

The Ripple Effect of Dementia & Pain: What the Leadership Team Needs to Know



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No Conflict of Interest

Objectives

- Summarize current scientific understanding of pain and its' intersection with dementia.
- Examine the consequences of poorly managed pain on the resident, family, staff and organization.
- Identify how leadership team may utilize information to sustain effective prevention and relief from pain.

What is Dementia?

- Gradual, **progressive decline** in at least two areas of brain functioning – severe enough to **AFFECT** daily life.
 - Memory
 - Communication and language
 - Attention
 - Reasoning and judgment
 - Visual perception
- A majority of dementias have no cure and are terminal

Alzheimer's Association 2017

Alzheimer's Disease Facts and Figures.



What is Pain?

- Unpleasant experience
- Starts with a stimulus that is actually or potentially damaging living tissue
- Primarily protective
- Sensory in nature
 - Awareness
 - Emotional impact *
- *International Association for the Study of Pain*



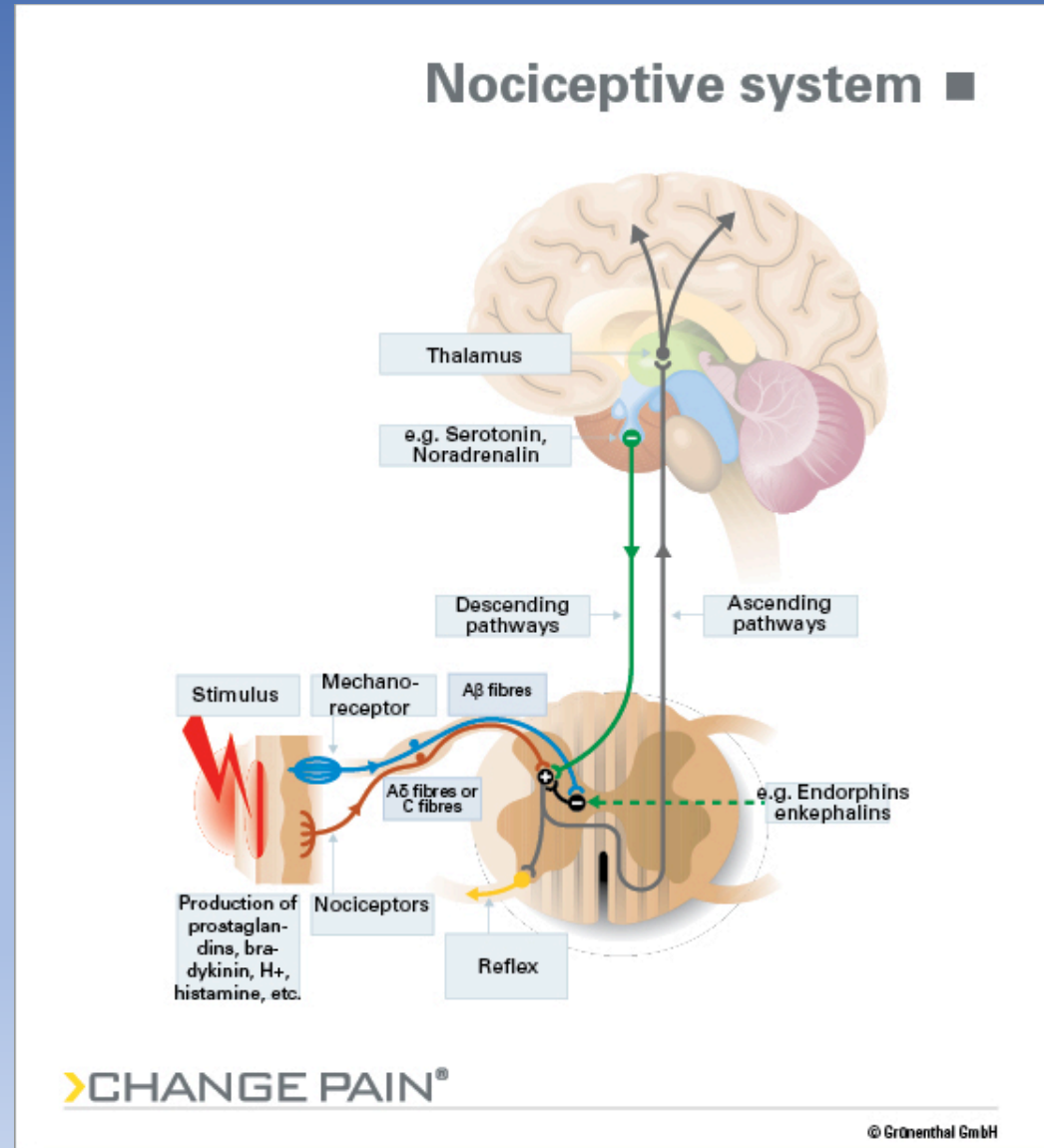
Pain is NOT a Normal Part of Aging With or Without Dementia



Pain Occurs on a Cellular Level



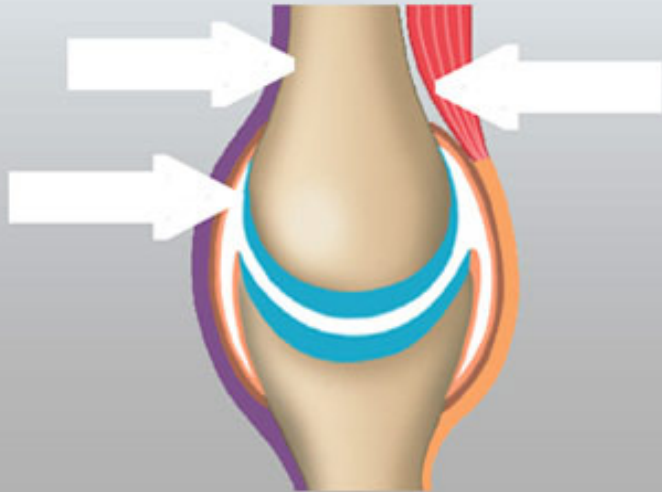
How is Pain Processed?



