“It Hurts!”
Skills for Recognizing Pain and Caring for Persons with Dementia Who Have Pain

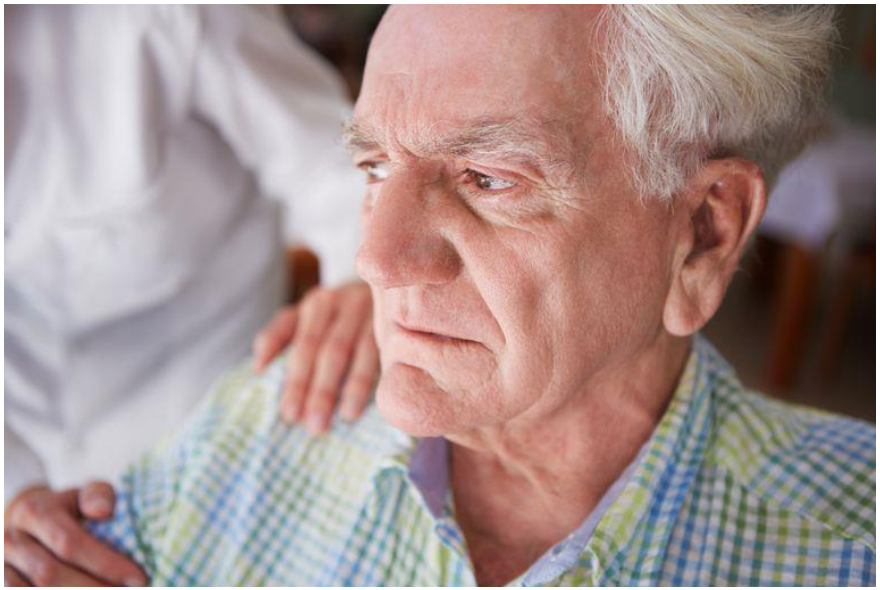
Dementia Care Conference
March 5, 2019

Beth Helliar RN, BN, GNC(C) and Lynda Mandzuk RN, MN, GNC(C)

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Dementia and Pain

- Incidence of dementia in Manitoba
- High risk for pain



Alzheimer Society
MANITOBA
Dementia Care & Brain Health

What is pain?

- "A complex phenomenon caused by noxious sensory stimuli or neuropathological mechanisms" (R.A. Sternbach, 1974).
- An individual's memories, expectations, and emotions modify the experience of pain.

Different Types of Pain

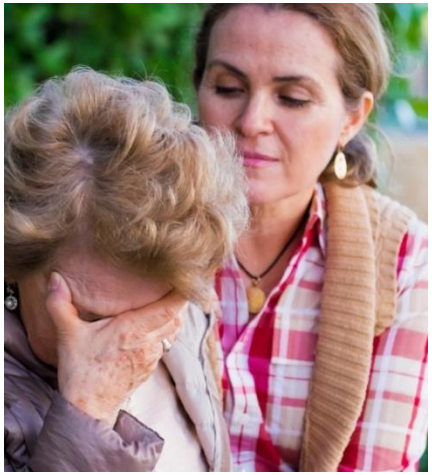
- **Nocioceptive**
  - Stimulation of pain receptors
  - Eg. inflammation or injury to the tissue, internal or external
- **Neuropathic**
  - Process involves the nervous system
  - Eg. diabetic neuropathy, phantom limb pain, post stroke pain

Pain is…

- Complex
- Different for each person

AND

- Often under-recognized and under-treated in persons with dementia



Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Pain is Under-Recognized

- May not have words to communicate pain
- Might use different words for pain
- May misinterpret the feeling of pain
- May not remember the pain
- May not want to complain

***Reporting* no pain ≠ *having* no pain**

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Why is Pain Under-Treated?

- Not recognized
- Not explored
- Seen as a natural part of aging
- Belief that medications will be worse for the person than the pain

What's the Result?

