

This is a **Sample** version of the  
**Pain Assessment in Advanced  
Dementia Scale (PAINAD)**

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- Overview
- Scoring Guide
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# Pain Assessment in Advanced Dementia Scale (PAINAD)

## Assessing Pain in Older Adults with Dementia (overview) –

### WHY:

Pain in older adults is very often undertreated, and it may be especially so in older adults with severe dementia. Changes in a patient's ability to communicate verbally present special challenges in treating pain, since self-report is considered the gold standard of pain assessment.

As with all older adults, those with dementia are at risk for multiple sources and types of pain, including chronic pain from conditions such as osteoarthritis and acute pain from surgery, injury, and infection.

Untreated pain in cognitively impaired older adults can delay healing, disturb sleep and activity patterns, reduce function, reduce quality of life, and prolong hospitalization.

### BEST TOOLS:

Several tools are available to measure pain in older adults with dementia. Each has strengths and limitations (Herr, Decker, & Bjoro, 2006). The American Medical Directors Association has endorsed the Pain Assessment in Advanced Dementia Scale (PAINAD) (Warden, Hurley, & Volicer, 2003).

The American Society for Pain Management Nursing's Task Force on Pain Assessment in the Nonverbal Patient recommends a comprehensive, hierarchical approach to pain assessment that incorporates the following steps:

- Ask older adults with dementia about their pain. Even older adults with mild to moderate dementia can respond to simple questions about their pain.
- Use a standardized tool to assess pain intensity, such as the numerical rating scale (NRS) (0-10) or a verbal descriptor scale (VDS) (Herr, Coyne, et al., 2006). The VDS asks participants to select a word that best describes their present pain (e.g., no pain to worst pain imaginable) and maybe more reliable than the NRS in older adults with dementia.
- Use an observational tool (e.g., PAINAD) to measure the presence of pain in older adults with dementia.
- Ask family or usual caregivers as to whether the patient's current behavior (e.g., crying out, restlessness) is different from their customary behavior. This change in behavior may signal pain.
- If pain is suspected, consider a time-limited trial of an appropriate type and dose of an analgesic agent.
- Thoroughly investigate behavior changes to rule out other causes. Use self-report and observational pain measures to evaluate the pain before and after administering the analgesic.

## **TARGET POPULATION:**

Older adults with cognitive impairment who cannot be assessed for pain using standardized pain assessment instruments.

Pain assessment in older adults with cognitive impairment is essential for both planned or emergent hospitalization.

## **VALIDITY AND RELIABILITY:**

The PAINAD has an internal consistency reliability ranging from .50 (for behavior assessed at rest) to .67 (for behaviors assessed during unpleasant caregiving activities). Interrater reliability is high ( $r = .82 - .97$ ). The PAINAD scale is reported to have moderate to high concurrent validity, depending on whether the patient was at rest or involved in pleasant or unpleasant activities ( $r = .76 - .95$ ).

## **STRENGTHS AND LIMITATIONS:**

Pain is a subjective experience and there are no definitive, universal tests for pain. For patients with dementia, it is particularly important to know the patient and to consult with family and usual caregivers.

## **BARRIERS to PAIN MANAGEMENT in OLDER ADULTS with DEMENTIA:**

There are many barriers to effective pain management in this population. Some common myths are: pain is a normal part of aging; if a person doesn't verbalize that they have pain, they must not be experiencing it; and that strong analgesics (e.g., opioids) must be avoided. There are also some barriers to using the PAINAD to assess pain in this population.

First, the PAINAD has not been evaluated for use in people with mild to moderate dementia. Second, some of the PAINAD scale behaviors, such as breathing, may be difficult to assess. Third, some studies have reported that the brevity of the PAINAD (only 5 items) makes it easy to complete, but limits its utility by restricting the range of behavioral pain indicators that may be observed in this population. Finally, there are no clear guidelines on the treatment of pain according to the PAINAD final scores.

An effective approach to pain management in older adults with dementia is to assume that they do have pain if they have conditions and/or medical procedures that are typically associated with pain. Take a proactive approach in pain assessment and management.

## **References:**

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Zwakhalen, Hamers, & Berger, 2006, Horgas & Miller, 2008

## **PAINAD Instructions:**

### **Purpose:**

This pain behavior tool is used to assess pain in older adults who have dementia or other cognitive impairment and are unable to reliably communicate their pain. It can be used by a nurse or by a CNA or PCA to screen for pain-related behaviors. PAINAD Tool.

### **When to Use:**

It should be used at the following time points:

- At admission to the Nursing Home to establish an initial baseline level of behaviors that may be related to pain.
- At each quarterly nursing review.
- Every shift - in older adults with behaviors suggesting pain is not controlled.
- Any time a change in pain status is reported.
- Following a pain intervention to evaluate treatment effectiveness (within 1-2 hours).

### **How to Use:**

Observe the older adult for 3-5 minutes during activity/with movement (such as bathing, turning, transferring).

For each item included in the PAINAD, select the score (0, 1, 2) that reflects the current state of the behavior.

Add the score for each item to achieve a total score. Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score suggesting more severe pain (0= "no pain" to 10= "severe pain").

After each use, compare the total score to the previous score received. An increased score suggests an increase in pain, while a lower score suggests pain is decreased.

### **Note:**

Behavior observation scores should be considered alongside knowledge of existing painful conditions and reports from someone who knows the older adult (like a family member or nursing assistant) and their pain behaviors. Remember some older adults may not demonstrate obvious pain behaviors or cues.

**This is the end of the PAINAD sample version. Full version includes complete PAINAD test and scoring guide.**