GUIDELINES

The Assessment of Pain in Older People: UK National Guidelines

PAT SCHOFIELD
Positive Ageing Research Institute
Anglia Ruskin University
Chelmsford, Cambridge

Executive summary

We are facing a huge increase in the older population over the next 30 years. This brings an anticipated increase in the prevalence of chronic pain and with this comes the challenge of assessment of pain in many varied settings. Our first iteration of this document was published in 2007. But there has been a proliferation of literature and research since then, so we have developed a new set of guidelines.

(1) Different patterns and sites of pain were seen in men and women.
(2) Age differences suggest that pain prevalence increased with age up to 85 years and then decreased.
(3) The available studies on barriers and attitudes to pain management point towards an adherence to bio-medically orientated beliefs about pain, concern amongst clinicians in relation to activity recommendations, and a negative orientation in general towards patients with chronic painful conditions.
(4) A multidisciplinary approach to the assessment and treatment of pain is essential, but the assessment is a complex process which is hampered by many communication issues, including cognitive ability and socio-cultural factors. Such issues are part of the UK ageing population.
(5) Structured pain education should be implemented that provides all health professionals (whether professionally or non-professionally trained) with standardised education and training in the assessment and management of pain according to level of experience.
(6) Although subjective, patient self-report is the most valid and reliable indicator of pain and it may be necessary to ask questions about pain in different ways in order to elicit a response.
(7) A number of valid and reliable self-report measures are available and can be used even when moderate dementia exists. The Numerical Rating Scale or verbal descriptors can be used with people who have mild to moderate cognitive impairment. For people with severe cognitive impairment Pain in Advanced Dementia (PAINAD) and Doloplus-2 are recommended.
(8) PAINAD and Doloplus-2 scales continue to show positive results in terms of reliability and validity. There has been no recent evaluation of the Abbey pain scale although it is widely used throughout the UK.
(9) There is a need for more research into pain assessment using the collaborative role of the multidisciplinary team in all care settings.
(10) Self-report questionnaires of function are limited in their ability to capture the fluctuations in capacity and ability. The concentration on items of relevance to the population of interest means that issues of personal relevance can be obscured.
(11) Strong associations were seen between pain and depressed mood with each being a risk factor for the other. Additionally, loneliness and social isolation were associated with an increased risk of pain.
(12) Clinicians should be cognisant that social isolation and or depressive signs and symptoms may be indicators of pre-existing pain or a predictor of future pain onset.
(13) There are a number of evidence based guidelines on pain assessment in older people with or without cognitive impairment from around the world, including Australia and Europe.

Editor
Professor Patricia Schofield – RGN PhD PGDipEd DipN
Deputy Dean, Research & Income Generation, University of East Anglia

Contributing Authors
Dr Rachael Docking MA(Hons) PhD
Senior Evidence Manager, Centre for Ageing Better, London
The Assessment of Pain in Older People: UK National Guidelines

Ms Felicia Cox FRCN MSc (ECP) RN
Lead Nurse Pain Management, Royal Brompton & Harefield NHS Foundation Trust, London
BPS representative

Ms Karin Cannons MSc RGN
Nurse Consultant Pain Management, Frimley Health NHS Foundation Trust, Camberley, Surrey, RCN representative

Dr Aza Abdulla FRCP(UK) FRCP(I) MSc (Brunel) MSc (Med Ed - Cardiff)
Consultant Physician, South London Healthcare NH Trust, Kent
BGS representative

Dr Gary Bellamy BN(Hons) MA PhD
Research Fellow, Centre for Positive Ageing, University of Greenwich, London

Ms Sonia Cottom BA(Hons)
Deputy Director Pain Association Scotland, Perth, Scotland

Dr Jonathon Davis BA(Hons) DipSW MA PhD
Sessional Instructor, School of Social Work, University of British Columbia, Vancouver, BC, Canada

Ms Anneyce Knight FRSA MSc BA(Hons) PGCE RN SFHEA
Senior Lecturer in Adult Nursing, Bournemouth University, Bournemouth

Prof Denis Martin DPhil MSc BSc(Hons) - Professor of Rehabilitation, Health and Social Care Institute, Teesside University, Middlesbrough

Dr Carlos Moreno-Leguizamon BA MA PGCHE PhD - Senior Lecturer and Programme Leader MSc Research in Health and Social Care, University of Greenwich, London

Dr Louise Tarrant DClinPsych MSc BSc(Hons) CPsychol - Senior Clinical Psychologist, Bath Centre for Pain Services, Bath

Literature Review Update – 2017
Miss Joanna Malone
Dr Brendon Stubbs

Declarations of interest

Members of the group have registered all competing interests as follows:

Aza Abdulla, Gary Bellamy, Sonia Cottom, Jonathon Davies, Rachael Docking, Anneyce Knight and Denis Martin have reported that they have no conflicts of interest.

Karin Cannons has declared that she is a member of the editorial board of the British Journal of Pain, and has received honoraria as an advisor and speaker to Napp Pharmaceuticals, Grunenthal, Cephalon, Dallas Burston Ashbourne and Pfizer.

Felicia Cox has declared that she is a Co-Editor of The British Journal of Pain, has acted as Editor for e-learning modules and professional publications for Napp Pharmaceuticals, has co-authored e-learning modules for King’s College London, and has received honoraria as an advisor and speaker to Napp Pharmaceuticals, Grunenthal, Cephalon, Dallas Burston Ashbourne and Pfizer.

