

Pain assessment and pain treatment for community-dwelling people with dementia: A narrative systematic review

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Background

- Pain is common in older adults, however, symptoms in those with dementia (e.g. memory loss, language problems) may lead to difficulties in communicating pain
- Caregivers (e.g. family members) or clinicians (e.g. General Practitioners) may not recognise, adequately assess or treat pain in people with dementia
- Poor pain management for people with dementia can cause other problems, including behavioural (e.g. agitation, problems with sleep, aggression) and psychological (e.g. hallucinations, anxiety, depression) problems

Currently research on pain in those with dementia has only focused on nursing home, hospital, or end of life care settings

HOWEVER the majority of people with dementia live in their own homes ('community-dwelling')



Research Questions

What pain assessment tools and techniques are used for community-dwelling people with dementia?

What treatments for pain are used for community-dwelling people with dementia?



Methods

- Searches were conducted in eight databases (academic search engines) to identify literature
- All papers were quality assessed using the National Institute of Health Quality Assessment toolkit

Inclusion

1. People with a confirmed diagnosis of dementia living in the community (living alone at home, with informal caregivers at home, residential communities, warden controlled housing, or assisted living)
2. Studies that contribute to the evaluation of pain assessment tools/techniques or treatment for pain
3. Language translatable within the Research Institute

Exclusion

1. Studies focused only on cancer pain
2. Studies that determine pain prevalence for community-dwelling people with dementia but do not focus on the pain assessment tool used

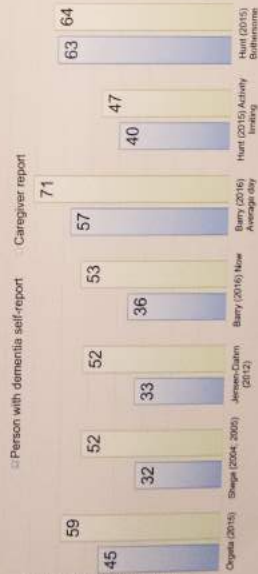
Pain Assessment

Self-report

- Self-report pain tools allow people to report their own experience of pain
- A large proportion (>30%) of community-dwelling people with dementia were unable to report their pain using common self-report tools
- Dementia-specific self-report pain assessment scales were more successful than non-specific self-report pain assessment scales

Informant pain ratings

- Informant ratings allow a person who knows the person with dementia (e.g. a family member) to rate the person with dementia's pain
- Caregivers overestimated pain for people with dementia



Results

Treatments for Pain

Paracetamol

- Paracetamol use increased each year from dementia diagnosis
- Paracetamol was used by 12-32% of community-dwelling people with dementia
- Paracetamol was used more commonly by community-dwelling people with dementia compared to older adults without dementia

Nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen)

- NSAID use decreased each year from dementia diagnosis
- NSAIDs were used by 6-21% of community-dwelling people with dementia
- NSAIDs were used less by community-dwelling people with dementia than older adults without dementia

Opioids (Strong pain killers such as morphine, fentanyl, and buprenorphine)

- Opioids were used by 9-18% of community-dwelling people with dementia
- Community-dwelling people with dementia were more likely to be prescribed strong opioids (fentanyl and buprenorphine) than older adults without dementia

Non-drug treatments

- Non-drug treatments for pain were under recommended, with the exception of exercise



Conclusions

- There is limited research investigating pain assessment and pain treatment for community-dwelling people with dementia
- One single method of pain assessment used in isolation is not sufficient
- It is possible that appropriate treatment is not being given to community-dwelling people with dementia who have pain
 - Notable preference towards paracetamol for people with dementia
 - Decreased NSAID use for people with dementia
 - Strong opioids (fentanyl and buprenorphine) were used for people with dementia more than older adults without dementia
 - Non-drug treatments for pain were under recommended for people with dementia

