

**D**ementia is a condition of declining mental abilities. A diagnosis of dementia means that the patient may have difficulty reasoning over time. The patient may have problems remembering things and even people they love. Your loved one may not be able to communicate his or her thoughts, feelings, needs, or physical problems. In fact, he or she may not even fully understand physical problems, such as pain.

Sadly, persistent pain is common among older persons, because they are more likely to suffer from problems such as arthritis and other chronic medical conditions. Many people think that pain is to be expected with aging and that nothing can be done. Older persons commonly have multiple medical problems which, when combined with dementia, can make diagnosis difficult. If your loved one has dementia, determining if he or she is experiencing pain may be up to you. Often, older persons deny that they have “pain.” Instead, asking your loved one whether he/she experiences “discomfort, aching, or hurting” may result in a more truthful answer.

Even if dementia makes it impossible for your loved one to respond, your careful observation can reveal impor-

tant clues to let you know that he or she is experiencing pain.

## **What Are The Clues?**

### ■ **Facial Expressions.**

Does your loved one frown, look frightened, grimace, wrinkle his or her brow, keep eyes closed tightly, blink rapidly, or exhibit any distorted expression?

### ■ **Verbalizations/Vocalizations.**

Does he or she moan, groan, sigh, grunt/chant/call out, breathe noisily, ask for help, or become verbally abusive?

### ■ **Body Movements.**

Is your loved one’s body posture rigid and/or tense? Does he or she fidget, pace or rock back and forth, have restricted movement, gait or mobility changes?

### ■ **Behavioral Changes.**

Does he or she refuse food or have an appetite change? Is there any change in sleep/rest periods? Has he or she suddenly stopped common routines or begun wandering?

### ■ **Mental Status Changes.**

Does he or she cry, become more confused, irritable or distressed?

## **When Does The Pain Occur?**

### ■ **During movement?**

Does your loved one grimace or groan during personal care (such as bathing), walking, or transferring (from bed to chair, for example)?

### ■ **When there is no movement involved?**

Does your loved one appear agitated or have other behavioral changes, such as trouble sleeping, loss of appetite, or reclusiveness?

## **The Pain Assessment**

If you see any of these clues, talk to your health care provider right away. If your loved one has mild-to-moderate dementia and is able to communicate adequately, your health care provider will question him or her directly and should use pain evaluation tools and scales. The health care provider may ask the patient to give pain a number from 1 to 10, or use pictures of faces or a “pain thermometer” to help measure the pain.

If your loved one is not able to communicate adequately, you must describe your loved one’s signs of pain with as much detail as possible. Tell the health care provider what you have noticed and give examples. Focus on when the pain occurs. You can describe how it

seems to be experienced (for example, burning, aching, stabbing and whether the pain occurs with or without movement). Tell your health care provider what – if anything – relieves the pain. The health care provider will be able to make a diagnosis and offer a plan to help relieve the pain.

An important part of the pain assessment is a history of all prescription and over-the-counter medicines your loved one now takes and has taken in the past. Write down all medications and dosages the patient has taken and give it to the health care provider.

The health care provider should also perform a physical examination that will focus on the site(s) of pain, often the muscle/bone and nervous systems. The health care provider will evaluate the patient’s physical function (walking, range of motion of joints, etc). Laboratory tests and/or x-rays may be performed, as well.

## **Treatments**

Medication is the most common way of controlling pain in older persons. Around-the-clock doses of acetaminophen (Tylenol) are effective for most patients with mild-to-moderate muscle/bone pain, like arthritis. Non-steroidal anti-inflammatory drugs (NSAIDs), such as aspirin and

ibuprofen, can be effective but may have more side effects in older persons. Because they have to be taken every day over a long period of time they may cause such problems as bleeding ulcers.

Fortunately, there are new drugs called the COX-2 inhibitors that are very effective at relieving mild-to-moderate muscle/bone pain. These types of pain medications have a lower risk of bleeding problems.

For more serious pain, there are the opioid drugs, such as Vicodin or Roxicet to name just a couple of the many different products that are now available for moderate to severe pain. These drugs can be very effective in some cases.

For pain that is due to damage to nerves, a wide variety of drugs used for control of depression and even epilepsy have been found to be helpful. If movement causes pain, the health care provider can prescribe medication to be taken before the movement. He or she may suggest ways to alter the movement or activity that causes pain. If the pain is caused by something other than movement, the health care provider will investigate other causes and ask questions like: Are the patient's basic needs being met? Is there an infection? Is the patient constipated?

Treatment needs to be prescribed based on each patient's specific situation.

Pain is a serious problem for many older persons. Alleviating pain in patients with dementia often depends on the observations of the family/care-giver. You and your health care provider can work together to relieve the patient's pain and achieve a better quality of life for your loved one in his/her later years.

**Where Can I Get More Information?**

For more tools for persistent pain management visit:

**The AGS Foundation for Health in Aging**  
**[www.healthinaging.org](http://www.healthinaging.org)**

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**The American Geriatrics Society**

The American Geriatrics Society (AGS) is dedicated to improving the health and well-being of older adults. With a membership of over 6,000 health care professionals, the AGS has a long history of improving health care for older adults.



**The AGS Foundation for Health in Aging**

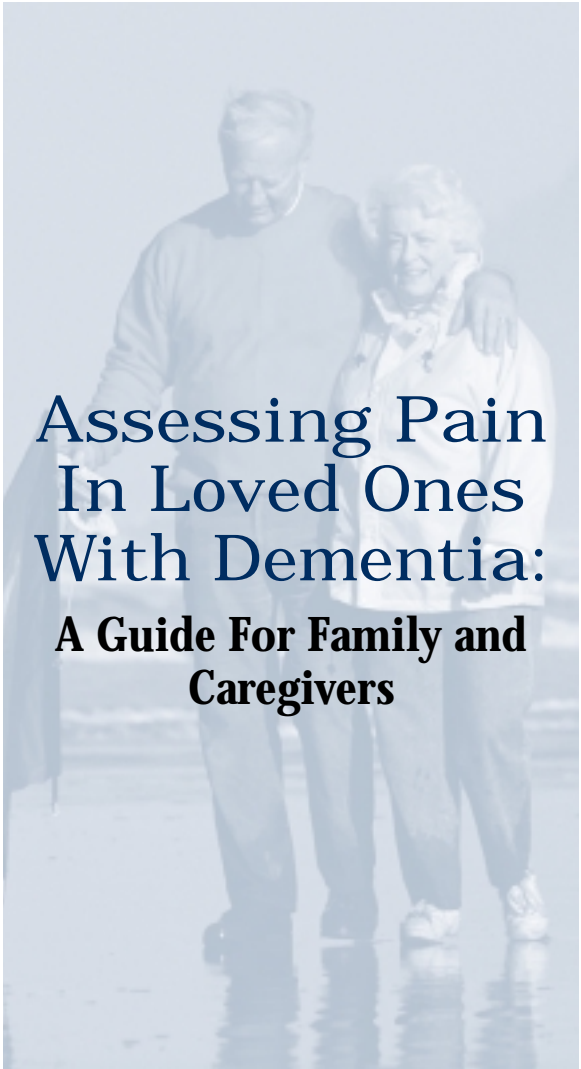
The Foundation for Health in Aging (FHA) builds a bridge between the research and practice of geriatrics health care professionals and the public. FHA advocates on behalf of older adults and their special needs through public education, clinical research, and public policy.



**The AGS Foundation for Health in Aging**

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**Assessing Pain  
In Loved Ones  
With Dementia:  
A Guide For Family and  
Caregivers**