Nociceptive & Neuropathic Pain

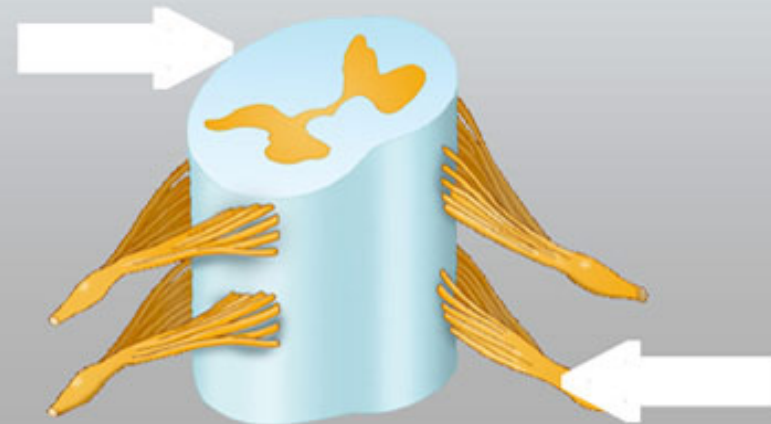
Nociceptive pain:

Nociceptors in tissues send pain signals to the CNS.



Neuropathic pain:

Damage to the nerve itself causes typical pain symptoms.

