



Dealing with pain management when coupled with dementia

Knowing how to deal with pain can be difficult at the best of times and especially so in the aged care setting. But when pain is experienced by people with dementia, it can be especially tricky to deal with, particularly when there is a widespread belief that people with the condition do not experience pain to the same extent as those that do not.

On a crusade to change this misconception is Professor Jennifer Abbey, director of the Dementia Collaborative Research Centre for Consumers, Carers and Social Research at the Queensland University of Technology.

Jennifer, who developed the Abbey Pain Scale ten years ago – which is widely used and recommended in Australian aged care – will be speaking at the Agency's Better Practice events this year.

Following a recent survey of pain management within aged care facilities in 2007, Jennifer says that she was concerned to see that only approximately 70 per cent of facilities had any formal pain management policy in place.

"This underlines the fact that many aged care nurses are still ambivalent about the experience of pain for those with dementia," she says.









She points out the recently documented research by Steven Gibson which has totally disproved the theory that dementia sufferers do not experience pain. "They clearly do feel pain, however nurses and carers still find it difficult to state exactly what pain is and to what extent it is occurring.

"The problem of course is that people may not be able to express their pain as adequately as those that do not have dementia."

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This month's issue of *The Standard* focuses on pain management and the importance of recognising that pain is not a normal part of the ageing process that we should just accept and live with.

There is a vast range of pain relief available from medication to massage and exercise, the challenge is to find what works for each individual person. It is often a case of trial and error until finding what works, but what a difference it can make to the quality of life of residents when the solution is found.

Our series of Better Practice events begin next month, with the first being held in Adelaide from 22-23 May. Major themes for this year's events are leadership and evidence-based practice.

We have a wide range of well-respected speakers covering a variety of topics including pain management, behaviour as communication, resident feedback to improve quality and healthy lifestyle. We will also have workshops on evidence-based practice and risk management and its relation to accreditation, based on our popular seminars also being held around the country.

Don't miss your opportunity to attend the Better Practice event in your state. For information go to our website www.accreditation.org.au or call 1800 728 589.

Mark Brandon
Chief Executive Officer

Accordingly, one of Jennifer's key messages at the conference will be informing attendees of the need to use a pain scale to closely measure the efficiency of any pain intervention which is administered. "Using a pain scale carefully can also really help staff to understand the verbal and non-verbal cues that people with dementia may use when in pain," she says.

With the funding replacement of the Residential Classification Instrument to the Aged Care Funding Instrument at the end of March 2008, Jennifer says that aged care facilities will be interested to understand the slightly different emphasis that will now be placed on pain and palliative care as a complex nursing procedure.

"I will also be talking about how to set up the palliative approach for people with dementia and how to effectively manage their pain."

Overall, she says, vastly improved pain measurement is required within the aged care sector, which has for a long time, severely under-diagnosed pain in the aged in general.

"I believe facilities should have a very clear policy in this area, and all staff should have good access to the Australian Pain Society Guidelines on pain management.

"These guidelines go right through the spectrum of pain, showing the various methods for measurement according to type, cause, bodily signals etc.

"All staff should be thoroughly educated on the topic so that they can find the right balance of medical intervention."

Professor Jennifer Abbey will present at the Agency's Better Practice 2008 events, the first one being in Adelaide next month. To find out more or to register to attend, go to www.accreditation.org.au, phone (02) 8831 1028 or email betterpractice@accreditation.org.au. See the back page of this issue of *The Standard* for dates of all the events across the country.

Educating staff for better pain outcomes

Pain is often under-treated within the aged care setting and although resources are often limited, staff education can assist to promote better understanding of assessment and treatment of pain in the elderly.

This is according to clinical nurse and president of the Palliative Care Association's Sunshine Coast branch, Denise Simmons, who is currently visiting aged care homes within south-eastern Queensland, increasing awareness of the issues

surrounding pain management and palliative care.

She highlights the under utilisation of syringe drivers which are used to administer morphine during palliative care.

"During the course of my visits, I have been surprised that many homes only have one syringe driver in use per 40 residents or more," says Denise.

Although admitting that cost can be an issue, Denise maintains that these instruments

are very helpful for pain management/symptom control and only require short training sessions for care staff to become competent in their use.

Denise also highlights the need for care facilities to have the resources of at least one registered nurse or enrolled nurse who is well trained in pain assessment and palliative care. This, she says, will assist in attempts to utilise opioids as pain relief in a safe practice environment.

Over assessment better than under assessment

Keen not to underestimate the importance of pain management is the Victorian aged care facility, Amaroo Gardens.

Care manager Chris Lever, says the facility, which is located in Ferntree Gully, uses the Abbey Pain Scale as one of its main methods in assessing pain.

"We find the scale very useful for those of our residents which are unable to verbalise pain or its level," says Chris.

Grimacing, guarding of body areas, fidgeting, complexion changes, pulse and blood pressure are all taken into account as non-verbal cues and are helpful in choosing the best course of intervention, he says.

