RECOGNIZING PAIN IN PEOPLE LIVING WITH DEMENTIA

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OBJECTIVES

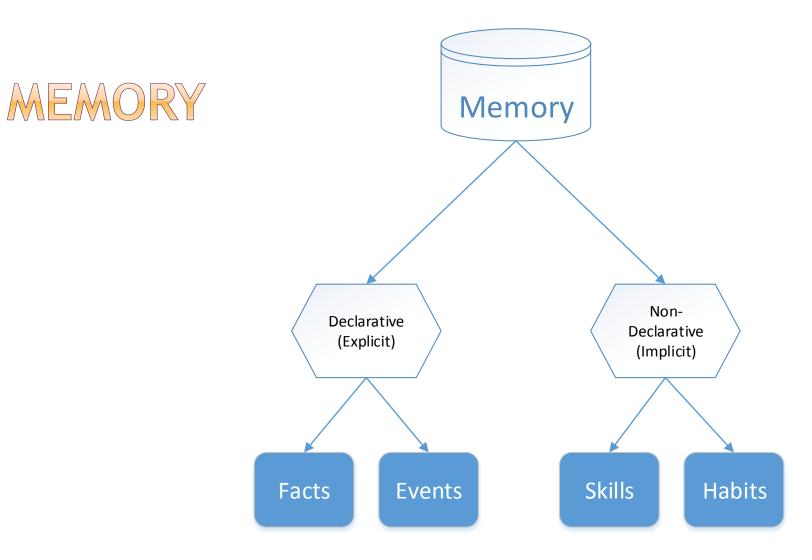
- Discuss the prevalence of BPSD
- Discuss memory and communication
- Discuss the Needs-Based Model
- Discuss the presence of pain as a symptom of BPSD
- Discuss possible interventions

BPSD

- Behavioural and Psychological Symptoms of Dementia
- Physical and verbal aggression, wandering, delusions, psychosis, depression, sleep disturbances and vocally disruptive behaviours
- 70-90 % of people with dementia experience these changes
- People often feel they need to "manage" these symptoms. They have been called "challenging".
- All caregivers, including nursing home staff, sometimes feel helpless in the treatment of these behaviours

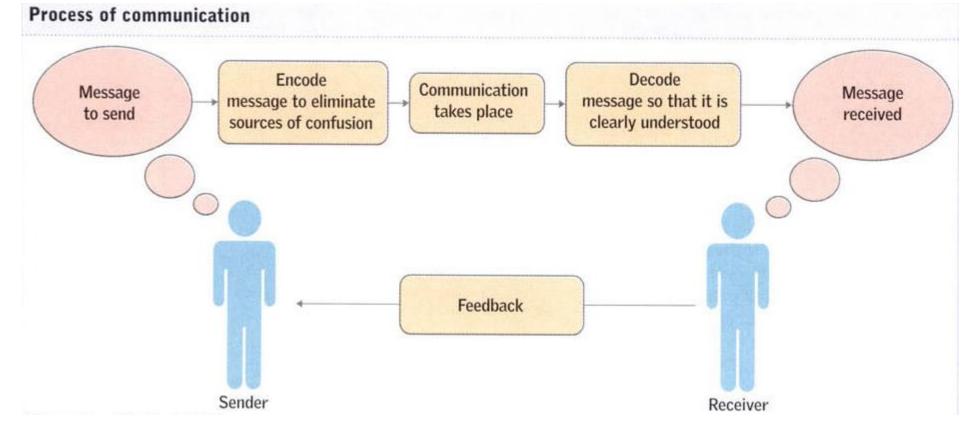
MEMORY AND COMMUNICATION

- Communication, specifically good communication, is the heart of any relationship.
- Communication is essential to everyday life. It involves the back-and-forth process where messages are sent and received between two or more people.
- Communicating with other individuals give us a sense of "belonging".
- The urge to communicate never disappears.