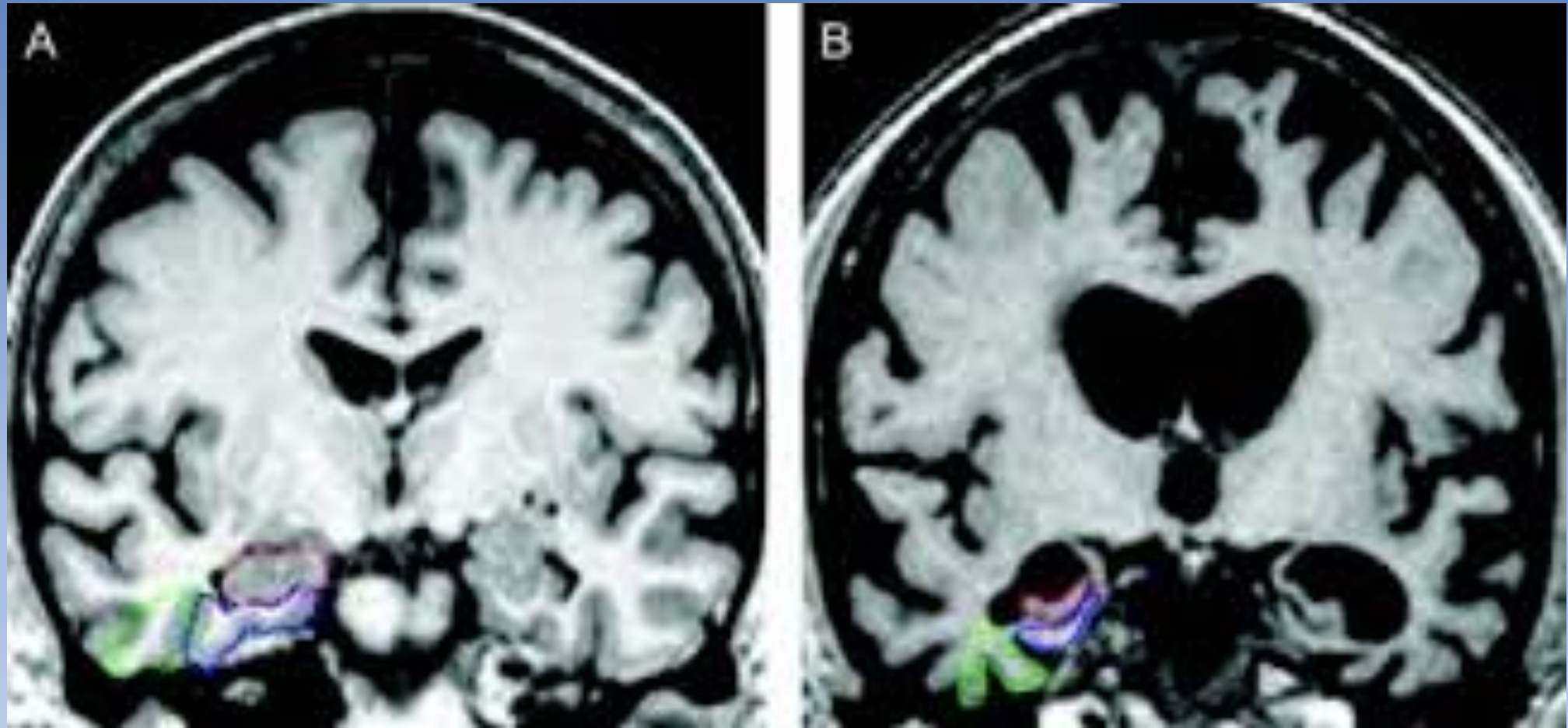


Neuropathic Pain



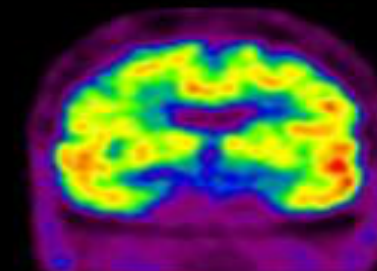
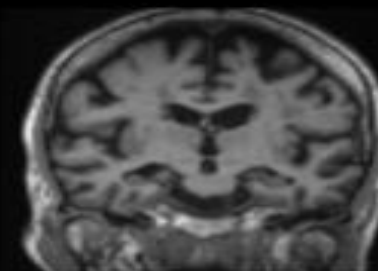
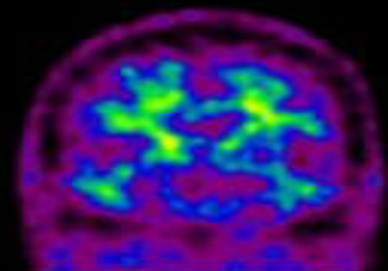
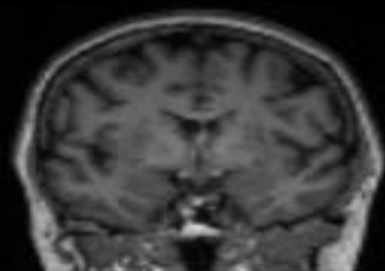
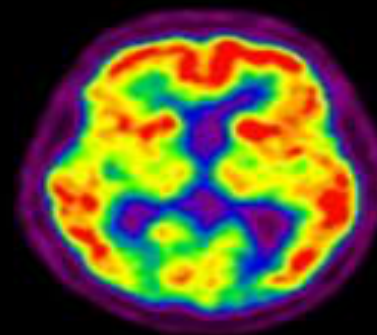
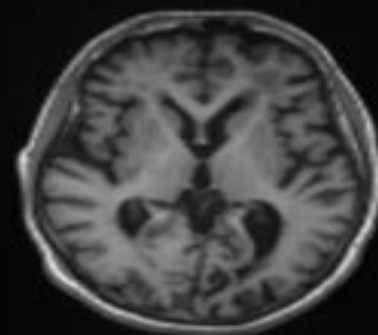
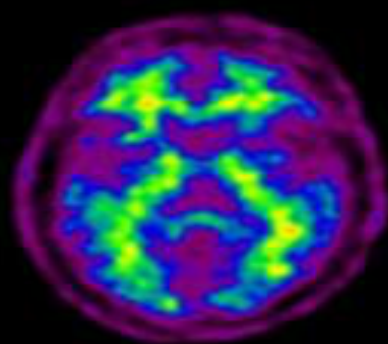
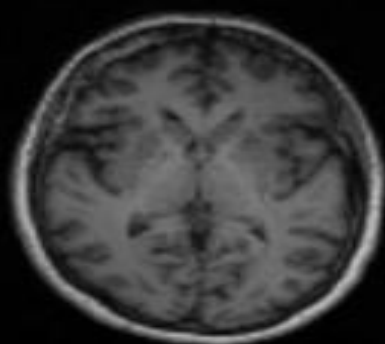
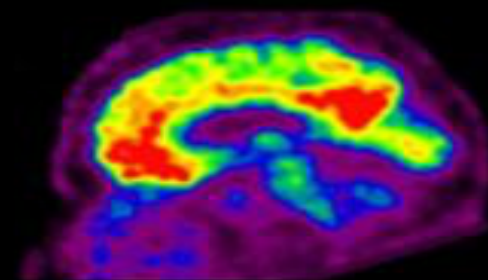
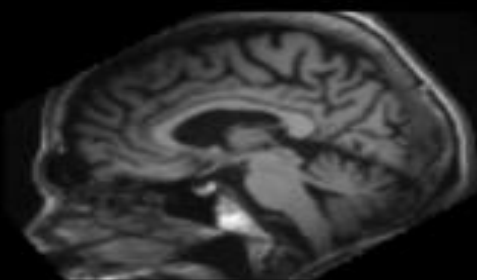
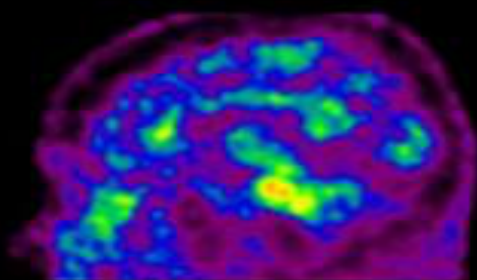
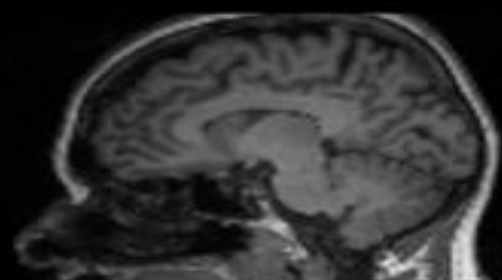