- **Unnecessary suffering**
- Depression, anxiety
- Loss of appetite
- Social withdrawal
- Impaired walking
- Restlessness, sleep problems
- Agitation, aggression

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Case Study #1: Viola (72 years old)

- Has Vascular Dementia; several strokes
- Right-sided weakness; communication difficulty
- Does own personal care; home care for bath
- Fond of her home care worker
- Fell yesterday; got up on own
- Didn't sleep well; incontinent
- Won't eat breakfast
- Hit home care worker during bath

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Pain Assessment

- Pain is subjective
- Self-report…. ASK!
- If self-report is not available, observe the person

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Recognizing Pain

- Breathing independent of vocalization
- Negative vocalization
- Facial expression
- Body language
- Consolability

PAINAD (Warden, Hurley, &Volicer, 2003)

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Breathing Independent of Vocalization

- Normal
- Occasional labored; some hyperventilation
- Noisy laboured breathing; more hyperventilation; Cheyne-Stokes

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Negative Vocalization

- None
- Occasional moan/groan; low level speech, negative quality
- Repeated troubled calling out; loud moans, groans or cries

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Facial Expression

- Smiling or inexpressive
- Sad; frightened, frown
- Grimacing

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

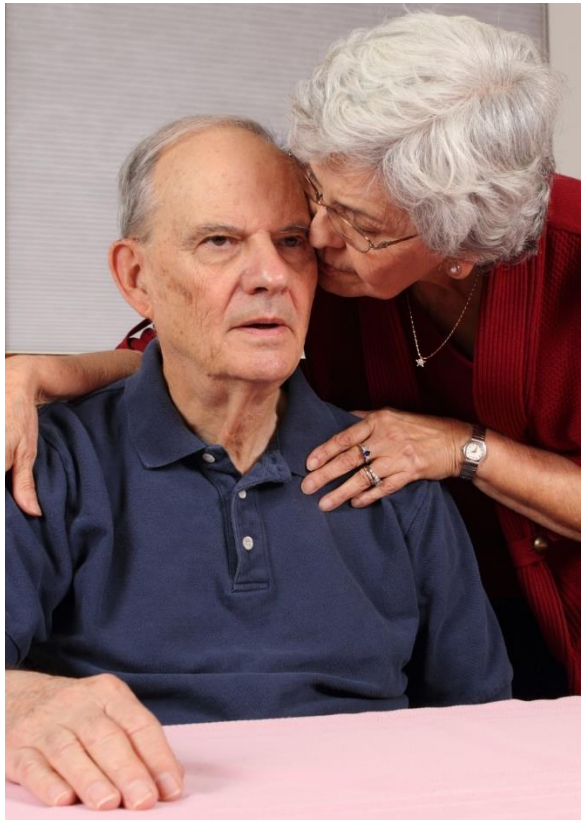
Body Language

- Relaxed
- Tense, distressed, pacing, fidgeting
- Rigid, fists clenched, knees pulled up, pulling or pushing away, striking out

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Consolability

- No need to console
- Distracted or reassured by voice or touch
- Unable to console, distract, or reassure



Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Changes in Function

- Activities of daily living
- Appetite
- Sleep patterns
- Activity and usual routines

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Pain Journal

- Where is the pain?
- How does it feel?
- What was the person doing when it started?
- Non-drug strategies used?
- Medications taken?
- How was the pain an hour later?
- Other comments?

Non-Pharmacological Strategies

Physical

- Massage
- Cold
- Heat
- Positioning

Psychological

- Distraction
- Relaxation
- Music
- Controlled breathing

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Massage

- Light pressure
- Varying levels of comfort with this
- Not over fragile skin, bony areas, or open sores
- Not with peripheral vascular issues

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Cold

- Place on or near area
- Numbs nerve endings, reduces spasms and swelling
- Gel packs or cold cloths
- Layer of cloth on skin
- Apply gradually
- Alternate with heat

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Heat

- Relaxes muscles, reduces muscle spasms, decreases sensitivity to pain
- Place at or near area
- Moist compresses or heat packs
- Do not put over medication patches
- Don’t use products containing menthol when using heat
- Don’t use on recent injury

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Positioning

- Comfortable positions
- Use pillows or rolled blankets

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Distraction

- To draw a person's attention away
- Decreases pain, increases relaxation
- May cause other people to doubt that the individual has pain or its severity

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Relaxation

- Free from anxiety and muscle tension.
- Loosens tense muscles, distracts person from pain, decreases stress, and helps to cope

