

Assessment of Pain in the Geriatric Patient

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The identification and treatment of pain relies on appropriate pain assessment, yet systematic research has only just started to focus on the reliability and validity of common pain assessment tools when used in older populations. Numerous unidimensional and multidimensional self-report measures of pain have been developed over the past 20-30 years and there is now a growing body of evidence to support such measures when used with older adults (Gibson et al. 2009). Comparative studies of different self-report tools suggests that verbal descriptor scales are most preferred by older persons and have the strongest evidence of utility, reliability and validity. Other acceptable measures include numeric rating scales, box rating scales, pictorial pain scales (ie. pain thermometer, faces scales), the multidimensional McGill pain questionnaire and Brief Pain Inventory. There is less uniform support for visual analogue scales and several authors raise concerns when using this measure with older adults. However, it is important to note that there is no one best measure and a failure to complete one type of scale does not preclude success with other types of pain assessment tools.

The provision of adequate pain assessment often becomes more difficult in special older populations, such as those in residential aged care, those with sensory loss (eg. vision or hearing) or in those with dementia. Self-report pain assessment tools may still be a viable option for many persons with mild-moderate dementia. While self-report has become the de facto gold standard for pain assessment, other non-verbal methods (ie. behavioural measures, observational tools) also provide important and clinically relevant information, and may be the preferred assessment choice in cases of moderate-severe cognitive impairment (Gibson et al. 2009). Our recent studies have examined the comparative reliability and validity of several new behavioural pain assessment tools in non-verbal, demented older adults. Staff rated measures that quantify facial expressions (grimace, wince), behavioural actions (ie. rubbing, guarding), physical changes (ie. bruises, arthritis), vocalisation (ie. moaning) and ability to console the person, were shown to provide the best indicators of likely bothersome pain. The best set of individual items indicative of a high likelihood of pain were tested on a new sample of persons in residential aged care facilities and shown to have an 84% correct classification of demented older persons with pain. This research is expected to lead to much improved pain assessment methods for this highly vulnerable and dependent group.

Gibson, S.J., Nay R., Scherer, S. and Katz, B. A comprehensive approach to pain assessment and Management in Older Adults. In Nay, R. and Garatt S. (Eds) *Interdisciplinary Care of Older People: Issue and Innovations*. Elsevier Australia, Sydney, NSW, 2008. pp 232-266.