WHY: Studies on pain in older adults (persons 65 years of age and older) have demonstrated that 25%-45% of community dwelling older people have chronic pain. 45-85% of nursing home residents also report pain that is often left untreated. Although there is minimal research that strictly focuses on pain in older adults, studies with younger participants have elucidated associations between pain and depression. Increased pain has further resulted in decreased socialization, impaired ambulation and increased healthcare utilization and costs. Older adults are reluctant to report pain: therefore, nurses need to be proactive in screening for and assessing pain.

BEST TOOL: No objective measure or biological marker of pain exists. Simply worded questions and tools, which can be easily understood, are the most effective, as older adults frequently encounter numerous factors, including sensory deficits and cognitive impairments. Subjective tools such as Visual Analogue Scales (VAS) and the Faces Scale are highly effective for assessing pain in older adults. The VAS is a straight horizontal 100 mm line anchored with “no pain” on the left and “worst possible pain” or “pain as bad as it could possibly be” on the right. Older adults are simply asked to choose a position on the line that represents their pain. Faces Scale depicts facial expressions on a scale of 0-6, with 0=smile, and 6=crying grimace. Older patients should choose a face that represents how the pain makes them feel.

TARGET POPULATION: Both the VAS and Face Scale are used with older adults. Studies have shown that 86% of nursing home residents could complete at least one of these pain scales.

RELIABILITY AND VALIDITY: Studies, which have compared simple pain intensity measures, have demonstrated high reliability and validity using the VAS and Faces Scale with older adults.

STRENGTHS AND LIMITATIONS: These simple, yet effective pain assessment tools are easy to administer and provide a method to evaluate not only the presence of pain, but also the effectiveness of treatment. However, these assessment tools should not replace extensive medical history taking and physical exams, which may lead to the determination of etiologies of pain.
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