There can be issues though. "Sometimes we may have to re-do aspects of the Abbey pain assessment if it is not conducted in completely the right way. The accuracy of complete information is very important for us, so we need to make sure it is undertaken appropriately in the first place."

Additionally, says Chris, Amaroo Gardens care staff use hand-held PDA devices, on which they are able to capture data relating to pain management. This, he says, enables stringent record keeping which can be regularly updated for staff and coordinated appropriately with residents' care plans.

"After the data is captured, it is immediately sent to our care coordinator who links it with the residents' other important data relating to nutrition, general medical health etc," he says. "Sometimes it may seem like we are over-assessing pain, but we think it is better than under-assessing it and it also provides for an effective failsafe."

Amaroo Gardens has also trialled several methods of alternative therapy as a way of tackling the problem of pain. "We try not to always just go straight for drugs which can sometimes be the wrong approach for residents keen to limit their drug intake," says Chris. "Diversional activities and massage therapies have shown some success with many of our residents.

"It's often just a matter of trial and error. What helps for one resident in reducing pain, may not help another."

Using the right pain assessment tools



Denise underlines the importance for aged care facilities to try a variety of tools when implementing pain assessment. "It can be a case of trial and error using various tools for up to three months," she says. "Nursing homes are encouraged to benchmark with other facilities to determine which tool works best for them.

"They need to confirm that any tool meets Palliative and Accreditation Standards for Aged Care Facilities. Adopted tools need to be user friendly, adaptable to the home, and provide for intervention and achievable outcomes for both resident and carer."

Pain management strategies

The Australian Pain Society released its recommended management strategies for pain in residential aged care facilities in August 2005. Based on relevant international best practice approaches, expert opinion and published research evidence up to 2004, the document is still relevant today as it outlines good practice principles to assist homes to successfully identify, assess and manage pain in residents of aged care homes.

Seven key pain management strategies are outlined in the document:

Identification

- Failure to identify pain could be due to cognitive and communicative impairments, social diversity or attitudes – as well as inadequate staff awareness and high workloads.
- The possibility of the onset of pain must be considered routinely every three months and if there is a significant change in a resident's condition.

Assessment

- Correct diagnosis is vital as different types of pain respond to different treatments.
- Collaboration between doctors, nurses, physiotherapists and other care staff is the key to effective pain assessment and management.
- Structured procedures must be used to identify the cause of pain, pain intensity and the impact of pain on a resident's quality of life.
- The Resident's Verbal Brief Pain Inventory (RVBPI) is recommended as a pain assessment tool for residents with sufficient cognitive ability.
- The Abbey Pain Scale is recommended as a useful standard pain assessment tool for residents with severe cognitive impairment.
- The Numeric Rating Scale and a Verbal Descriptor Scale should be used for ongoing evaluation of pain intensity and response to treatment.

Pharmacological treatments

- Co-existing medical conditions must be considered.
- Medications should be tailored and dosage carefully considered.
- Symptoms other than pain, such as constipation, insomnia and depression must be treated as part of a resident's pain management.
- Referral to a pain specialist or multidisciplinary pain clinic is an option if troublesome pain persists.

Psychological-educational approaches

- Cognitive-behavioural therapy could benefit those with evidence of pain-related behavioural problems (inactivity, sleeplessness, dependence on others and medication overuse) and those with cognitive or emotional problems related to a persistent pain condition (anxiety or depression).
- Can also result in better coping skills, engagement in social activity and an overall improvement in quality of life; as well as reduce self-rated disability, depression, anxiety and mood disturbance and the use of health care resources.

Physical therapies

- Can include isotonic strengthening exercises, aerobic exercise and other exercise according to resident's cognitive, communicative and physical abilities
- TENS (Transcutaneous Electrical Nerve Stimulation) should be considered for the effective management of persistent pain.





Complementary and alternative medicine therapies

- Massage should be used for pain relief in conjunction with orthodox medicine.
- There should be good communication between practitioners to ensure treatments complement each other.
- Ensure health care providers are informed before complementary and alternative medicine therapies are undertaken.

Quality and systems issues

- The collection of accurate and valid clinical data and the collaborative development of objective clinical indicators would provide a good basis for continuous quality enhancement.
- A home's pain management system should include adequate health service infrastructure; a qualified health practitioner in a

dedicated pain management coordination role; access to a network of primary and specialist clinicians; regular pain management education for staff; and that residents and their relatives and representatives are informed about basic principles of good pain management.

For more information and to read more about the pain management strategies, visit the Australian Pain Society website: www.apsoc.org.au



Alternative ways of combating pain

Alongside conventional medicine, alternative therapies are big news in pain management at the Sundale Garden Village homes.

The five Sunshine Coast and Kilcoy-based villages comprising of eight entities, use a wide range of alternative therapies in a bid to minimise the experience of pain for its residents.

