

Pain and Dementia

The person's carer is the best person to know if the person with dementia is showing any changes in their behaviour. They are also the best one to know what may be causing such a change in behaviour and whether further assessment is required.

If there are any issues with the person with dementia accepting the medication he/she is prescribed, it is important that this is highlighted to the person's GP so that changes in formulation for example to liquid or dispersible form can be considered.



Pain, a debilitating symptom, is often left unrecognised and untreated in older people with dementia, particularly for those who cannot describe or identify their pain



**Specialist Dementia Outreach Service
Valencia Ward
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH**

Understanding Pain in Dementia

Think - Pain



Specialist Dementia
Outreach Service

Pain and Dementia

Communication of Pain

People living with Dementia may not always be able to tell us they are in pain or where they are in pain, but they may show they are in pain through their behaviour.

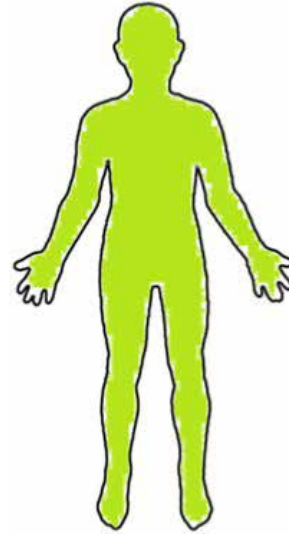
Remember the last time that you had to take pain relief, What was it for? Headache?, Toothache? Muscle pain? Now imagine that you couldn't communicate that you were in pain. How might you show that? Sudden changes in behaviour requires a comprehensive head to toe assessment to rule out pain and other underlying cause.



Changes that **might** mean pain or other physical problems include:

- Increased agitation and restlessness
- Declining assistance with personal care
- Changes in mobility such as increased falls
- Changes in appetite or fluid intake
- Changes in activity or energy levels
- Changes in sleep pattern
- Incontinence/constipation
- Changes in emotions such as crying, withdrawn, grimacing
- Calling out.
- Increased confusion , Seeming to see or hear things that aren't there.
- Rummaging
- Unable to rest or sit still, constantly changing position
- Protecting body parts

Head to Toe Assessment



Work down the body from the top of the head to the tip of the toes of the person to figure out what might be causing the change in behavior.

- **Think Head** - headache, sinusitis, eye pain, toothache from ill fitting dentures, mouth ulcers, cold sores, earache, throat pain, confusion distorted thinking, allergies?
- **Think Trunk** - heartburn, breathing difficulties, COPD, Asthma, chest infection, UTI, prostate, period pains, thrush, stomach pains, cramps, hunger, C-diff, diarrhoea, constipation, backache
- **Think Legs** - arthritis, varicose veins, osteo-arthritis, long toe nails, bunions, ill-fitting shoes, skin bruising, cellulitis, pressure sores, wound care.
- **Think about Referred pain** - this is pain that is felt in a different area to the part of the body that is affected

Actions to take if sudden change in the persons presentation

- Contact GP to request full physical examination including medication review and if necessary , bloods to rule out infection or dehydration.
- Complete MSSU.
- Consider a trial of regular pain relief and monitor for effectiveness.
- If following the head to toe assessment a possible trigger is identified, refer on to the appropriate specialist such as the optician, dentist, chiroprapist.
- Monitor sleep pattern (24hr), and food & fluid intake.
- Monitor behaviours, complete behaviour charts and pain assessments to try to identify triggers.
- Administer regular pain relief and monitor for effectiveness, complete Pain Scale assessment during intervention.
- Talk to the family to gather information regarding the persons life history, medical conditions.
- Listen to family members, get their views on the persons change in behaviour.
- Meet with the staff team at handover and develop strategies that work.
- The GP may need to ask for specialist advice or review by psychiatry of old age team.

Communication— it is important to note that a person living with dementia may mix up their yes/no responses. The person may say 'no' when they mean 'yes' and vice versa. Therefore, as advised please pay close attention to what their non-verbal cues are telling you.