

# 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 participant 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



**environmental**

**spiritual**

**Untreated  
PAIN**

**UNMET  
NEED!**

**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



**facial grimacing**

**guarding**

**OUCH!**

**PAIN!**

**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

see handout

## Pain Scale Determination Process

*If a person*

- Yes can verbalize and
- Yes can self-report and
- Yes has intact cognitive abilities



*Use a self-reporting validated pain intensity scale such as:*

- ▶ 0-10 verbal or numeric
- or
- ▶ verbal descriptor scale

*If a person*

- NO can't verbalize but
- Yes can self-report and
- Yes has intact cognitive abilities



*Use a self-reporting validated pain intensity scale such as:*

- ▶ Faces Pain Scale - Revised
- or
- ▶ 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 Pain Assessment in Advanced Dementia
- and
- ▶ a self-reporting pain scale that allows the person to describe the pain or point to an image

*If a person*

- NO can't verbalize and
- NO can't self-report and
- Yes has cognitive disabilities



*Use a validated behavioral pain scale such as:*

- ▶ PAINAD
- or
- ▶ DS-DAT Discomfort Scale for Dementia of the Alzheimer's Type

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

This process diagram was developed by DADS Quality Monitoring Program and DADS Media Services



[www.TexasQualityMatters.org](http://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**

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



**Mildred**



# Behavioral Pain Scale: **PAINAD**

	0	1	2	Score
<b>Breathing</b> Independent of vocalization	Normal	Occasional labored breathing. <b>Short period of hyperventilation</b>	Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations	1
<b>Negative Vocalization</b>	None	Occasional moan or groan. Low level speech with a negative or disapproving quality	<b>Repeated troubled calling out.</b> Loud moaning or groaning. <b>Crying</b>	2
<b>Facial expression</b>	Smiling, or inexpressive	Sad. Frightened. Frown	<b>Facial grimacing</b>	2
<b>Body Language</b>	Relaxed	Tense. Distressed pacing. Fidgeting	<b>Rigid.</b> Fists clenched, Knees pulled up. Pulling or pushing away. <b>Striking out</b>	2
<b>Consolability</b>	No need to console	<b>Distracted</b> or reassured by voice or touch	Unable to console, distract or reassure	1
				<b>TOTAL 8</b>



# 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



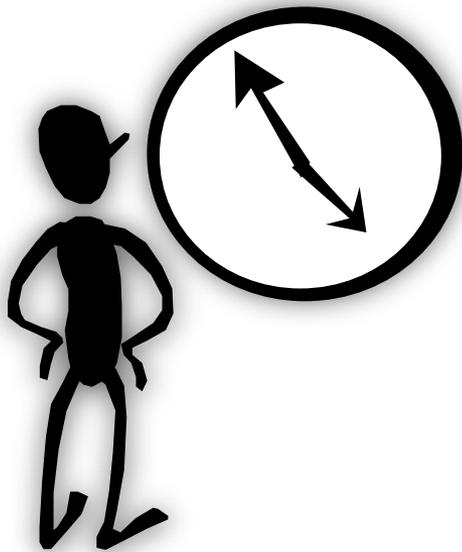
# Pain Re-evaluations

- 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

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- American Geriatrics Society,  
[www.americangeriatrics.org](http://www.americangeriatrics.org)
- International Association for the Study of Pain,  
[www.iasp-pain.org](http://www.iasp-pain.org)
- American Academy of Pain Medicine,  
[www.painmed.org](http://www.painmed.org)
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[www.aapainmanage.org](http://www.aapainmanage.org)
- Geriatric Pain: [www.geriatricpain.org](http://www.geriatricpain.org)



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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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