Enhanced Care for Older People

Learning Session Number 31

Recognition, assessment and management of pain in the older person

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South Tyneside and Sunderland NHS Foundation Trust

EnCOP

Enhanced Care for Older People

EnCOP Lead: Lynne Shaw

Tuesday 22nd October 2024

1.30 – 3pm

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Session Aim & Linked Competencies

Aim: To increase awareness and understanding of pain management with older people

Linked EnCOP Domains:

Domain A: Values, Attitudes and Ethical Practice
Domain B: Evidence Based Care : Supporting learning, leadership and improving care for older people
Domain C1: Partnership working and communication with older people, families and others
Domain D4 : Ageing Well : Promoting and supporting holistic physical health and wellbeing with older people
Domain D6: Ageing Well : Promoting and supporting older people with medicines optimisation

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Recognition, Assessment & Management of Pain in the Older Person

Dr Fiona Makin
Consultant in Acute Pain & Anaesthesia

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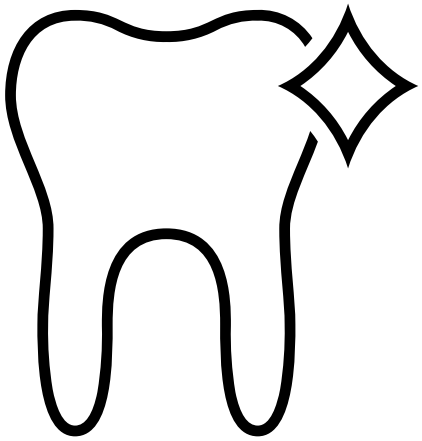
Objectives

- What is pain?
- Does Pain Matter?
- Categorisation of pain
- Recognising pain
- Assessment of pain
- Treatment of pain
- Escalation

Pain



Pain: Definition

Pain is "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage".

International Association for the Study of Pain

"Pain is what the person says hurts."

- **Does pain matter in the older person?**

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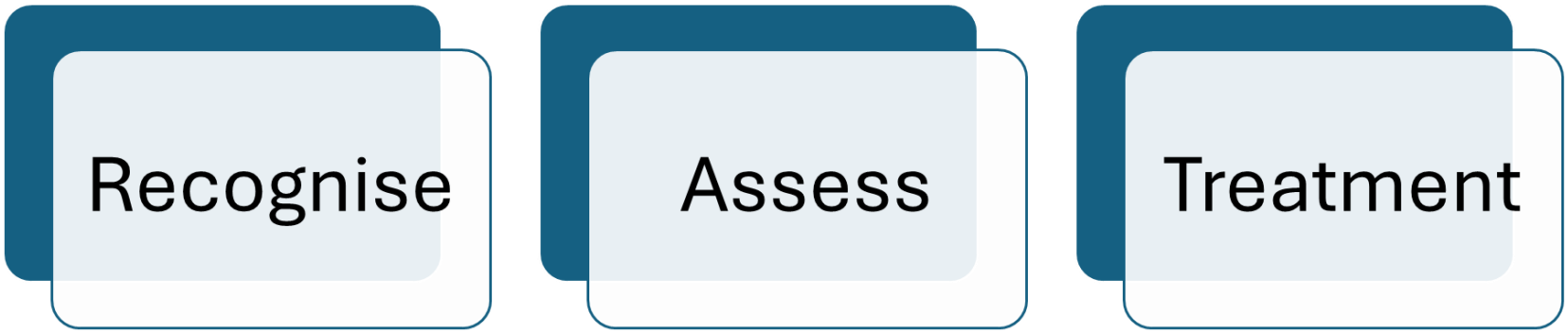
Does Pain Matter?

- Patient:
  - Physical health
  - Mental health
- Family
  - Role within family
- Society
  - Hospital admission
  - Member of society

Pain in the Older Person?