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

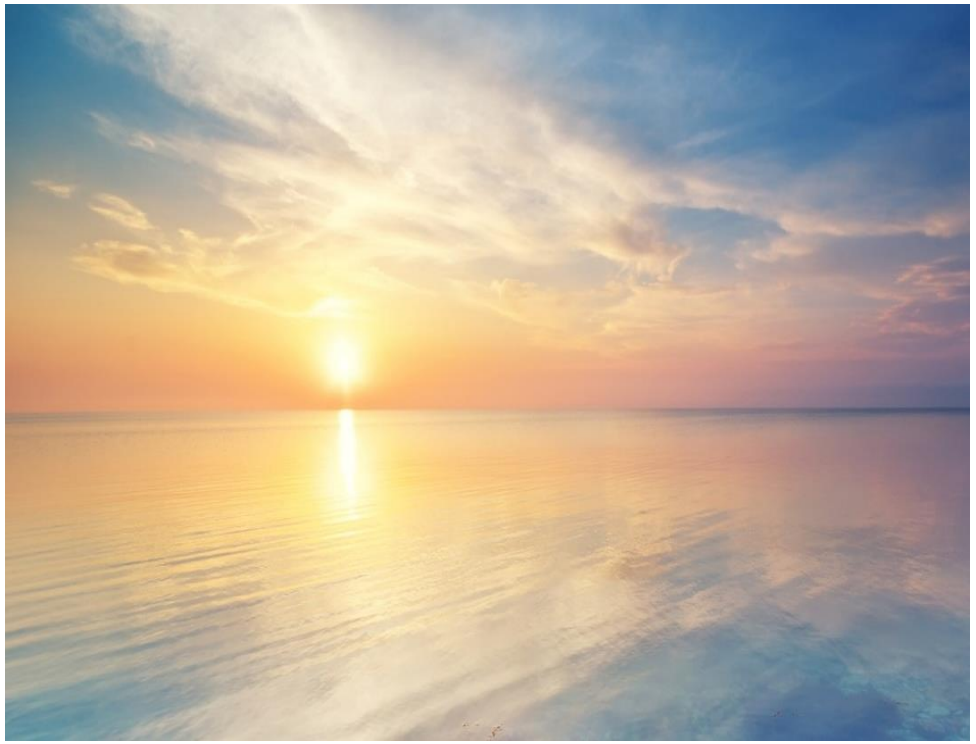
Music

- Can relax and distract
- Music should be personalized
- Research has shown that listening to meaningful music decreases pain
  (Dan Cohen, 2017)

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Controlled breathing

- Reduces stress that can cause muscle tension and increase pain
- Lead the individual through deep breathing and imagery.



Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Medications

- Talk to physician or pharmacist
- Every person's situation is different

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Medications

- Regular dosing of acetaminophen
- Opioids
- Antidepressants
- Anticonvulsants
- Ointments
- Patches

Medications

- Beers Criteria
- Medication Review
- Start low and go slow

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Cannabis

- Long term use associated with memory problems
- May help manage behavioural symptoms, but only in some cases
- Alzheimer Society has funded research
- *Currently no evidence* that it is useful for treatment or prevention of Alzheimer Disease
- More research needed

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Strategies for Giving Medications

- Calm environment
- Give them time
- Participation
- Timing
- Form
- Medication Review
- Side effects
- Triggers
- Wait and try again
- Revise plan
- Establish a routine
- Share the process

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Medication Administration

- Notes
- Alarms
- Storage
- Phone calls
- Neighbours
- Pill boxes
- Blister packs
- Dispensers

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Case Study #2: Sam (87 years old)

- Mixed dementia, arthritis, heart failure
- Wife cues him for personal care, escorts him to meals
- Lately abrupt and disagreeable
- Washroom more frequently
- Breathes hard, frowns, pushes wife away, yells

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Dave Waters

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

"He was suffering deeply and his pain was an important contributing factor. At the end of the day, its about alleviating the suffering—its about comfort. I wish that pain had been considered sooner as a factor for his increase in responsive behaviour. His suffering was inhumane and definitely not necessary."

Conclusion

- Pain assessment in persons with dementia can be challenging
- Self-report is the gold standard therefore ASK
- Observe behaviours
- Search for potential causes of pain
- Treat the pain

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Alzheimer Society
MANITOBA
Dementia Care & Brain Health

Provincial Office Contact

Address: 10-120 Donald St., Wpg., MB. R3C 4G2

Toll-Free: 1-800-378-6699 (Manitoba)

Phone: 204-943-6622 (Winnipeg)

Fax: 204-942-5408

Email: alzmb@alzheimer.mb.ca

Alzheimer Society
MANITOBA
Dementia Care & Brain Health