Cells Start to Change 15 to 20 Years Prior to Symptoms



Normal

Alzheimer's Disease



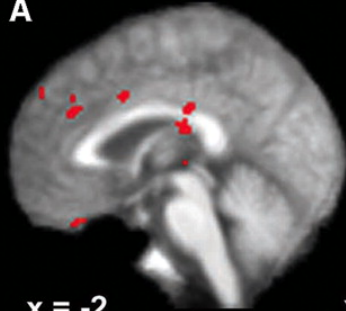
MRI

PET

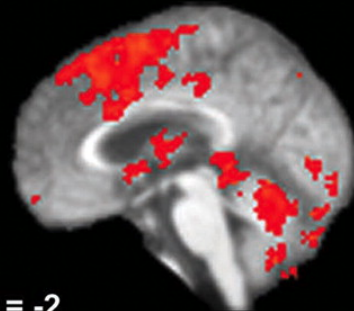
Control
Group

AD Patient
Group

A

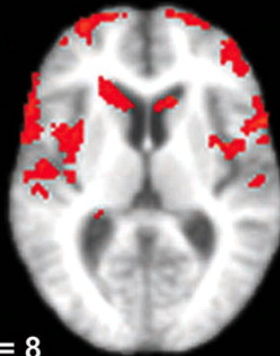


x = -2

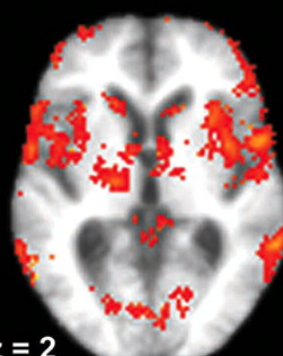


x = -2

B

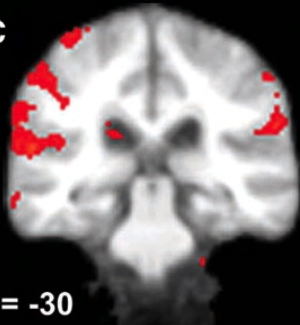


z = 8

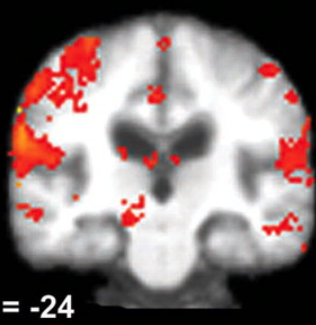


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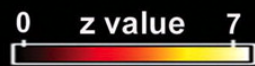
C