- Older people often live with pain
- Difficult to express
- Management is very important

Pain Matters



Moving beyond the 5th Vital Sign

- American Medical Association 2016
- Stop treating pain as the 5th vital sign
- Assessment using numerical pain scales contributed to the opioid crisis.
- Greater emphasis on a functional assessment of pain.

- Recognise

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Recognising Pain

Types of Pain

- Duration
- Cause
- Mechanism

Types of Pain: Duration

Acute	• < 3 months
Chronic	• > 3 months

Types of Pain: Mechanism

Nociceptive

Tissue damage

Inflammatory

Activation of pain receptors

Descriptors: sharp, throbbing & localised

Neuropathic

Nerve damage

Tissue injury not obvious

Descriptors: shooting, pins & needles, may not be localised.

Recognising Pain

Ask

Look

Do others know they are in pain?

Assess

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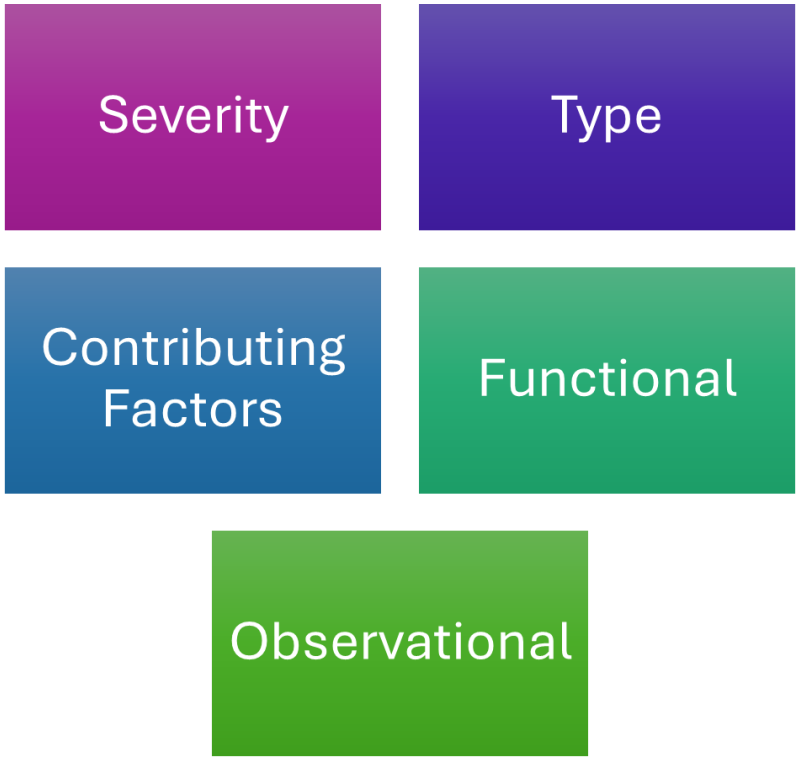
Assessment of Pain



Assessment of Pain on the older person

- Complex due to cognitive impairment and communication difficulties.
- Importance on self reporting
- Appropriate wording: soreness, aching, discomfort
- Do you hurt any where?

Treatment

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Treatment

NON-PHARMACOLOGICAL

PHARMACOLOGICAL

Treatment: Non-Pharmacological

- Physical
  - Rest, ice, compression and elevation of injuries (RICE)
  - Surgery
  - Acupuncture, massage, physiotherapy
- Psychological
  - Explanation and reassurance
  - Input from social worker or person of importance

Treatment: Pharmacological

Nociceptive pain

- Consider paracetamol, NSAIDs, morphine
- Severe Pain: Reverse WHO Ladder for acute
- Cancer Pain: WHO Ladder

Neuropathic pain

- WHO Ladder may not work very well
- Consider using a tricyclic antidepressant (amitriptyline) or anticonvulsant (carbamazepine or gabapentin) early.