With a whole host of exercise facilities such as gentle aerobics for arthritis sufferers and a hydrotherapy pool which is maintained at a warm 34 degrees, Sundale also offers residents therapies and activities as diverse as Bowen Therapy (a non-invasive form of soft tissue therapy that helps the body regain balance) and Tai Chi.

"We have found Tai Chi to be particularly beneficial for our arthritis sufferers, as not only are the gentle movements good for mobility, but it also

helps people to really relax and increase their pain tolerance," says care director Kath Readman.

Additionally, she says, 'dementia care mapping' has also proved helpful in assisting Sundale's residents with dementia. A method of care planning that monitors a person's social and mental health as a 'person-centered approach,' Kath says non-verbal signs of pain can be easily detected if undertaken thoroughly. "We have been able to pick up what is triggering and prolonging a resident's pain, sometimes just from their facial expression or body language," says Kath.

The Sundale homes have also set up a Snoezelen Room as a

way to help relieve pain and encourage relaxation.

Promoting the use of pleasurable sensory experiences generated in an atmosphere of trust and relaxation, the experiences are arranged to stimulate or calm the primary senses.

Kath says: "We have found the Snoezelen to be particularly useful for residents who may need, for example, physio on their body. One woman had severe contracture of the fingers which needed some work on them. Our therapist was able to use the Snoezelen Room for the treatment so that the resident was relaxed enough that the treatment did not cause discomfort."



The need to understand pain

A lack of appreciation of the impact of pain, and poor pain identification and assessment is common within the aged care setting, says Paula Vincin, a clinical nurse and nurse educator for the Eastern Palliative Care Association.

In her work in education and consultation in aged care facilities, Paula aims to educate staff about the need to learn how to recognise and assess pain, as well debunk the myths about pain management.

"I don't think that people always realise that getting older doesn't have to equate to experiencing pain or discomfort," she says. "Many staff I meet seem to believe that pain is a normal part of the ageing process and this is simply not the case. Unfortunately pain can impact very negatively on people's lives - but there are always ways of alleviating it."

In a bid to cultivate a pain-vigilant culture within aged care, Paula says increasing numbers of homes are implementing 'Live Well' programs encompassing exercise regimens, physical therapies and even massage techniques, cognitive behavioural therapy and counselling which can help in improving residents' pain tolerance.

"Medication intervention is not required in all cases to manage pain," says Paula, "and in some cases, management's role may be to implement pain management procedures in a more holistic way than just with analgesia".

She highlights that fatigue, anxiety, loneliness and depression can also heighten people's experience of pain and that consequently these must be considered by staff as part of their pain management programs.

"Staff must also realise that pain very often goes unreported amongst the elderly," adds Paula.

Apart from the obvious issue of those with communication difficulties such as dementia, she says that when staffing levels are low, replacement agency staff may not be familiar with all their residents. "This can make it hard for them to be immediately aware of a resident's needs and particularly their pain management requirements."

This, she says, is the reason why it is important for facilities to have established pain assessment and management procedures and documentation in place.

"Many elderly people have multiple diagnoses, each potentially causing pain in their own right. This means good, comprehensive assessments are crucial, and should take into account medical history, subjective perception of pain, mobility levels and ongoing communication. This cannot be underestimated."

Paula Vincin will be speaking at the Agency's Better Practice events during 2008. For more information see the back of this issue of The Standard.

Pain management

Think about:

- How do you ensure regular assessments of the needs and preferences regarding pain are conducted and documented for all residents including those with communication or cognitive deficits?
- How is your pain management planning conducted, documented, communicated and linked with other care?
- Do you explore alternative approaches to medication interventions where appropriate?
- Do your plans take account of assessment and consultation; describe the resident's specific needs and preferences; include any prescription of instructions by medical and health professionals; give appropriate guidance to staff?
- Are your pain management interventions delivered to the resident consistent with the planning?
- How do you evaluate the effectiveness of each intervention each time it is administered including for residents with communication or cognitive deficits?
- How do you regularly evaluate and review your pain management system to determine its effectiveness in meeting the needs of the residents? This includes staff access to information on pain management approaches; monitoring staff practices; consulting individual residents/representatives and others (medical and health professionals) about residents' individual pain management needs and preferences, the strategies implemented and their effect.

(Taken from the Results and processes guide – expected outcome 2.8 Pain management. Full version available for download or purchase at www.accreditation.org.au/ResultsandProcesses)

Dementia help online

A new online dementia education resource has been launched by Queensland University of Technology, Griffith University and the University of Wollongong (the Eastern Australia Dementia Training and Studies Centre). While aimed at students in undergraduate health-related courses, the website also provides valuable information for health and care workers, as well as the wider community.

The website features information on what is dementia, how do you recognise dementia and communication in dementia care.

Go to <http://dementia.uow.edu.au/understandingdementiacare/>

Better Practice 2008

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Melbourne 23-24 October ***new date***

Perth 13-14 November

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