Patricia Schofield has received honoraria for acting as a speaker and advisor to Napp Pharmaceuticals.

This publication was supported by an unrestricted educational grant from Bupa.

Declaration of sources of funding

Funding for this document has been made possible through Anglia Ruskin University. We are grateful for an unrestricted educational grant from the Bupa Foundation which has enabled us to publish this supplement on an open access basis.

Timetable

Dissemination; These guidelines will be distributed to all stakeholders as described in the Publication Process Manual [1] and as an electronic version available for download from the British Pain Society and British Geriatrics Society websites. An executive summary of these guidelines will be published in Age & Ageing.

Review of this edition to commence: March 2019
External peer review of draft next edition to commence (Anticipated): July 2019
Reissue date: Anticipated: December 2019

Foreword from Prof Pat Schofield

This guidance highlights the problems in assessing and managing pain in an ever increasing older population. The prevalence of pain has been established to be in the order of one in four of the adult population, with between 25–30% having pain that leads to other co-morbidities, resulting in a very poor quality of life.

These problems become more frequent with advancing years, and are often associated with difficulty in conveying the intensity and quality of the pain, as well as the impact that it has on the patient’s life. As we describe pain as the ‘fifth vital sign’ a fundamental principal underpinning this is that we should measure the pain alongside routine observations.

Just because someone does not have the ability to tell us that they have pain in a language that we can understand, does not mean that we should not measure it, as we would with any other adult or patient in our care.

These guidelines provide a range of tools which demonstrate good validity and reliability for clinical practice in assessing pain in older people. There is permission to use them and so they should be implemented from this formal documentation by all healthcare providers in every care setting across the UK.
8. Communication
Carlos Moreno-Leguizamón and Pat Schofield

The literature on pain in older people acknowledges the fact that the process of communication between those in pain and their caregivers, either professionals or family, is a complex and difficult process to be grasped. In this context, the strong tendency in the literature is to generate tools, mainly scales, which would contribute to an effective diagnosis, expression, assessment, and management of chronic pain. Some studies have focused on legitimising the validity and reliability of those scales [14, 15].

A second emerging trend in the literature reviewed is to recommend the inclusion of a more comprehensive concept of communication, which includes important and complementary components such as nonverbal communication (facial expressions), kinesics (body movement), and proxemics (use of space) [16]. There are difficulties when health professionals conceptualise the process of communication as only verbal communication [17]. Again, the latter is, in many ways, the one with which professional caregivers and families are more familiar. Thus a frequent recommendation in the literature is the integration of various components (bio-psycho-social) of the communication process in order to grasp the experiences of those in pain [18]. In turn, this recommendation translates practically to training and education for professional (nurses, physicians and others) and family caregivers in how the communication process works [14, 16, 18, 19].

In the particular case of those with pain in advanced age, with cognitive impairments or from different cultural backgrounds, the process of communication by caregivers becomes even more complex and uncertain. This is because caregivers face more challenges in grasping the process of communication, the consequence of which is that the probability for those in pain to be undertreated or underdiagnosed becomes higher. Jorge and McDonald [20] highlighted this issue in particular in their study, working with 24 Hispanic community dwellings for elder adults in the United States. They found that, when given the opportunity to do so, these groups are able to describe their pain successfully.

The issue we face in the United Kingdom, given the limitation of time for consultation, is that it is difficult for health care professionals to spend time on discussion or consultation. We need not only to understand how the communication process works between vulnerable groups and their caregivers (professional or family), but also to realise that pain is more than mere biology; it is also a biopsychological (subjective) and social force [18]. Similarly, [21] highlighted in their study that, by providing older adults with time to discuss their pain through open-ended questions, more success was achieved in completing the Brief Pain Inventory (BPI). Thus, the key message of both of these studies as well as some others [22] is that, assessment is not just about the completion of scales; it should also emphasise that individuals should have an opportunity to talk about their pain experience. In other words, the challenge is how to obtain their pain stories within short time frames.

Finally, while discussing the issue of a multidisciplinary team, Boorsma et al. [23] pointed out the need for a systematic multi-disciplinary approach to managing and treating pain. However, this study did not clarify who those professionals should be. It is recommended that a multi-disciplinary team should comprise not only health professionals but also social scientists. The latter are trained to understand the cultural, social, political, economic, and communicational aspects of pain and can, therefore, enrich the clinical views.
18. References


The Assessment of Pain in Older People: UK National Guidelines

68. Wand BM, Chiffelle LA, O’Connell NE, McAuley JH, DeSouza LH. Self-reported assessment of disability and performance-based assessment of disability are influenced by


77. Pickering G. Reliability study in five languages of the translation of the pain behavioural scale Doloplus. Eur J Pain 2010; 14: 545e10–


The Assessment of Pain in Older People: UK National Guidelines

The Assessment of Pain in Older People: UK National Guidelines

182. *Tse M, Leung R, Ho S. Pain and psychological well-being of older persons living in nursing homes: an exploratory
The Assessment of Pain in Older People: UK National Guidelines


The Assessment of Pain in Older People: UK National Guidelines

19. Appendices

Available in *Age and Ageing* online.