Start low and monitor

Treatment: In the older person

- Weight appropriate
- Organ function considerations
- Preparation
- Opioid management
- Adjuncts

Escalation

- Recognise
- Assess
- Treatment
- Re-assess
- Escalate

Specialist Assessment

- Medical / Surgical team
- Acute Pain Service
- Chronic Pain Service
- Palliative Care Team

Summary

Recognise

Assess

Treatment

References

- Faculty of Pain Medicine. Essential Pain Management Workshop Manual 2017.
- British Geriatrics Society. The Assessment of Pain in Older People: UK National Guidelines. Age and Ageing 2018; 47: i1–i22

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Pain Assessment

Faye Travis- Adult Pain Specialist Nurse

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Essential

- Is able to recognise and respond to any verbal or non-verbal signs of pain from the older person
- Demonstrates understanding that self-reporting is the most valid and reliable indicator of pain and is aware that there are a range of evidence-based assessment tools. Is able to utilise simple pain assessment tools in practice

Specialist

- Is able to develop an evidence-based care and support plan to identify, facilitate or implement pain management strategies including a range of pharmacological and non-pharmacological interventions

Why assess pain?

- Provides a wealth of information
- Framework for setting goals
- Evaluation of interventions
- Severe pain is morally and ethically unacceptable

Why use Pain Assessment Tools?

- More accurate information
- Consistency in pain measurement
- Information about pattern of pain
- Allow evaluation of pain interventions

Pain assessment

- Self-report
- Physiological response
- Behavioural response

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Physiological response

- **Heart rate**
- **Respiratory rate**
- **Blood pressure**

Behavioural response

- Vocalisation
- Facial expression
- Body movement
- Changes

Words that describe pain

- *How it feels* –Stabbing, Pulsing, cutting, burning, hot, throbbing, sharp, scalding, pinching, dull, searing, screaming
- *Affect on mood* - Exhausting, tiring, frightening, terrifying, vicious, blinding fearful, suffocating
- *Character of pain* - Annoying, mild, troublesome, distressing, miserable, horrible, intense, unbearable

WHAT MAKES PAIN SEEM WORSE

- FEAR
- STRANGE ENVIROMENT
- LOSS OF COPING STRATERGIES
- NO INFORMATION
- BUSY WARD
- LACK OF SLEEP
- NOBODY UNDERSTAND

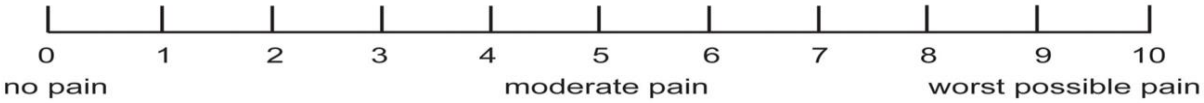
Pain Assessment

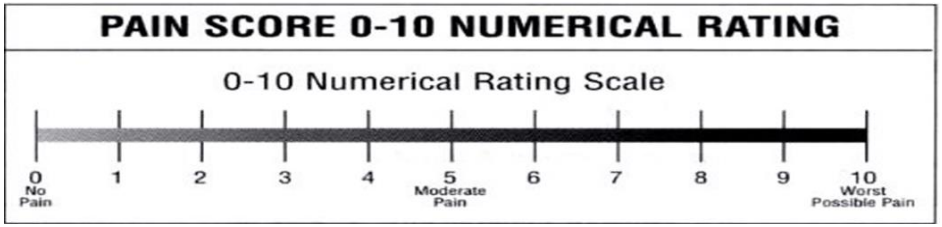
- Communication/Patient interaction
- Where is the pain?
- Severity
- Nature
- Duration
- Patient behaviour