y = -30

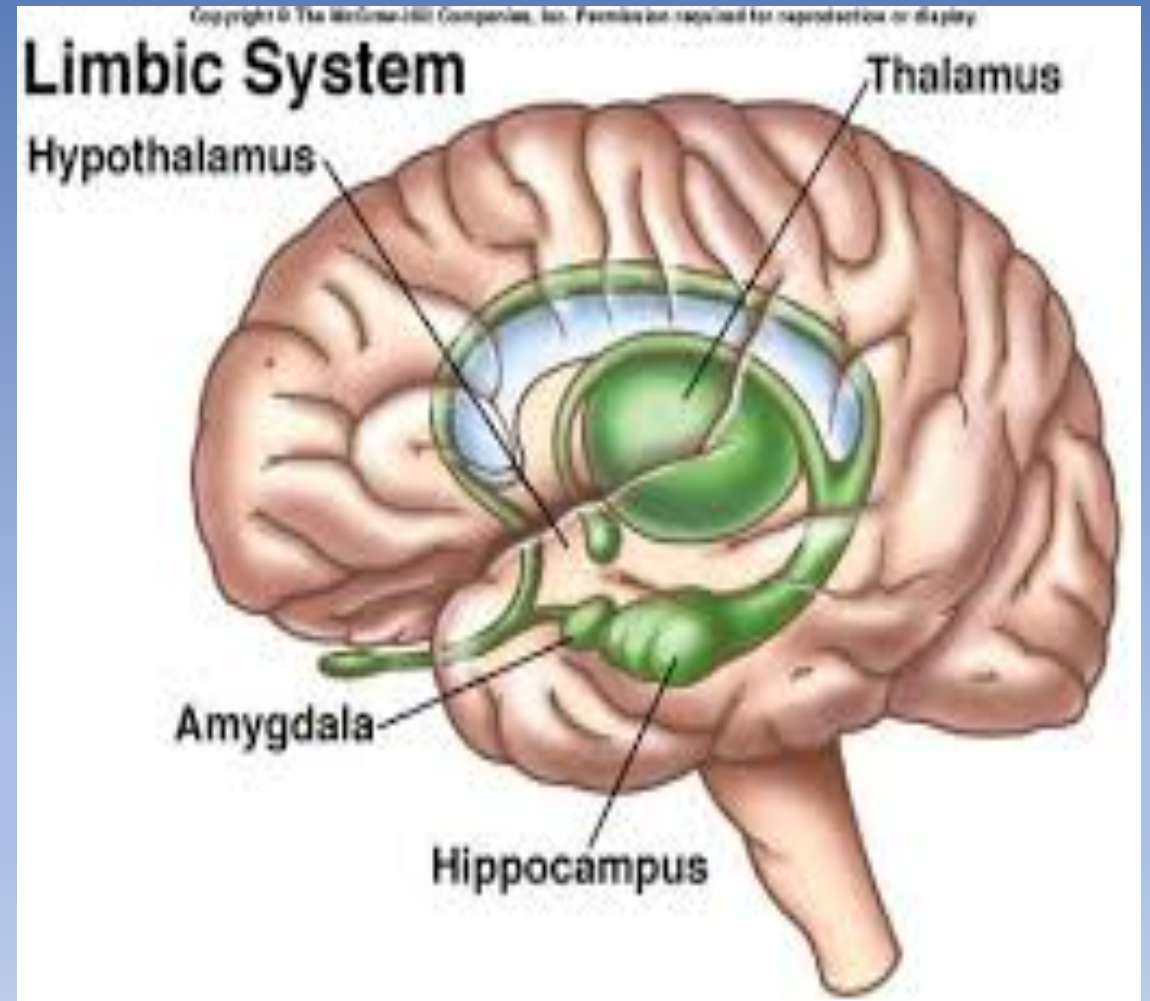


y = -24



How is the Experience of Pain Altered with Dementia?

- Persons with dementia can feel pain early through final stages
- Interpretation and language disrupted
- Limbic system mediates behavioral aspects of pain - agitation
- Communicate with behavior
- Requires astute assessment & management



How Does Dementia Alter Pain Experience?

- Acute pain is easier to treat than (chronic) persistent pain.



- Achterberg, W., et. al., Pain management in patients with dementia. (2013). *Clinical Interventions in Aging*. Oct. 13 (8), 1471-1482.
- Husebo, B.S., Achterberg, W., Flo, E. Identifying and managing pain in people with Alzheimer's and other types of dementia: A systematic review. (2016). *CNS Drugs* 30: 481-497.

Changes in Pain Perception and Evaluation



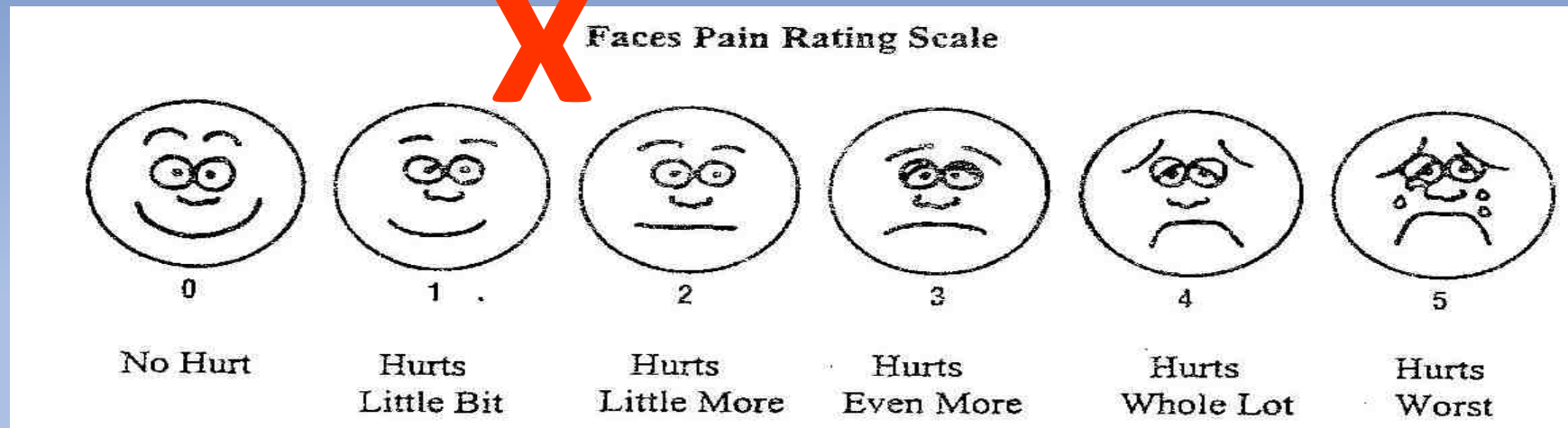
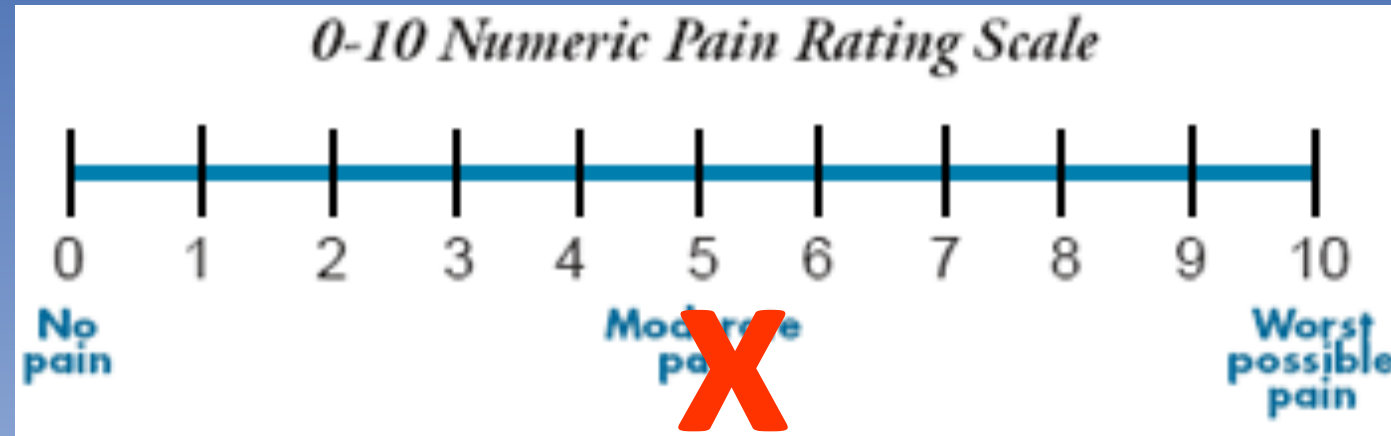
Seeing the World from the Inside-Out What the Leadership Team Needs to Know



