vascular disease
- Vertebral compression fractures
What Causes Pain?

- Post-stroke syndromes
- Oral or dental pathology
- Cancer
- Gastrointestinal conditions
- Renal conditions
- Immobility, contractures
- Pressure ulcers
- Surgical procedures
- Falls, other injuries
“Pain is such an uncomfortable feeling that even a tiny amount of it is enough to ruin every enjoyment.”

- Will Rogers
Is it Pain?

- Frowning, grimacing
- Fearful facial expressions
- Grinding of the teeth
- Fidgeting, restlessness
- Striking out, increased agitation
- Sighing, groaning, crying
- Breathing heavily
Is it Pain?

- Decreasing activity levels, socialization
- Resisting certain movements
- Inability to participate in activities of daily living
- Depression, anxiety
- Changes in gait
- Eating or sleeping poorly
Painting by Beth Gay, “Migraine”
Pain Assessment

- Should be conducted on admission, quarterly and with a change in condition
- In a language the person understands
- According to the person’s cognitive and verbal abilities
- Using a validated pain scale(s)
Validated Pain Scales

- **Self-reporting pain intensity scales**
  - allow the resident to rate his/her pain

  **Note:** Wong-Baker Faces Scale is not recommended for use in the geriatric population

- **Behavioral pain scales**
  - allow the licensed nurse to observe for behaviors which might suggest pain is present
Pain Scale Determination Process

- **If a person** can verbalize and can self-report and has intact cognitive abilities
  - Use a self-reporting validated pain intensity scale such as:
    - 0-10 verbal or numeric
    - verbal descriptor scale

- **If a person** can’t verbalize but can self-report and has intact cognitive abilities
  - Use a self-reporting validated pain intensity scale such as:
    - Faces Pain Scale - Revised
    - Iowa Pain Thermometer

- **If a person** can’t always verbalize and can’t always self-report and has fluctuating cognitive abilities
  - Use a validated behavioral pain scale such as:
    - PAINAD
    - a self-reporting pain scale that allows the person to describe the pain or point to an image

- **If a person** can’t verbalize and can’t self-report and has cognitive disabilities
  - Use a validated behavioral pain scale such as:
    - PAINAD
    - DS-DAT

*Use the same scale for the same person each time he/she is assessed.*

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This process diagram was developed by ONC/Quality Monitoring Program and OAHU Media Services.

www.TexasQualityMatters.org
Self-reporting
Pain Intensity Scales

- Numeric Rating Scale (NRS)
- Verbal Descriptor (VDS)
- Faces Pain Scale – Revised (FPS-R)
Behavioral Pain Scales

- Pain Assessment in Advanced Dementia (PAINAD)
- Pain Assessment Checklist for Senior with Limited Ability to Communicate (PACSLAC)
- Discomfort Scale for Dementia of the Alzheimer’s Type (DS-DAT)
Behavioral Pain Scale: PAINAD

5 observational indicators

• Breathing
• Negative Vocalization
• Facial Expression
• Body Language
• Consolability

See handout
# Behavioral Pain Scale: PAINAD

<table>
<thead>
<tr>
<th></th>
<th>Score 0</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
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<tbody>
<tr>
<td><strong>Breathing</strong></td>
<td>Normal</td>
<td>Occasional labored breathing. Short period of hyperventilation</td>
<td>Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations</td>
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<tr>
<td>Independent of vocalization</td>
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<tr>
<td><strong>Negative Vocalization</strong></td>
<td>None</td>
<td>Occasional moan or groan. Low level speech with a negative or disapproving quality</td>
<td>Repeated troubled calling out. Loud moaning or groaning. Crying</td>
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<td><strong>Facial expression</strong></td>
<td>Smiling, or inexpressive</td>
<td>Sad. Frightened. Frown</td>
<td>Facial grimacing</td>
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<td><strong>Body Language</strong></td>
<td>Relaxed</td>
<td>Tense. Distressed pacing. Fidgeting</td>
<td>Rigid. Fists clenched, Knees pulled up. Pulling or pushing away. Striking out</td>
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<td><strong>Consolability</strong></td>
<td>No need to console</td>
<td>Distracted or reassured by voice or touch</td>
<td>Unable to console, distract or reassure</td>
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**TOTAL**
Mildred
### Behavioral Pain Scale: PAINAD