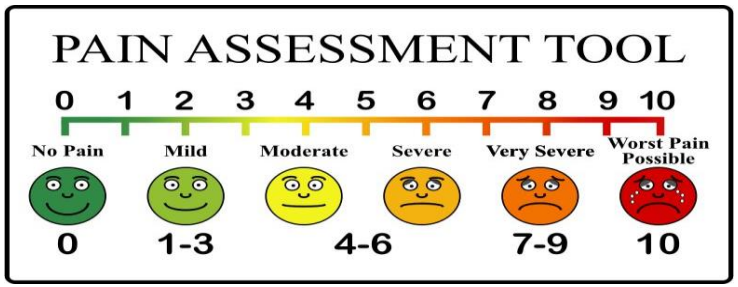
Visual Analogue Scale

Number Score

Ask the patient to show where their pain comes on the scale of 1 - 10







FUNCTIONAL PAIN ASSESSMENT

Score	Description
0	No pain
1	Minimal pain: able to perform all permitted activities
2	Tolerable: Able to perform all permitted activities
3	Tolerable: Able to perform some permitted activities with mild pain (e.g washing and dressing and mobilising independently)
4	Tolerable: Able to perform most permitted activities with mild pain (e.g Needs assistance with washing and dressing and mobilising)
5	Tolerable: pain that becomes intolerable with movement and limits the ability to perform prescribed physical activities (e.g., out of room ambulation, or physical therapy)
6	Intolerable: Unable to perform prescribed activities requiring physical exertion. Passive activities* unaffected by pain
7	Intolerable: Unable to perform prescribed activities requiring physical exertion, and passive activities* are limited by pain
8	Intolerable: Unable to perform prescribed activities requiring physical exertion, and can't perform passive activities*
9	Intolerable: Unable to do any prescribed activities but distractible and consolable, can't perform passive activities*
10	Intolerable: Unable to do anything or even speak because of pain and exhibits constant pain behaviours (grimacing, moaning, etc.)

FLACC

CATEGORIES	SCORING		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort

Each of the five categories: **(F)** Face; **(L)** Legs; **(A)** Activity; **(C)** Cry; **(C)** Consolability; is scored from 0 - 2 which results in a total score between 0 and 10 *(Merkel et al, 1997)*

PAINAD

Pain Assessment in Advanced Dementia (PAINAD) Scale

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

Scoring:

1-3 Mild pain
Provide comfort measures (i.e., non-pharmacologic approaches such as repositioning or distraction or a mild analgesic such as acetaminophen)

4-6 Moderate pain

7-10 Moderate to Severe pain
Pain that warrants stronger analgesia, such as an opioid, as well as comfort measures

Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise

Q1. Vocalisation (eg whimpering, groaning, crying)
Absent 0 Mild 1 Moderate 2 Severe 3

Q2. Facial expression (eg looking tense, frowning, grimacing, looking frightened)
Absent 0 Mild 1 Moderate 2 Severe 3

Q3. Change in body language (eg fidgeting, rocking, guarding part of body, withdrawal)
Absent 0 Mild 1 Moderate 2 Severe 3

Q4. Behavioural change (eg ↑ confusion, refusing to eat, alteration in usual pattern)
Absent 0 Mild 1 Moderate 2 Severe 3

Q5. Physiological changes (eg temp, pulse/BP outside normal limits, perspiring, flushing, pallor)
Absent 0 Mild 1 Moderate 2 Severe 3

Q6. Physical changes (eg skin tears, pressure areas, arthritis, contractures)
Absent 0 Mild 1 Moderate 2 Severe 3