Early Stage



Valid and Systematic Assessment Required



Middle Stage

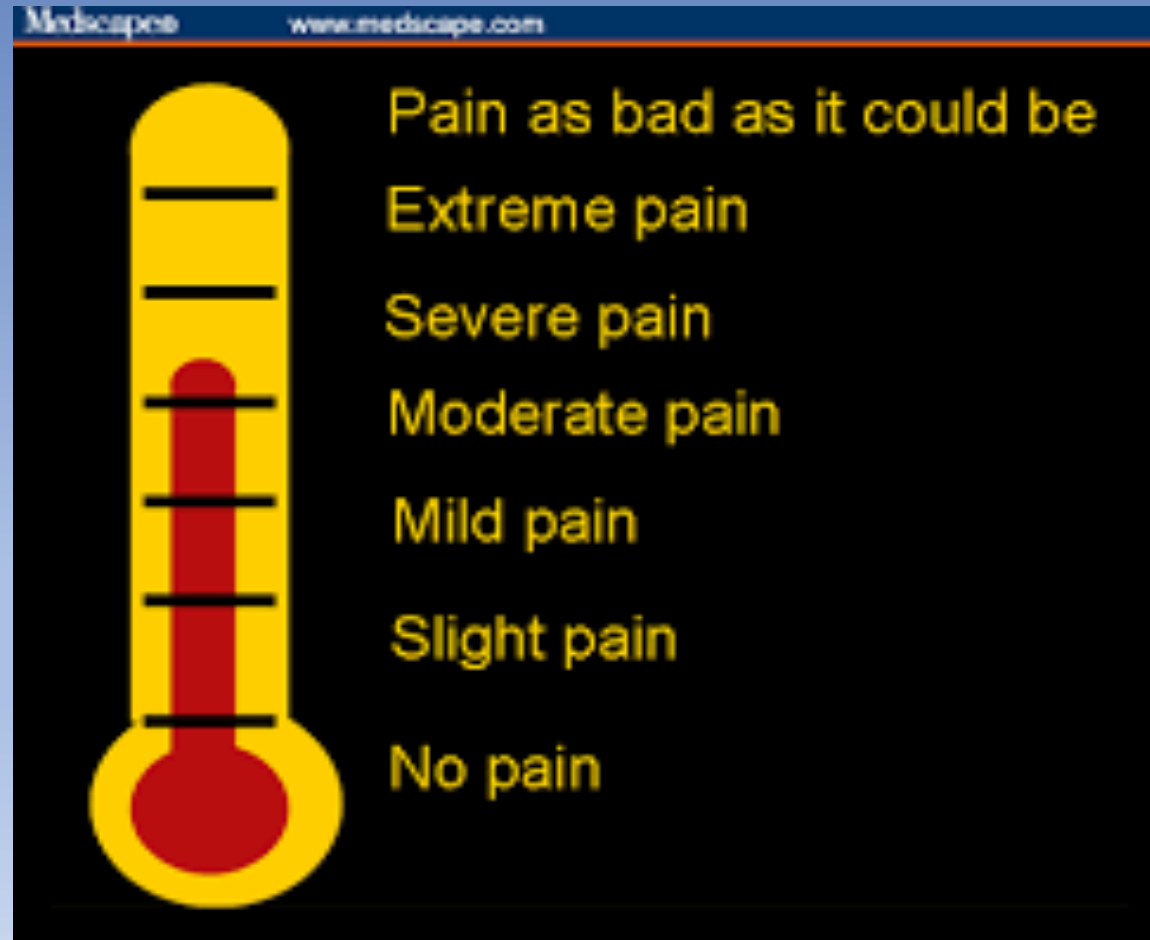
“NO Pain”



“Fine”

Sore? Hurt? Change in Function?

Verbal Descriptor Pain Thermometer



Persons at Risk for Pain

- Limited mobility
- Obese
- Poor oral health
- Cardiac disease
- History of musculoskeletal disease
- History of peripheral vascular disease
- History of diabetes
- Falls
- Pressure ulcers
- Contractures