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**TOTAL 8**
Comprehensive Pain Assessment

- Predisposing factors
- Onset of pain
- Location of pain
- Frequency of pain
- Duration of pain
- Description of pain
Comprehensive Pain Assessment

- Aggravating factors
- Relieving factors
- Validated pain scale(s) utilized
- Acceptable level of pain
- Current and previous treatment and results of both
- Impact of pain on individual’s physical and psychosocial functioning – ADLs and behaviors
Pain Re-evaluations

- Pain re-evaluations should be conducted for persons on routine medications or other non-pharmacological interventions based on the severity and chronicity of the pain.

  - At least daily for response when starting a new medication
  - At least weekly when well managed
Pain Re-evaluations

- Pain re-evaluations should be conducted before PRN pain medications are administered and after at peak effect of treatment.

Peak effect of treatment:
Timing when a person experiences the highest level of pain relief from a given intervention.
Pain Management Interventions

Interdisciplinary team approach:

- Education
- Frequent assessment with consistent use of validated pain scales
- Pain medications and adjunct medications
- Non-pharmacological interventions
- Physician notification/communication
Analgesic Trials

- Serial Trial Intervention (STI)  
  [www.geriatricpain.org](http://www.geriatricpain.org)

- STI serves as a guideline for analgesic use when non-pharmacological interventions and other approaches have not been effective.
Non-Pharmacological Interventions

- Physical therapy
- Routine exercise
- Activities
- Massage
- TENS
- Aromatherapy
- Spiritual therapy
- Comfort foods
- Hot/cold therapies
- Music therapy
- Cryotherapy
- Diathermy/ultrasound
Improving Outcomes

“One good thing about music, when it hits you, you feel no pain.”

- Bob Marley
Improving Outcomes

**Goal:** Relief and control of pain.

Outcomes consistent with evidence-based best practice:

- Implement the individualized interventions identified in the care plan
- Monitor and evaluate the individualized interventions for effectiveness
Evidence-based Best Practice Summary

Assessment

• Recognize each person’s cognitive and verbal abilities
• Use a language the person understands
• Complete comprehensive pain assessments on admission/readmission, change in condition and quarterly
• Re-evaluate the person’s needs based on the severity and chronicity of their pain
Evidence-based Best Practice Summary

Care Plan Process
- Identify the source(s) of the pain
- Develop measurable goals based on the assessment
- Develop individualized interventions

Outcome
- Implement the individualized interventions identified in the care plan
- Monitor and evaluate the individualized interventions periodically for effectiveness
Knowing My Pain
- by Kathy

Pain-racked and unstable,
Still, somehow,
You see me as able.
You see my cane as a toy,
Used, not for need,
But for ploy.

You are not in my body,
My pain you cannot feel.
How dare you tell me
My pain is less real?

You may have pain,
Others have pain as well.
Pain is dealt with
In many different ways.
For some merely existing
Can be a living hell.

So, think ere you tell me
There's something I can do,
Because you don't know
The pain I'm going through,
You're not me
And I certainly am not you!
References

- American Medical Directors Association, www.amda.com
- American Society for Pain Management Nursing, www.aspmn.org
- American Geriatrics Society, www.americangeriatrics.org
- International Association for the Study of Pain, www.iasp-pain.org
- American Academy of Pain Medicine, www.painmed.org
- Geriatric Pain: www.geriatricpain.org
Welcome to the Texas Quality Matters website!

The Texas Quality Matters website was developed by the Center for Policy and Innovation (CPI) at the Texas Department of Aging and Disability Services (DADS). This website will direct you to a variety of resources and initiatives. Texas Quality Matters will be our way to provide information to you.

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