Total pain score

Tick the box that matches the total pain score

0-2 No pain	3-7 Mild	7-13 Moderate	14+ Severe

Tick the box that matches the type of pain

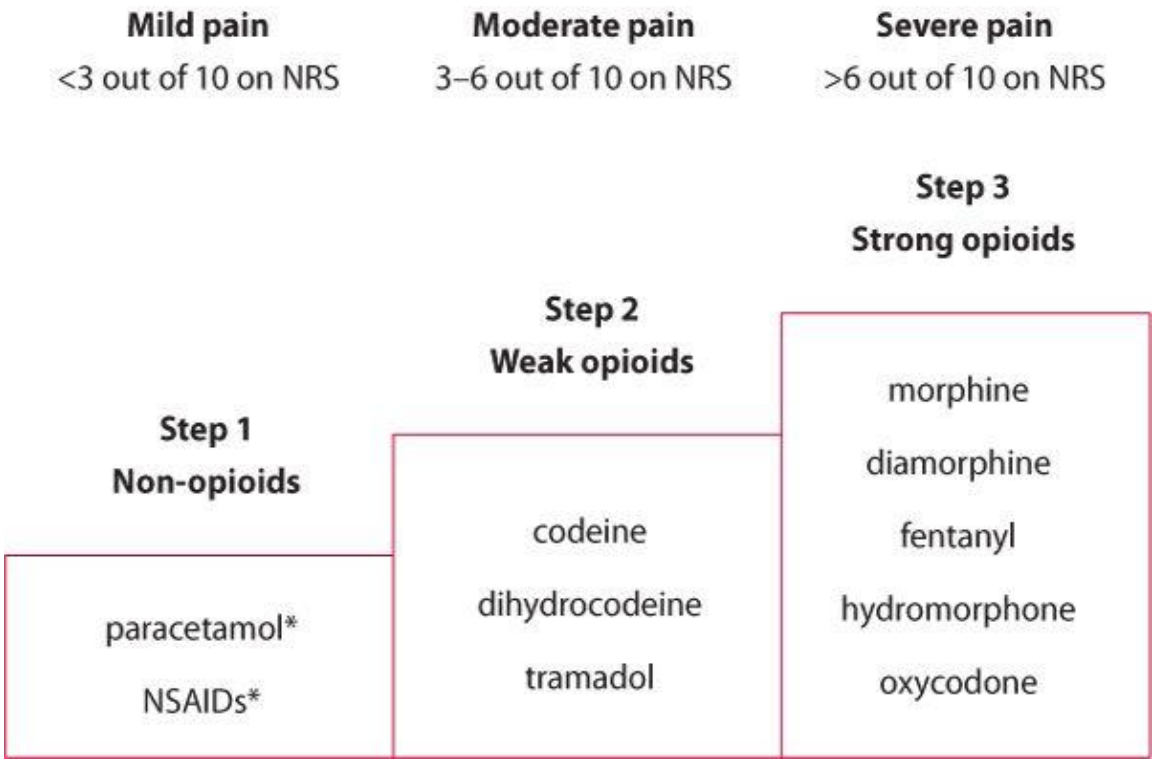
Chronic	Acute	Acute on chronic

Abbey, J 'Ageing, Dementia and Palliative Care' in O'Connor, M and Aranda, S (Eds) 2003 Palliative Care Nursing . A guide to practice , Ausmed Publications, Melbourne, pp. 313-339 (the pain scale is on page 323).
Jennifer Abbey, Neil Piller, Anita De Bellis, Adrian Esterman, Deborah Parker, Lynne; Giles and Belinda Lowcay (2004) The Abbey pain scale: a 1-minute numerical indicator for people with end-stage dementia , *International Journal of Palliative Nursing*, Vol 10, No 1 pp 6-13.