Potentially Painful Interventions for Persons with Advanced Dementia

- Morning Care
- Routine lab tests
- Wound care
- Opioid withdrawal



Late Stage



Behavioral Scales

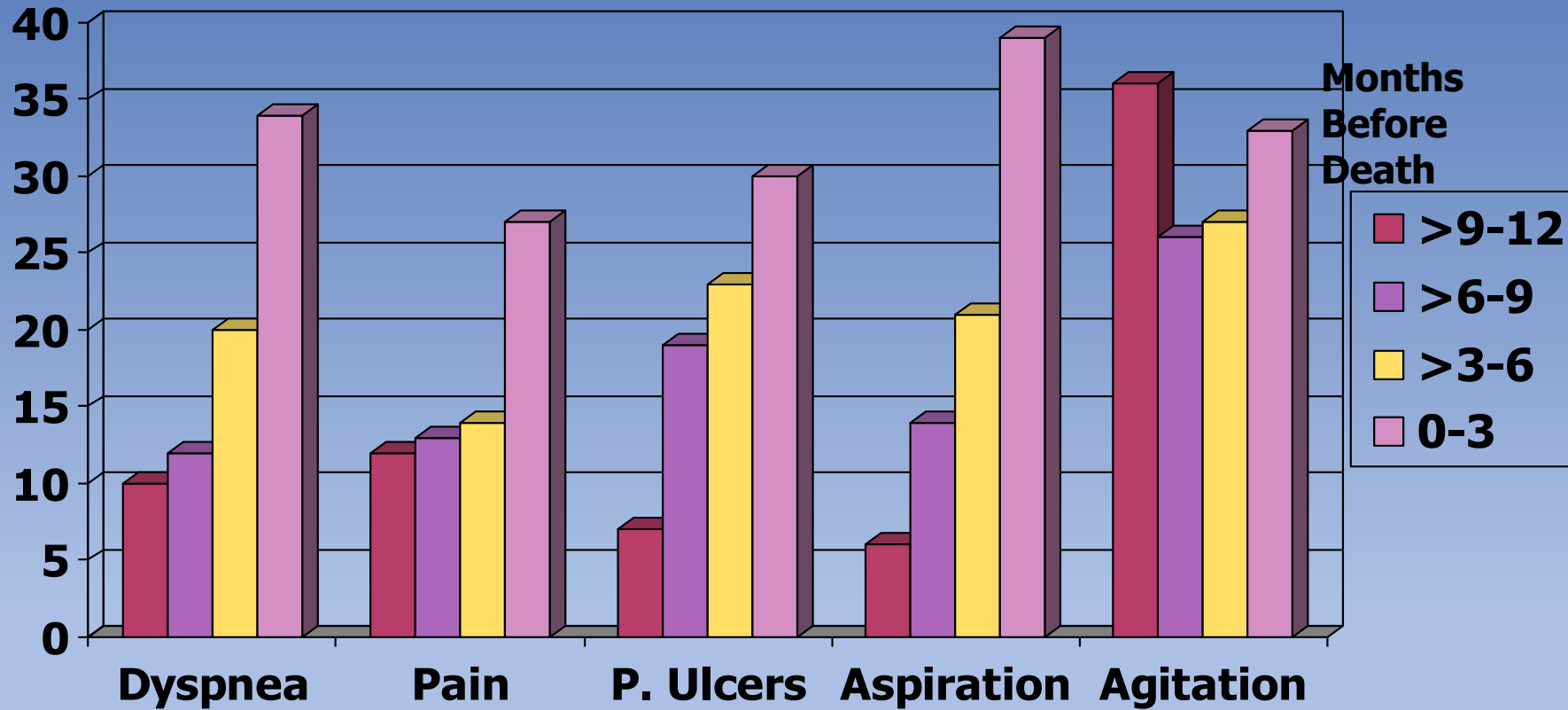
Table 3				
The PAINAD Scale				
	0	1	2	Score
Breathing (independent of vocalization)	Normal	Occasional labored breathing, short period of hyperventilation	Noisy labored breathing, long period of hyperventilation, Cheyne-stokes respirations,	
Negative vocalization	None	Occasional moan or groan, low level of speech with a negative or disapproving quality	Repeated trouble calling out, loud moaning or groaning, crying	
Facial expression	Smiling or inexpressive	Sad, frightened, frowning	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

Source: Reference 21.

Final Stage



Most Common Distressing Symptoms



Mitchell et al., 2009.

People who are Comfortable

Do NOT bite, cry, moan, scream,
kick, punch, hit....

All Behavior Has Meaning



Identify Trigger for Distress

Do NOT Blunt with Psychotropic Medications



How Long Does This Person Sit in the Same Chair?



Consequences of Poorly Controlled Pain for Resident

Physical

Emotional

Social

Financial





Family impact

- Guilt
- Helplessness
- Depression
- Self blame
- Anger
- Grief
- Increase in morbidity
- Inability to cope



- Riffin, C., Fried, T., Pillemer, K. , Impact of pain on family members and caregivers of geriatric patients (2016). Clinics in Geriatric Medicine. Vol. 32 (4), 663-675.



Impact on Staff

- Burnout – compassion fatigue
- Absences
- Turn over
- Highest caregiver distress scores related to externalized and disruptive behavior such as agitation, aggression, and disinhibition.
- Staff Distress Improves by Treating Pain in Nursing Home Patients With Dementia: Results From a Cluster-Randomized Controlled Trial
- Aasmul, I., Husebo, B.S. , Flo, E. Journal of Pain & Symptom Management (2016). 52(6) 795-805.
- Need clinical tools and training to improve proficiency and sense of control.
- In need of recognition for this difficult work.





