Pain Assessment for Older Adults

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WHY: There is significant evidence demonstrating that pain is a common problem in older adults (persons 65 years of age and older). In one study, 50% of adults 65 years of age and older said they experienced pain in the previous 30 days. Up to 80% of nursing residents experience pain regularly (National Center for Health Statistics, 2006). Although many older adults suffer from pain there is widespread undertreatment of pain. Reasons for this include concerns related to opioid dependence, the belief that pain is a normal part of aging, and a lack of routine pain assessment. Persistent pain has been associated with functional impairment, falls, slow rehabilitation, depression, anxiety, decreased socialization, sleep disturbance, as well as increased healthcare utilization and costs. In 2009, the Joint Commission removed the requirement that pain be assessed as "the fifth vital sign" due to, in part, concerns of overtreatment of pain with opioids. However, in 2016, The Joint Commission began a project to both revise its pain assessment and management standards and identified the assessment and management of both acute and chronic pain a priority.

BEST TOOL: Identifying and measuring pain begins with a person's self-report. This can be challenging in a population with disparities in cognition, literacy, and language. Simply worded questions and tools, that are easily understood, continue to be the most effective. The best choice for assessing pain intensity include: the Iowa Pain Thermometer (IPT), the Numeric Rating Scale (NRS), and the Faces Pain Scale-Revised (FPS-R). The most widely used tool, the NRS, asks a person to rate their pain by assigning a numerical value with zero indicating no pain and 10 representing the worst pain imaginable. The IPT is a modified Verbal Descriptor Scale (VDS) with seven pain descriptors describing different levels of pain intensity. The FPS-R asks people to describe their pain according to a facial expression corresponding with their pain.

TARGET POPULATION: All three scales are used with older adults in acute and long term care settings and in the community. While there are specific tools designed to capture pain in non-verbal cognitively impaired older adults, studies have shown that the FPS-R and the IPT may be used effectively with cognitively impaired older adults. The choice of a scale may depend on institutional preference or the presence of a particular language or sensory impairment. The most important consideration is the consistent use of the same scale with each individual.

VALIDITY AND RELIABILITY: All three scales have demonstrated good internal consistency with Cronbach's α coefficients of 0.85 to 0.89. Test-retest reliability for each ranged from 0.57 to 0.83 for the NRS, from 0.52 to 0.83 for the verbal descriptor scale and from 0.44 to 0.94 for the FPS-R. A factor analysis found that all three scales were valid, although the FPS-R was the weakest (Herr, Spratt, Mobily, & Richardson, 2004).

STRENGTHS AND LIMITATIONS: The overall strengths of these scales are their ability to quickly and reliably screen for pain. These scales are intended to assess pain intensity and should not be substituted for a more comprehensive pain assessment that would include obtaining a pain history and a physical exam leading to the etiology of pain. For cognitively intact older adults all three scales are effective screening tools, with the NRS being the most widely used tool. In one study, the IPT showed the lowest failure rates with little appreciable affects associated with cognitively impaired older adults (Herr, Spratt, Garand, & Li, 2007). While the research is limited there has been some evidence that these tools are effective when used with a variety of ethnic populations.

MORE ON THE TOPIC:

Best practice information on care of older adults: https://consultgeri.org.

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Faces Pain Scale – Revised

From "The Faces Pain Scale – Revised. Toward a Common Metric in Pediatric Pain Measurement," by C.L. Hicks, C.L. von Baeyer, P.A. Spafford, I. van Korlaar, & B. Goodenough, 2001, Pain, 93, 173-183. Reprinted with permission of the International Association for the Study of Pain.
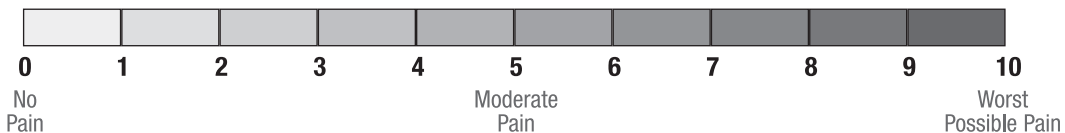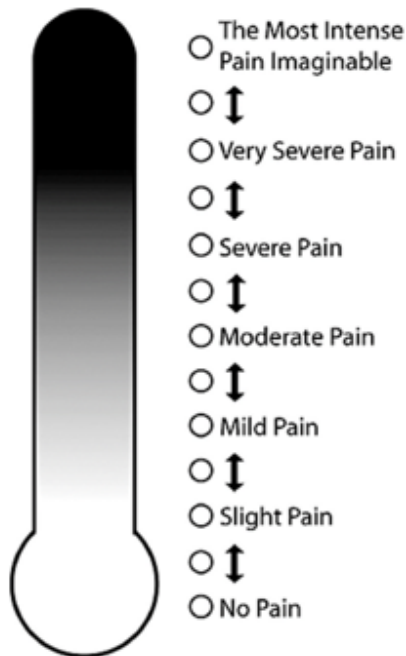
Note: This is an example of the actual scale.

| 0 | 2 | 4 | 6 | 8 | 10 |

Numbers are not shown to the patient
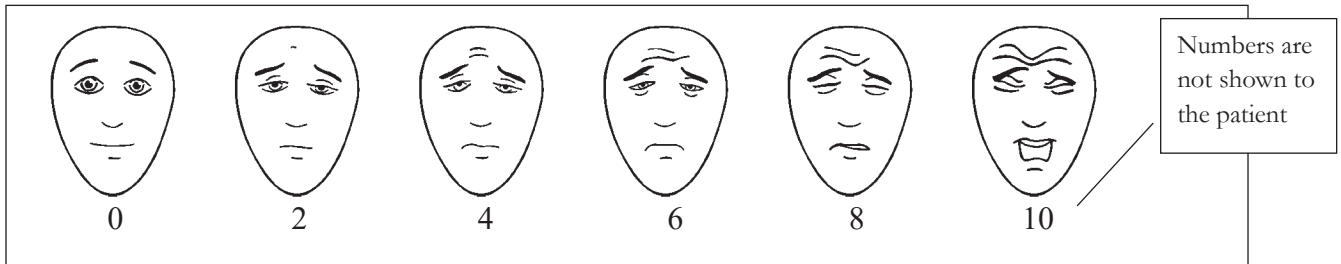
Numeric Rating Scale

Please rate your pain from 0 to 10 with 0 indicating no pain and 10 representing the worst possible pain: _____

Adapted from Jacox, A., Carr, D.B., Payne, R, et al. (March 1994). Management of Cancer Pain. Clinical Practice Guideline No. 9. AHCPR Publication No. 94-0592. Rockville, MD: Agency for Health Care Policy and Research, U.S. Department of Health and Human Services.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Pain   Moderate Pain   Worst Possible Pain

Iowa Pain Thermometer

The Most Intense Pain Imaginable
↕
Very Severe Pain
↕
Severe Pain
↕
Moderate Pain
↕
Mild Pain
↕
Slight Pain
↕
No Pain

Ask the individual to use one of seven pain descriptors (no pain, slight pain, mild pain, moderate pain, severe pain, very severe pain, and the most intense pain imaginable) to describe their pain.

Herr, K., Spratt, K., Garand, L., & Li, L. (2007). Evaluation of the Iowa Pain Thermometer and other selected pain intensity scales in younger and older adult cohorts using controlled clinical pain: A preliminary study. *Pain Medicine,* 8(7), 585-600. Figure 1, page 588.

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