

Pain Control for Individuals Diagnosed with Dementia

What if you were in pain and couldn't let anyone know with words? What if people didn't understand by your gestures what you were trying to tell them? Unrelieved pain affects the cardiovascular, pulmonary, gastrointestinal, metabolic, and neuro-endocrine systems (Federico, 2009).

The best indicator of pain is the individual's subjective report. The ability to communicate with words and gestures declines as dementia progresses. Individuals with Down Syndrome are living longer and experiencing premature aging, specifically Alzheimer's disease.

Individuals with Downs Syndrome and Alzheimer's

- 40-49 years 11-22%
- 50-59 years 24.9%
- 60 years plus 25.6-77%
(Kozma, 2008)

Start with a comprehensive pain assessment and anticipate pain related to certain conditions. Establish the individual's baseline behavior because pain is many times the cause of atypical behaviors to include aggression and self-injury. The following is a list of tools recommended for assessing pain when individuals also have dementia:

- The Pain Assessment in Advanced Dementia (PAINAD) Scale
- The Assessment of Discomfort in Dementia
- The Checklist of Nonverbal Pain Indicators
- The Discomfort in Dementia of the Alzheimer's Type Scale
- The Faces, Legs, Activity, Crying and Consolability Tool
- The Non-Communicative Patient's Pain Assessment Instrument (NOPPAIN)

When a problem behavior is identified in an individual, seek and rule out a medical cause for the behavior and don't forget to include PAIN.