Recognizing Unrelieved Pain in Residents with Dementia

September is World Alzheimer's Month. At AlixaRx we would like to take a moment to focus on an issue that is common and affects many patients living with Alzheimer's Disease and other dementias; unrelieved pain. Pain is a common comorbidity for these patients and unrelieved pain in a patient unable to effectively communicate their symptoms, can lead to poor pain management and behavioral disturbances. These behaviors are often reversible when their pain is recognized and properly treated.

Physiological Consequences of Unrelieved Pain

Functional Domain	Stress Responses to Pain	Examples of Clinical Manifestations
Endocrine/metabolic	Altered release of multiple hormones including ACTH, cortisol, insulin	Weight loss, fever, shock, increased respiratory and pulse rate
Cardiovascular	Increased pulse, blood pressure, vascular resistance, myocardial oxygen demand, coagulation	Chest pain (angina) Heart attack (MI) DVT
Respiratory	Decreased airflow due to involuntary (reflex muscle spasm) and voluntary (splinting) mechanisms that limit respiratory effort	Atelectasis (collapsed lung) Pneumonia
Gastrointestinal	Decrease rate of gastric emptying Decrease intestinal motility	Constipation, anorexia, ileus
Musculoskeletal	Muscle spasm Impaired muscle mobility and function	Immobility, weakness, fatigue
Immune	Impaired immune function	Infection
Genitourinary	Abnormal release of hormones that affect urine output, fluid volume, and electrolyte balance	Decreased urine output Hypertension (fluid retention)

Psychological Consequences of Unrelieved Pain

- Depression
- Anxiety
- Behavioral disturbances
- Ahedonia (lack of interest in pleasurable activities)
- Abnormal fear of activity or therapy
- Withdrawal

Behavioral Manifestations of Pain in the Demented Elderly

- Depressive and withdrawal-related behaviors (74%)
- Loss of weight or appetite (38%)
- Noncompliant behavior (22%)
- Unsafe impulsive behaviors (18%)

Always include a pain assessment as part of the workup for any resident with unexplained behaviors. Note that the MDS pain assessment includes a functional assessment that is valid for patients with severe dementia. Also, do not assume that pain is "normal" in older persons. Most pain is a symptom of an acute or chronic pain condition. Acute onset pain in persons with dementia may have atypical presentation (i.e. behaviors) and should be assessed and the underlying cause addressed. If the pain assessment is inconclusive, consider a trial with acetaminophen 650mg tid (i.e. diagnostic analgesia). If symptoms persist, consider evaluation and treatment for depression.

Anxiolytics, sedative-hypnotics, and antipsychotics should only be initiated after ruling out or effectively treating pain. Finally, consult your AlixaRx clinical pharmacist to conduct a Change of condition (COC) medication review for any patient with dementia and new onset behaviors or other symptoms that may be pain-related.

References: 1.Berry et al http://www.painmanagementnursing.org/article/S1524-9042(00)04110-2/fulltext?mobileUi=0 2. Cipher et al JAMDA July 2006