TSUNAMI
EVACUATION ROUTE

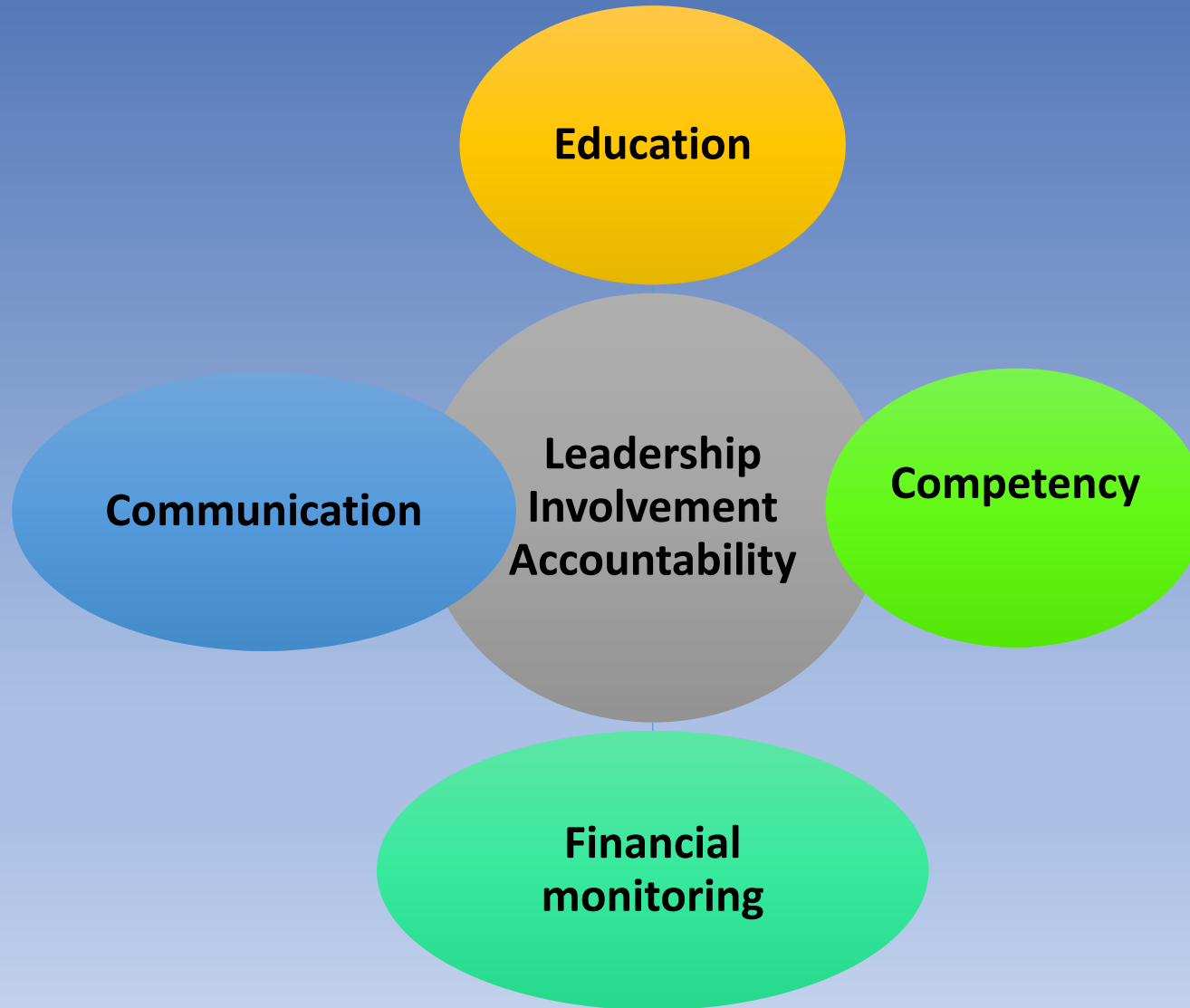
The sign features a white silhouette of a tsunami wave on the left, a white silhouette of a person running to the right in the center, and a large white arrow pointing right on the right side. The text 'TSUNAMI' is in italics and 'EVACUATION ROUTE' is in a bold, sans-serif font. The sign is mounted on a white wall with a utility box visible above it.

Organizational Impact

- Resident, family, staff distress
- Negative nursing home compare data
- Surveyor inspection – tags/fines
- Poor reputation
- Difficulty filling beds
- Lost finances
- Risk for malpractice suits
- **Poor pain management is deemed elder abuse**
- *judge allows case to go to trial*
- **F Tag 309 for Pain**



Leadership Team's Essential Roles



Education and Training Check List

- ✓ Educate all departments on how to detect pain?
- ✓ Do staff especially nursing assistants feel knowledgeable and empowered to report pain to the nurses?
- ✓ Provide family/private caregiver education on pain assessment and management?
- ✓ Ensure that all departments and family members are aware that poorly controlled pain can be a major trigger for distress/agitation?
- ✓ Educate and audit for best practices regarding pharmacologic and non-pharmacologic strategies?
- ✓ Understand and support limited and strategic use of antipsychotic and anti-anxiety medications?

Competency Check List

- ✓ Develop policies and procedures that reflect current research and best practices?
- ✓ Chart audits – is pain intensity reduced after 48 hours?
- ✓ Engage in walking rounds on a routine basis?
- ✓ Use performance reviews that integrate employee's role in pain detection/management?
- ✓ Evaluate medical staff and nurse practitioner's philosophy and pain management practices?

Communication Check List

- ✓ Provide documentation systems that support accurate assessments?
- ✓ Evaluate how is pain communicated among a team of providers and between shifts? Weekends? Is there a gap?
- ✓ Offer support group or evaluate staff distress?

Financial Check List

- ✓ Identify costs of sending a resident for “psych” evaluations?
- ✓ Repeat hospitalizations - falls?
- ✓ Use palliative care consults as needed?
- ✓ Evaluate your pharmacy’s response time? During week, weekends?

- ✓ Offer financial rewards for executing excellence in care?







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