



SIP

Societal Impact of Pain

PAIN IN GERIATRIC CARE

Workshop 2 : Active and healthy ageing ; pain management for an improved quality of life

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SYLVIE BONIN-GUILLAUME, MD,PhD

SYLVIE BONIN-GUILLAUME, MD,PhD



Aix Marseille Université, France (**Aix Marseille University**)

Médecine Interne Gériatrie, Assistance Publique des Hôpitaux de Marseille,
Internal and Geriatric Department, University Hospital of Marseille

Société Française de Gériatrie et Gérontologie, **French Geriatric Society**



Disclosure Statement of conflict of interest in the context of the subject of this presentation



Within the past 12 months, I have had following financial interest/arrangements or affiliations

Affiliation/Financial Relationship	Company
• Support for travel	Grünenthal
• Honoraria for lectures	Grünenthal

Objectives

- The burden of pain in elderly patients
- Improving pain assessment in elderly populations
- Pain assessment in geriatric care settings
- Pain management educational programs

The burden of pain in elderly patients: underrecognized



Prevalence studies in elderly populations

> 90's

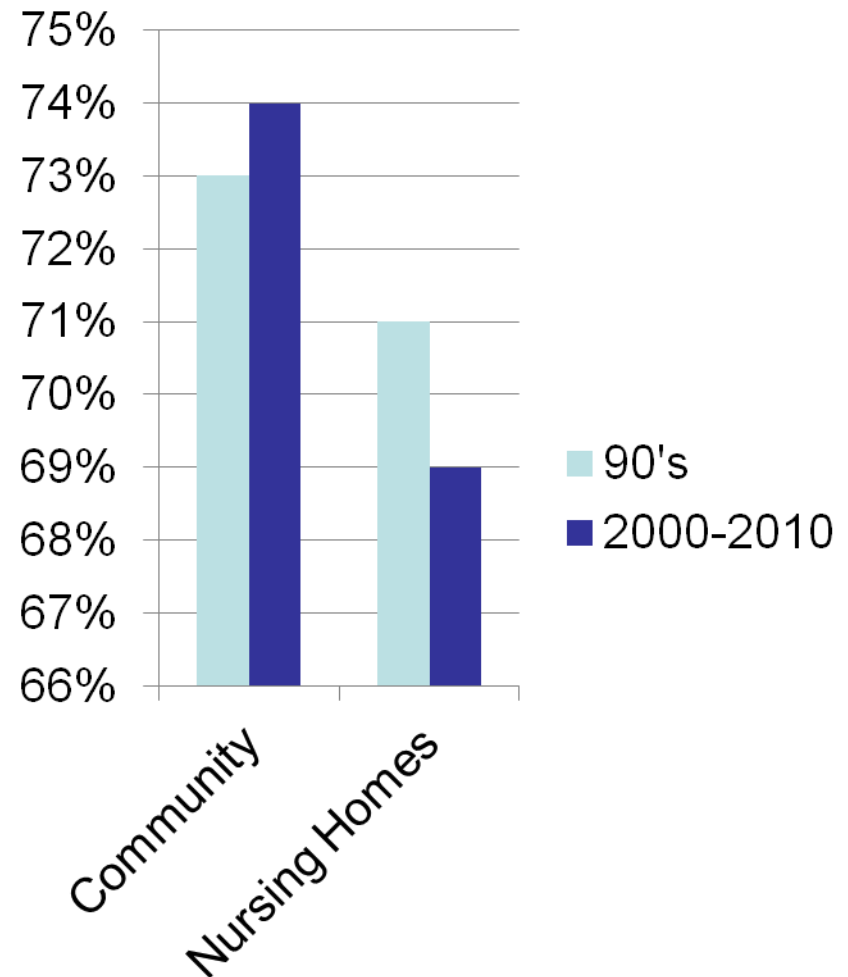
> Sweden, Brattberg, 1996

> USA, Ferrel, 1990

> 2000-2010

> Catalonia Spain, Miro, 2007

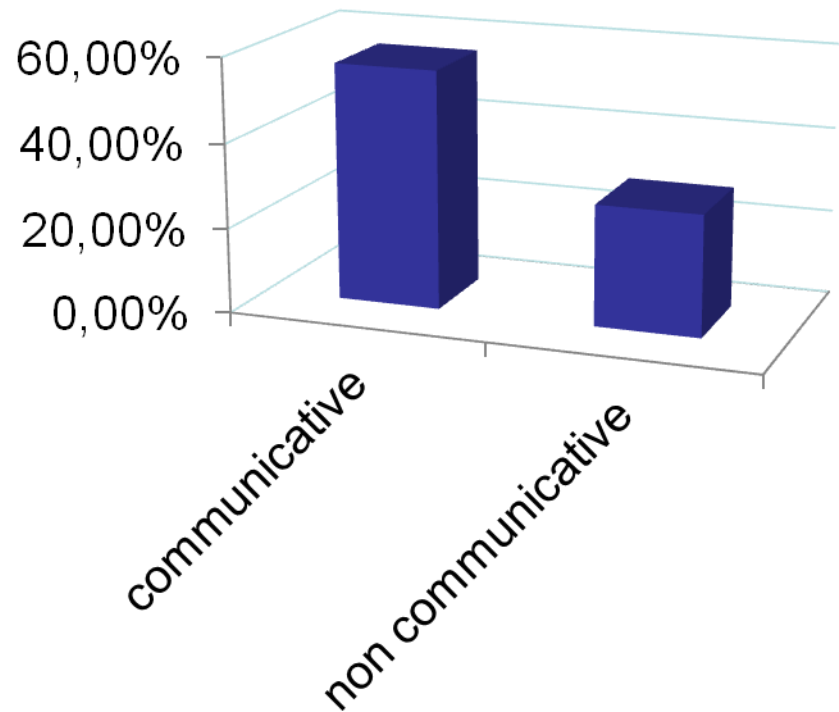
> Netherlands, Boerlage, 2008



The burden of pain in elderly patients undertreated



- Elderly patients in pain are undertreated
- This is particularly evident for non communicative patients ($p < 0.01$)



Pain assessment research program

The DOLOPLUS experience



INITIATED IN 1991 (www.doloplus.com)

PANEL OF EXPERTS

- Geriatricians (from different geriatric care settings)
- Pain physicians
- Palliative care physicians
- Pharmacologists
- Methodologists
- Nurses

AIMS

development and validation of pain behavioral scales for elderly patients unable to communicate verbally

Pain behavioral assessment in geriatric care

The DOLOPLUS® SCALE



Aim : Behavioral scale for chronic pain

➤ 3 dimensions:

- Somatic reactions (5 items)
- Psychomotor reactions (2 items)
- Psychosocial reactions (3 items)

➤ Items scored on a 4-points intensity likert scale

➤ Total score /30 (maximum)

➤ Cut off score ≥ 5

➤ Time consuming (assessment=5min)