Plan & Implementation

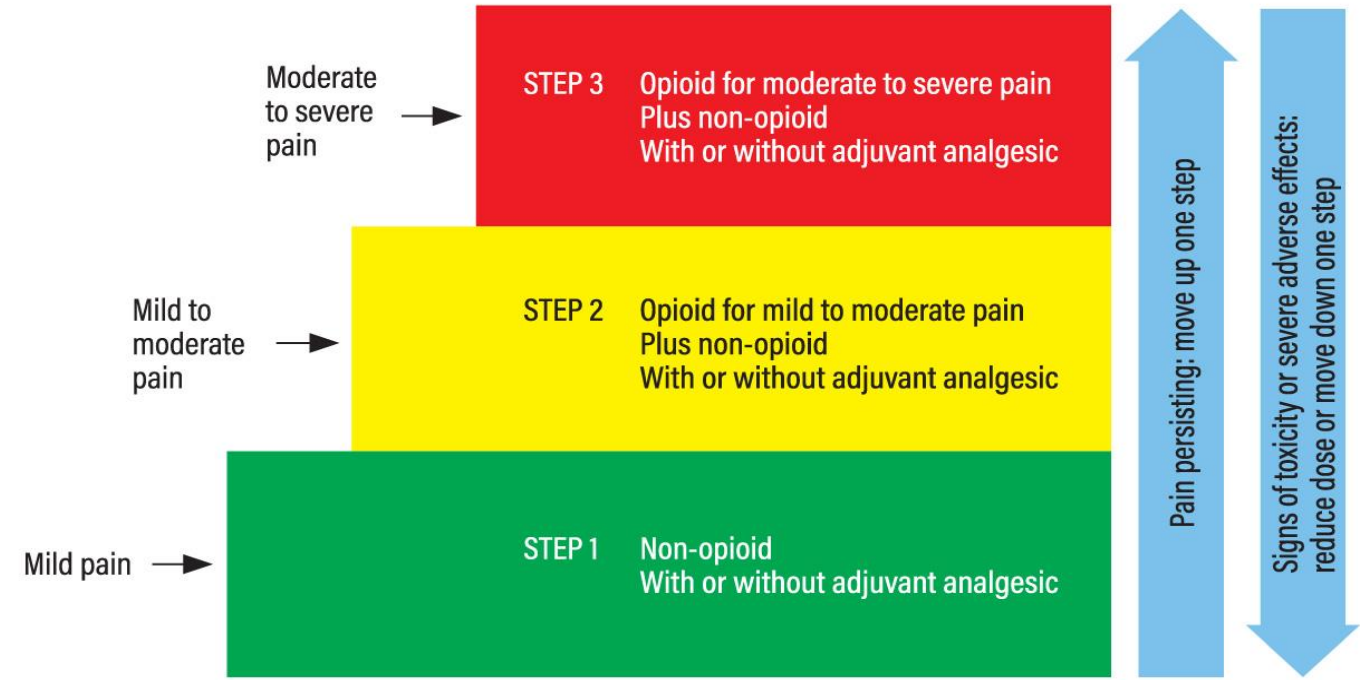
- Follow the analgesic ladder – regular analgesia rather than PRN
- Follow policies /guidelines
- Refer to pain team if needed

Analgesic Ladder



Reverse Analgesic Ladder

Figure 1. Modified version of the World Health Organization pain ladder



(Adapted from World Health Organization 1986, Cox 2010)

Evaluation of plan

- Part of the process most often missed
- Discuss with patient is the plan working?
- If not, why not?
- Does it need revising?
- Is input from pain team needed?

Summary

Although few people die of pain, many people die in pain and even more live in pain.'

- ***Listen*** to and ***believe*** the patient
- Don't underestimate patients' pain
- Use language appropriate to that patient
- Keep pain assessment tools simple, be consistent
- Pain that is relieved reduces stress responses and improves prognosis

References

1. Surgery and opioids: best practice guidelines (2021). Faculty of Pain Medicine of the royal college of anaesthetists.

   - surgery-and-opioids-2021_4.pdf (fpm.ac.uk).

1. SIGN 136 • Management of chronic pain. A national clinical guideline. First published December 2013 revised edition published August 2019. sign136_2019.pdf

2. An international multidisciplinary consensus statement on the prevention of opioid-related harm in adult surgical patients. Anaesthesia 2021: 76(4); 520-536

3. Opioids Aware | Faculty of Pain Medicine (fpm.ac.uk) Opioids Aware. June 2021

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The complexity of managing expectations and pain management.

Susan Hadfield- Clinical Nurse Specialist in Pain Management.

