PAIN SCALES FOR ASSESSING PAIN INTENSITY IN THE ELDERLY

Background

1. Fear of over-medicating the elderly has been a major concern for over a decade
2. 40-85% of elderly patients in nursing homes have substantial pain that is under-treated
3. A survey of healthcare recipients in the United Kingdom reported that as many as 78% of respondents did not receive adequate pain assessment
4. Pain assessment has been shown to decrease hospitalization rates

General Considerations

1. Select tool based on the patient's preferences and cognitive/functional ability
2. Use the same tool consistently
3. Most older adults can use pain scales
4. Many pain scales have accepted validity in older adults
5. In the patient with normal cognitive function, use a 0-10 Numeric Rating Scale
6. For other patients, try a Verbal Descriptor Scale or Faces Pain Scale

Scales

1. Numeric Rating Scales (NRS)
    - Six-point Numeric Rating Scale (NRS 0-5)
    - Eleven-point Numeric Rating Scale (NRS 0-10)
    - Twenty-one point Numeric Rating Scale (NRS 0-20)
2. Verbal Descriptor Scale (VDS) appears to be easiest and most preferred by older adults and easiest for those with cognitive impairment. http://www.healthcare.uiowa.edu/igec/tools/pain/verbalDescriptor.pdf
    - Four-point Verbal Rating Scale (VRS)
    - Pain Thermometer (PT)
    - Present Pain Inventory Scale (PPI)
    - Seven-point Graphic Rating Scale (GRS)
3. Faces Rating Scales
    - Faces Pain Scale (FPS)
    - Wong-Baker FACES
    - Faces Pain Scale is not equivalent in numbering to NRS or VDS, thus it cannot be assumed that a 6 on the Faces Pain Scale is equal to a 6 on NRS
    - When faces scales are used, the patient should be taught to select the face that most represents the way they think they are feeling, not the way they think they look

Special Considerations

1. Consider racial/cultural background:
    - Limited studies exist regarding validity of pain assessment tools based on race/ethnicity
    - Faces rating scales(preferred), numeric ratings scale and verbal descriptor scales are valid in the African American older adult
2. Adapt tools to compensate for impairments

- Auditory impairment
  - Position your face in view of the patient
  - Speak in a slow
  - Normal tone of voice
  - Reduce extraneous noises
  - Provide written instructions
  - Colored Visual Analogue Scale
  - Brief Pain Inventory (administered via questionnaire)
- Visual impairment
  - Use simple lettering
  - At least 14 point font size
  - Adequate line spacing
  - Nonglare paper such as buff-colored
  - Assure that the patient has eyeglasses
  - Functioning hearing aids
  - Adequate time to respond to questions
  - Numeric Graphic Rating Scale
  - Brief pain inventory (administered verbally)
- Cognitive Impairment
  - Pain Thermometer
  - Abbey Pain Scale

3. Allow sufficient time for the older adult to process information and to respond
4. Establish a comfort-function goal with the patient

Resources

1. City of Hope Pain and Palliative Care Resource Center
   - http://prc.coh.org/elderly.asp
2. The Registered Nurses Association of Ontario has an online study guide for the assessment of pain in the elderly
   - http://www.rnao.org/Storage/30/2496_LTC-Pain.pdf
3. Patient Education -City of Hope Pain & Palliative Care Resource Center
   - http://prc.coh.org/elderly.asp

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