Pain Assessment for Older Adults
By: Ellen Flaherty, PhD, APRN, BC, Dartmouth-Hitchcock Medical Center

WHY: Studies on pain in older adults (persons 65 years of age and older) have demonstrated that pain is a common problem. In one study, 50% of adults 65 years of age and older said they experienced pain in the previous 30 days (U.S. Dept. of Health and Human Services, 2006). Up to 80% of nursing residents experience pain regularly. Yet, the undertreatment of pain is pervasive (Zanocchi et al., 2008). Reasons for this include the belief that pain is a normal part of aging, misconceptions about addiction to pain medications, and a lack of routine pain assessment. Persistent pain has been associated with functional impairment, falls, slow rehabilitation, depression, anxiety, decreased socialization, sleep disturbance, as well as increased healthcare utilization and costs. In an effort to improve the detection and management of pain, the Joint Commission on Accreditation of Healthcare Organizations has mandated pain screening noting pain "the fifth vital sign." A proactive, consistent approach must be taken to screen for pain and assess older adults for persistent pain.

BEST TOOL: Identifying and measuring pain begins with self report. This can be challenging in a population with sensory deficits and disparities in cognition, literacy, and language. Simply worded questions and tools, which can be easily understood, are the most effective. The most widely used pain intensity scales used with older adults are the Numeric Rating Scale (NRS), the Verbal Descriptor Scale (VDS) and the Faces Pain Scale-Revised (FPS-R). The most popular tool, the NRS, asks a patient to rate their pain by assigning a numerical value with zero indicating no pain and 10 representing the worst pain imaginable. The VDS asks the patient to describe their pain from "no pain" to "pain as bad as it could be." The FPS-R asks patients to describe their pain according to a facial expression that corresponds with their pain.

TARGET POPULATION: All three scales are used with both community and older adults in acute and long term care settings. While there are specific tools designed to capture pain in non-verbal cognitively impaired older adults, studies have shown that the Faces, Numeric Rating and Verbal Descriptor scales may be used effectively with cognitively impaired older adults. The choice of a scale may depend on institutional preference or the presence of a particular language or sensory impairment. The most important consideration is the consistent use of the same scale with each individual patient.

VALIDITY AND RELIABILITY: All three scales have demonstrated good internal consistency with Cronbach's α coefficients of 0.85 to 0.89. Test-retest reliability for each ranged from 0.57 to 0.83 for the NRS, from 0.52 to 0.83 for the Verbal Descriptor Scale, and from 0.44 to 0.94 for the FPS-R. A factor analysis found that all three scales were valid, although the FPS-R was the weakest (Herr, Spratt, Mobily, & Richardson, 2004).

STRENGTHS AND LIMITATIONS: The overall strengths of these scales are their ability to quickly and reliably screen for pain. These scales should not be substituted for a more comprehensive pain assessment that would include obtaining a pain history and a physical exam leading to the etiology of pain. For cognitively intact older adults all three scales are effective screening tools, with the NRS being the most widely used tool. Studies have shown that cognitively impaired nursing home residents were most likely able to complete the VDS and less likely to be able to complete the NRS or the FPS-R. These scales have been used successfully used with a variety of ethnic populations however the research is limited. Language barriers may facilitate the use of the FPS-R when communication is limited.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGeriRN.org.

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Faces Pain Scale – Revised

From "The Faces Pain Scale – Revised. Toward a Common Metric in Pediatric Pain Measurement," by C.L. Hicks, C.L. von Baeyer, P.A. Spafford, I. van Korlaar, & B. Goodenough, 2001, Pain, 93, 173-183. Reprinted with permission of the International Association for the Study of Pain.

Note: This is a smaller sample of the actual scale. For further instructions on the correct use of the scale and more information, please go to www.painsourcebook.ca

| 0 | 2 | 4 | 6 | 8 | 10 |

Numbers are not shown to the patient
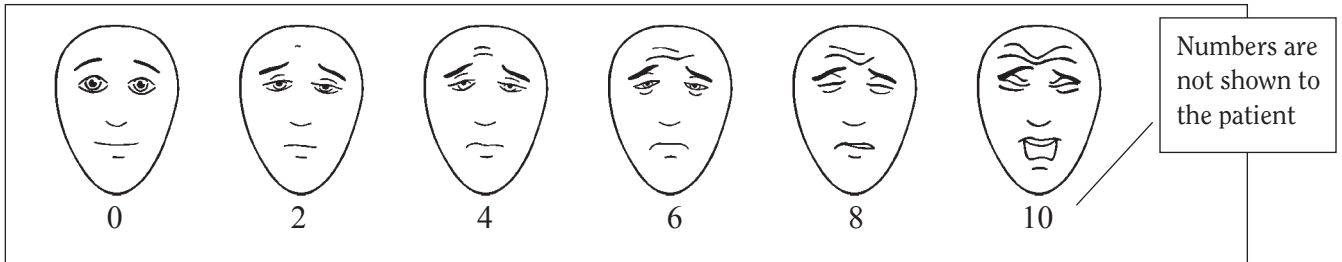
Numeric Rating Scale

Please rate your pain from 0 to 10 with 0 indicating no pain and 10 representing the worst possible pain.

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Adapted from Jacox, A., Carr, D.B., Payne, R., et al. (March 1994). Management of Cancer Pain. Clinical Practice Guideline No. 9. AHCPR Publication No. 94-0592. Rockville, MD: Agency for Health Care Policy and Research, U.S. Department of Health and Human Services.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain — Moderate Pain — Worst Possible Pain
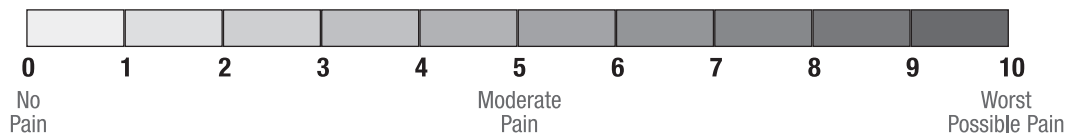
Verbal Descriptor Scale

Ask the patient: Please describe your pain from "no pain" to "mild", "moderate", "severe", or "pain as bad as it could be." _____

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Adapted from Jacox, A., Carr, D.B., Payne, R., et al. (March 1994). Management of Cancer Pain. Clinical Practice Guideline No. 9. AHCPR Publication No. 94-0592. Rockville, MD: Agency for Health Care Policy and Research, U.S. Department of Health and Human Services.