Squire, 1992

MEMORY AND COMMUNICATION



Jootun & McGee, 2011

MEMORY AND COMMUNICATION

- Conversation (a verbal exchange of information) is extremely complex.
- Specific speech deficits include: vague and empty speech, a diminishing vocabulary, difficulty and inability to form a coherent sentence, word substitution, difficulty and inability to follow a conversation.
- It is often this 'mismatch' that leads to frustration and anxiety on the part of the person with dementia.
- The relationship between the two individuals is often negatively affected by this frustration.

- There are several nursing and psychology theories that attempt to explain why these behaviours are occurring.
- One common approach to figuring out what this means is to acknowledge that the person with dementia is trying to communicate a need through this behaviour.
- Set out to identify (and attend to) the need.

- Algase et al., (1996) hypothesized that agitated behaviours were an expression of a need or the pursuit of a goal.
- These researchers believed that this behaviour may appear to be inappropriate to the caregiver, but are actually meaningful when you take into consideration the person with dementia's inability to communicate through the spoken word.
- The behaviour can aim to:
 - Meet the need
 - Communicate the need, such as frustration from uncontrolled pain
 - May represent the outcome of having an unmet need.

What is the Meaning?

Detective Work

All behaviour has a meaning (P.I.E.C.E.S., 2008)

- Antipsychotic medication was used often to calm or stop the behaviour
- Antipsychotic medicine is not a good first choice of medication
- Antipsychotic medication treats the behaviour itself, not the <u>cause</u> of the behaviour
- Often a medication of some kind is indicated to treat a behaviour issue but the right one must be chosen:
 - Analgesic
 - Antidepressant
 - Laxative/infection treatment

- Pain and depression are two conditions that many people living with dementia experience.
- Pain and depression are notoriously underdiagnosed and undertreated.
- People living with dementia, even moderate to severe dementia, can indicate the presence of pain.
- Questioning the person with dementia about whether or not he or she has pain must simplified.
 - Ask "Are you in pain?"
 - "Does it hurt?"
 - Point to or touch the suspected painful area and ask "does it hurt here?"

• The expression of pain is very individual.

 Caregivers can not rely on the Person with Dementia to tell you.

Pain is often communicated through behaviour changes.

• Look for changes in facial expressions, particularly:

- grimacing is likely a universal pain expression
- sad/worried facial expression
- moodiness, crying, irritability
- overvocalizing
- "negative emotional expression".

 Uncontrolled pain causes depression and untreated depression worsens pain.

- It is common for people with dementia who are losing their words to communicate using gestures to compensate.
 - look for:
 - rubbing of the sore body part
 - wringing of hands
 - o bracing or guarding the area
- Aggressiveness is a strong indicator of both pain and depression.
- No <u>one</u> set of signs or behaviours will detect pain (or depression).

- Remain calm. Use an unhurried approach
- Use a warm reassuring voice
- Use eye contact
- Explain what you want or what you're going to do very simply
- Minimize environmental distractions (turn down volume on TV)
- Avoid getting frustrated if the person with dementia does not immediately understand you

COMMON PAIN EXPERIENCES

Arthritis Infections Constipation Abdominal Pain Pain of Immobility Shingles Gout Ingrown Fingernail or Toenail Toothache Earache Backache Headache/Migraines **Cancer Pain** Foot/Leg Edema

NONPHARMACOLOGIC METHODS TO TREAT PAIN

- Exercise
- Acupuncture
- Physiotherapy
- Deep breathing and relaxation
- Modified daily activity
 - Avoid prolonged activity and plan for rest time
- Increase pleasant activities for distraction
 - These should be relatively brief and skill-level oriented

TAKE HOME TIPS

- Memory impairment in dementia includes the inability to remember words and understand them
- A change in behaviour should be considered *communication*
- Attend to the *need* not the behaviour
- Pain medication must be given regularly to be effective
- There are many different medications available to treat pain
 Antipsychotic medications are always a last resort

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