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Objectives

- **Essential** **Is able to support older people and their families to optimise simple strategies to prevent, alleviate or manage pain**
- **Essential** **Is able to follow an older person's care and support plan related to the management of pain. Knows when and how to access local MDT advice or specialist services**
- **Specialist** **Demonstrates broad understanding of the complexity of managing expectations and potential distress for older people, their family, and others with regards to complex pain management**

Is able to support older people and their families to optimise simple strategies to prevent, alleviate or manage pain

- Consider the cause of pain to guide management
- Refer to best practice guidance within your area
- Shared decision making in line with the NHS Long Term Plan
- Most opiate-sparing, lowest risk, lowest dose and shortest duration possible. Agree a shared plan for continuing safely if they report benefit at a safe dose
- Non-pharmacological options include improving mobility – avoid deconditioning, therapeutic exercise, heat and cold compression, distraction, acupuncture, hydrotherapy, chair yoga, TEN's, social prescribing
- Comfort and reassurance
- Use a multi-disciplinary approach, involve physio's, occupational therapy, voluntary sector, pharmacy, social workers, Geriatrician.

Essential Is able to follow an older person's care and support plan related to the management of pain. Knows when and how to access local MDT advice or specialist services

- Recognising pain and assessment is vital for older people to be able to have as meaningful a life as possible despite their pain
- Specialist pain services available to support staff and older people, acute pain in patient access, chronic pain assessment usually as an outpatient
- Care of the elderly team involvement
- If appropriate MDT meeting prior to discharge, involve family and older person

Specialist Demonstrates broad understanding of the complexity of managing expectations and potential distress for older people, their family, and others with regards to complex pain management

- The long-term use of analgesics is known to be potentially problematic for older people, with a significantly increased risk in older people, compared with younger age groups
- Regional anaesthesia
- Good communication be open and honest, listen to everyone and gain an understanding of any issues or concerns
- Provide verbal and written information
- Being "pain free" is not the goal in chronic pain

References

National Institute for Health and Care Excellence (2021) *Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain.* London: Available at:Overview | Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE (accessed: 25/9/24)

National Health Service England (2019) *The NHS Long Term Plan*. London

Schofield, P., Dunham, M., Knaggs, R.(2022) 'Evidence-based clinical practice guidelines on the management of pain in older people – a summary report', British Journal of Pain. 16(1), pp.6-13.

Tang, S,K., Tse, M,M,Y., Leung, S,F., and Fotis, T. (2019) 'The effectiveness, suitability, and sustainability of non-pharmacological methods of managing pain in community-dwelling older adults: a systematic review', BMC Public Health. 8.19(1), pp.1488.

Thanks


why
when
who
where
what
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QUESTIONS
who
how
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when

Ideas for Learning Consolidation & Competency Conclusion

Consolidating Learning:

Reflection on the session & considering application to practice & what this means 'your people'

- Think about this session in relation to your own role
- How much of this was revision?
- What have you learned today ?
- How will this help you in your role ?
- Think about your EnCOP self–assessment; consider which performance indicators this session may relate to and how this can be used as part of your own development / competency achievement.

A: Values, Attitudes and Ethical Practice
B: Evidence Based Care : Supporting learning, leadership and improving care for older people
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Domain D4: Ageing Well : Promoting and supporting holistic physical health and wellbeing with older people
D6: Ageing Well: Promoting and supporting older people with medicines optimisation

Enhanced Care for Older People

Learning Session Number 32

Effective Assessment and Management of Pain with Older People

Dr Dan Jones

GP , Eden Unit , Penrith Hospital

Managing cancer symptoms with older people living with and without frailty

Tuesday 19th November 2024 1.30pm – 3pm

EnCOP

Enhanced Care for Older People

Feedback about today's session and any future sessions you may like to see included in our webinar series….

All feedback welcomed; You may want to consider the following –

Was it easy to book onto the session?
Did you find the session went well in this online format ?
Was the content of the session relevant to your area of practice / job role?
Did you enjoy the session?

Thinking about future webinar's, which topics linked to older person's care would you be most interested in?
Please put any suggestions in the chat.

Please comment in the chat today or feel free to email us: ghnt.encop@nhs.net

More information can be found within the Frailty icare website

www.frailtyicare.org

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EnCOP Library of Learning & Development Resources can be found at:
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