➤ Education and training needed

➤ Follow up of chronic pain patients

DOLOPLUS-2 SCALE					
BEHAVIOURAL PAIN ASSESSMENT IN THE ELDERLY					
NAME :	Christian name :	DATES			
Unit :					
Behavioural records					
SOMATIC REACTIONS					
1• Somatic complaints	• no complaint	0	0	0	0
	• complaints expressed upon inquiry only	1	1	1	1
	• occasional involuntary complaints	2	2	2	2
	• continuous involuntary complaints	3	3	3	3
2• Protective body postures adopted at rest	• no protective body posture	0	0	0	0
	• the patient occasionally avoids certain postures	1	1	1	1
	• protective postures continuously and effectively sought	2	2	2	2
	• protective postures continuously sought, without success	3	3	3	3
3• Protection of sore areas	• no protective action taken	0	0	0	0
	• protective actions attempted without interfering against any investigation or nursing	1	1	1	1
	• protective actions against any investigations and nursing	2	2	2	2
	• protective actions taken at rest, even when not approached	3	3	3	3
4• Expression	• usual expression	0	0	0	0
	• expression showing pain when approached	1	1	1	1
	• expression showing pain even without being approached	2	2	2	2
	• permanent and unusually blank look (voiceless, staring, looking blank)	3	3	3	3
5• Sleep pattern	• normal sleep	0	0	0	0
	• difficult to go to sleep	1	1	1	1
	• frequent waking (restlessness)	2	2	2	2
	• insomnia affecting waking times	3	3	3	3
PSYCHOMOTOR REACTIONS					
6• Activities of daily living (washing &/or dressing)	• usual abilities unaffected	0	0	0	0
	• usual abilities slightly affected (careful but thorough)	1	1	1	1
	• usual abilities highly impaired, washing &/or dressing is laborious and incomplete	2	2	2	2
	• washing &/or dressing rendered impossible as the patient resists any attempt	3	3	3	3
7• Mobility	• usual abilities & activities remain unaffected	0	0	0	0
	• usual activities are reduced (the patient avoids certain movements and reduces his/her walking distance)	1	1	1	1
	• usual activities and abilities reduced (even with help, the patient cuts down on his/her movements)	2	2	2	2
	• any movement is impossible, the patient resists all persuasion	3	3	3	3
PSYCHOSOCIAL REACTIONS					
8• Communication	• unchanged	0	0	0	0
	• heightened (the patient demands attention in an unusual manner)	1	1	1	1
	• lessened (the patient cuts him/herself off)	2	2	2	2
	• absence or refusal of any form of communication	3	3	3	3
9• Social life	• participates normally in every activity (meals, entertainment, therapy workshops)	0	0	0	0
	• participates in activities when asked to do so only	1	1	1	1
	• sometimes refuses to participate in any activity	2	2	2	2
	• refuses to participate in anything	3	3	3	3
10• Problems of behaviour	• normal behaviour	0	0	0	0
	• problems of repetitive reactive behaviour	1	1	1	1
	• problems of permanent reactive behaviour	2	2	2	2
	• permanent behaviour problems (without any external stimulus)	3	3	3	3
SCORE					

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Pain behavioral assessment in geriatric care


ALGOPLUS®

➤ Aim: Acute Pain Behavioral Scale



Instructions: “consecutively observe the face for “facial expressions” and “look”, the body for “body position” and “atypical behaviors”; listen to “complaints”, then rate the scale. While observing the patient, please score items 1 to 5. Each item is rated “yes” (1 point) as soon as one of its basic pain behaviors is observed

- 5 items (cluster of adjectives)
- Scored : yes or no
- Global score : 5 points
- Cut off score ≥ 2
- Time for assessment < 1min (80%)
- No specific training needed



SCALE
ALGOPLUS

Pain assessment

acute pain-behavior assessment scale for the elderly with limited ability to communicate verbally

Patient identification

Date pain assessed/...../.....	/...../.....	/...../.....	/...../.....	/...../.....	/...../.....	
Time	
	YES	NO	YES	NON	YES	NO	YES	NO	YES	NO	OUI	NO
1 • Facial expressions												
Frowning, grimacing, wincing, clenched teeth, unexpressive.												
2 • Look												
Inattentive, blank stare, distant or imploring, teary-eyed, closed eyes.												
3 • Complaints												
“Ow-ouch”, “that hurts”, groaning, screaming.												
4 • Body position												
Withdrawn, guarded, refuses to move, frozen posture.												
5 • Atypical behaviors												
agitation, aggressivity, hooking onto something or someone.												
Total YES	█ /5		█ /5		█ /5		█ /5		█ /5		█ /5	
Health professional who conducted the assessment	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Care assistant <input type="checkbox"/> Other Initials		<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Care assistant <input type="checkbox"/> Other Initials		<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Care assistant <input type="checkbox"/> Other Initials		<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Care assistant <input type="checkbox"/> Other Initials		<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Care assistant <input type="checkbox"/> Other Initials		<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Care assistant <input type="checkbox"/> Other Initials	

ALGOPLUS ® scoring:

