INTRODUCTION:

It is suggested that dementia may be the fourth leading cause of death. And, many more die with dementia as a secondary diagnosis. While patients with dementia do experience pain and other unpleasant sensations, their brain damage causes difficulty in localizing the discomfort, understanding the meaning of it and communicating the discomfort to others. Therefore, there are special challenges to excellent palliative care for the patient dying with dementia.

LEARNING OBJECTIVES:

At the end of this module, the student should be able to:

1. Discuss the importance of pain management and treatment in the patient with dementia,
2. Understand how assessment of pain is different in the patient with dementia.
3. Know various expressions of pain in the patient with dementia
4. Be familiar with some of the pain assessment tools
5. Educate caregivers.
6. Treat pain in the patient with dementia.

WHAT YOU NEED TO COMPLETE THIS MODULE:

1. Read Synopsis
2. Read case presentation and review questions
3. Answer questions

Be prepared to discuss your answers
SYNOPSIS:

1. Assessing pain—
   a. Most people with dementia also have co-existing painful conditions.
   b. It may be difficult to elicit details or to remember past pain,
   c. However, many (even w/ severe dementia) can report present pain.
   d. Patient may have another preferred term, eg, “hurt” or “ache”
   e. Consider if the patient has conditions which are likely painful
      i. Eg, rotten teeth, active joint effusions, pressure ulcers or contractures
   f. Turn to caregivers who know nuances of patient behavior—they are likely to be able to discern if the patient is in pain.
   g. Patient may express pain or discomfort non-verbally
      i. Eg, wincing, grimacing, crying, groaning, restlessness or irritability
      ii. May express discomfort by refusing food or withdrawing
      iii. Non-verbal pain assessment scales available (CNPI)
   h. Other unpleasant non-pain sensations
      i. Cold, hot, wet, hungry, constipated, lonely, need to be re-adjusted in bed.
      ii. The environment may be loud or confusing.
   i. Pain scales for the cognitively impaired

2. Treating pain
   a. Consider environment
      i. A comfortable, calm, supportive environment helps relaxation.
   b. Cautiously but treat!
      Start low, go slow. Patients with dementia may be more prone to delirium from meds but may also be delirious because of pain.
Bibliography


Shuster JL. Death and dying: Palliative care for advanced dementia. Clinics in Geriatric Medicine. 2000:16(2)
Case:

You are called to visit Mrs. M, who is 85 years old with severe dementia because her husband reports that she has not been walking for several months. When they are questioned about why, he admits that she doesn’t want to be bothered because it “hurts.” When the patient is asked, she initially doesn’t respond positively to questions about pain but after attempting to examine the patient and she starts screaming and yells, “My feet, my feet—they hurt, don’t touch them!!!”

Do you think she really has pain or might it just be dementia associated agitation?

How might you further assess if this is pain?

a. 

b. 

c. 

Her husband goes on to say that she does persistently avoid any contact with her feet. He has Tramadol but rarely gives her any because he doesn’t want to drug her up. She appears to be comfortable at rest and only uncomfortable when moved—how should you proceed?

a. Don’t do anything
b. Try some pain meds around the clock
   c. Give her strong opioids to put her out of her misery
d. Work on mechanical relief of pain

A careful (but difficult) exam reveals stage III pressure ulcers of both heels which are draining serous fluids. Her husband doesn’t want her to hurt so he doesn’t move her. He really hates to give her meds but is also adamant about getting her to walk again. How might you counsel Mr. M on the treatment of pain for his wife?