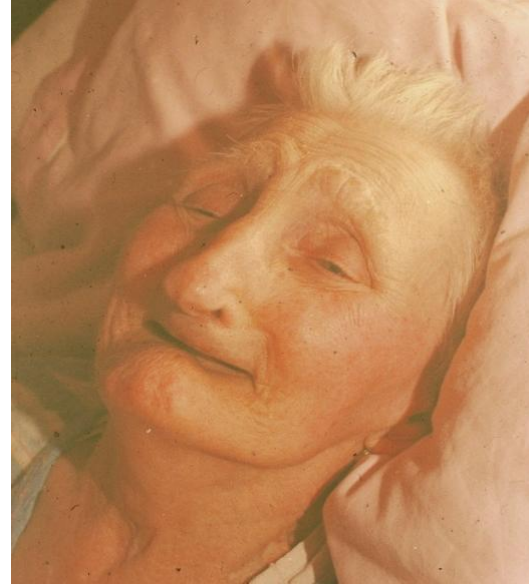


➤ Item 1: Facial expression

Frowning, grimacing, wincing, clenched teeth, unexpressive

➤ Item 2: Looking

Inattentive, blank stare, distant or imploring, teary eyed, closed eyes

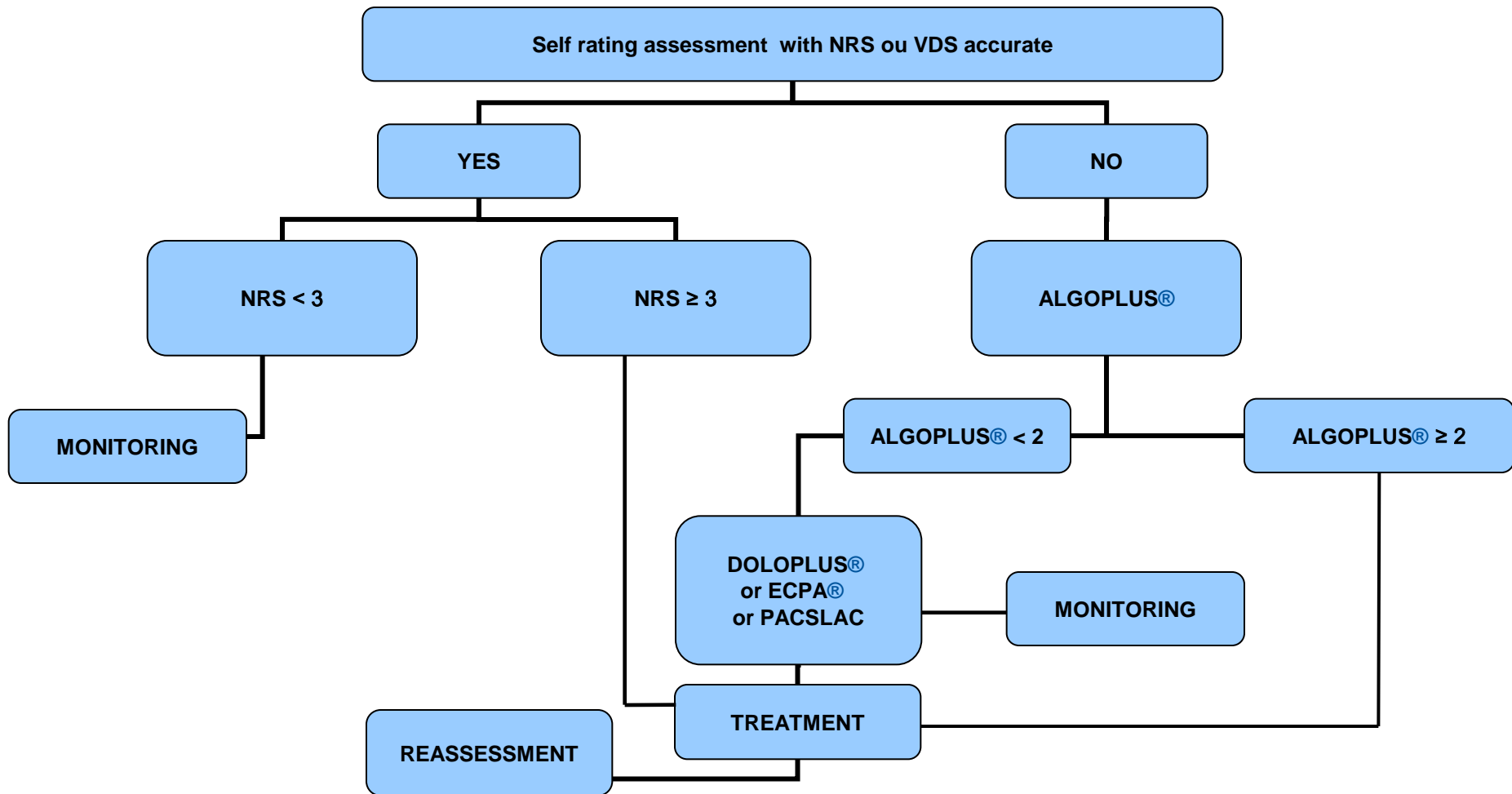


ALGOPLUS[®] cut-off scores in different geriatric settings

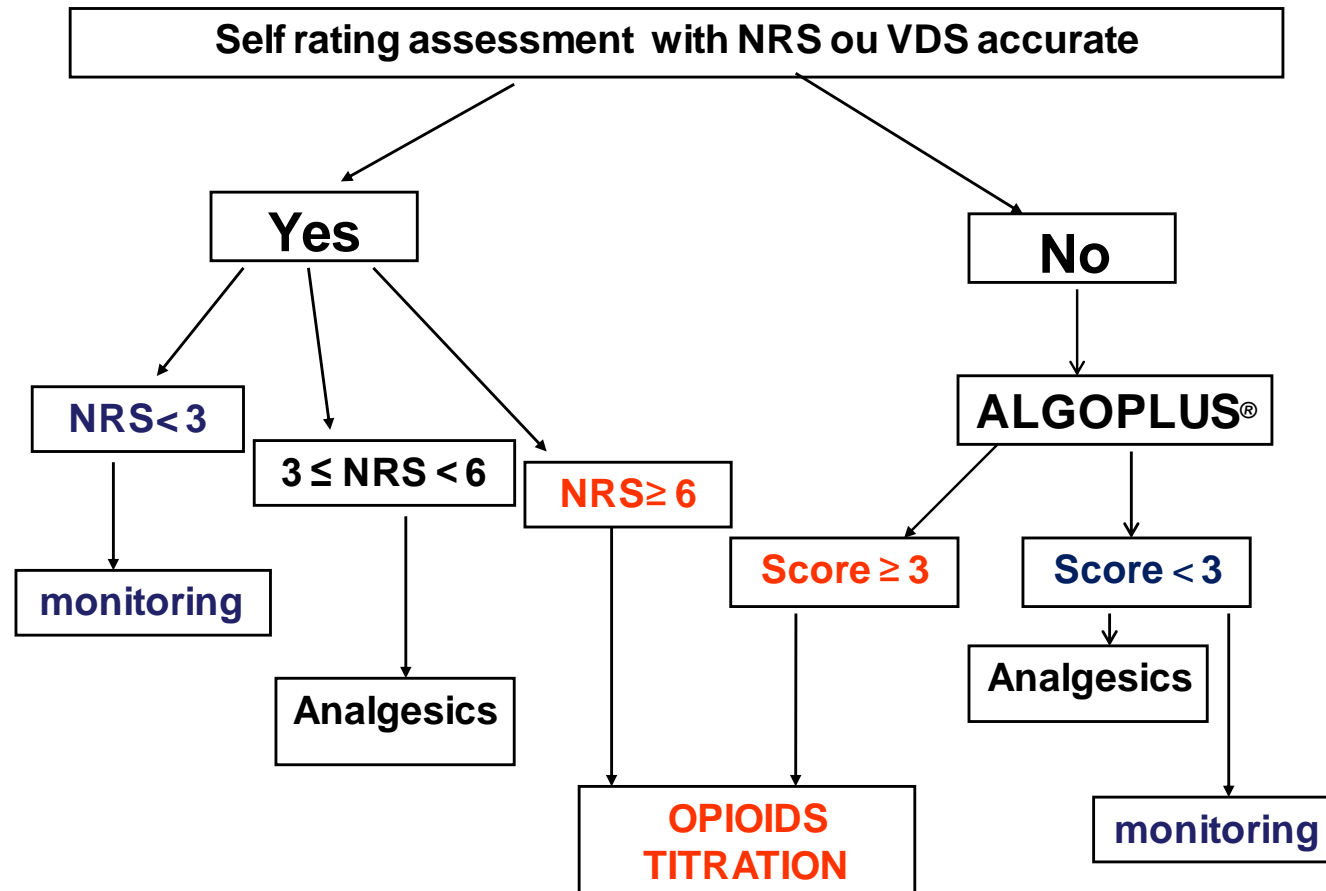


Settings	ICV Patients	Cut off = 2		Cut off = 3	
		Sensibility	Specificity	Sensibility	Specificity
EMERGENCY ROOM	N= 41	100%	53%	88%	87%
ACUTE CARE SETTINGS	N= 108	96%	86%	78%	96%
REHABILITATION LONG TERM CARE FACILITIES	N= 66	69%	82%	61%	100%

Algorithm of pain assessment for older people in geriatric settings



Elderly pain management in Emergency Room Treatment decision process



Elderly management of pain in Emergency Room

Opioids titration



Bolus of opioids:
amount of opioids/5minutes

	Patients	Fit elderly	Frail* elderly
Weight			
≥ 60 kg		3 mg	1,5 mg
< 60kg		2 mg	1 mg

*Frail criteria applied for ER physicians

Age ≥ 90 years old

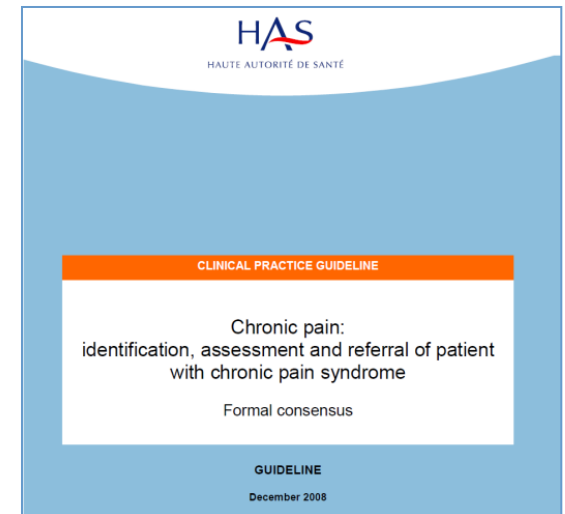
Comorbidities ≥ 3

Polypharmacy ≥ 5

Inability to communicate verbally

French government policies

- Chronic pain assessment and management are important public health issues
- 1998-2010 : French Health Ministry:
3 successive pain programs
- 2008 : National Health Authority Guidelines
- 2008: Mobiquil program



MOBIQUAL Educational Program: Assessment and management of pain for elderly patients in nursing homes



Developped by the French Geriatric Society

AIMS

**LA DOULEUR
CHEZ LA PERSONNE
ÂGÉE**

Outils d'évaluation
& aide à la décision

Une aide à la prise en charge de la
**DOULEUR
CHEZ LA PERSONNE
ÂGÉE**

Ministère de la Santé et des Solidarités
Ministère de la Santé, des Personnes
âgées et du Handicap

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CNSA
Caisse nationale de solidarité pour l'autonomie

Société Française de Gériatrie et Gérologie

Mise en œuvre :
Société Française de Gériatrie et Gérologie,
avec le soutien de la
Caisse nationale de solidarité pour l'autonomie.

- Educational training program
- For nursing homes, long term care, hospitals, and community
- For physicians, nurses, nursing aides
- Same practice, language, training

www.mobiquial.org

Conclusion

- Since 1991 pain assessment and management are geriatricians and pain physicians concerns.
- Lot has been made to develop and validated specific tools for elderly patients with inability to verbally communicate in order to improve pain recognition
- Lot is still needed to develop pain management processes
- The next French pain program will focus on management of pain in elders, children, dementia, psychiatric disorders and health professional carers education with specific programs training (Mobiqua)
- Improving quality of pain management is improving quality of life

Thank you for your attention!



- > www.doloplus.com
- > www.sfgg.org
- > www.sfetd.org
- > www.has.fr



"The water does taste a little funny. Maybe they added some analgesics, to ease the pain of restructuring."