

The Response of Agitated Behavior to Pain Management in Persons with Dementia

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Objectives: Behavioral disturbances and pain are common in nursing home (NH) patients with dementia. An association between pain and increased agitation has been suggested, and recently a significant reduction of agitation has been demonstrated by pain treatment in patients with moderate to severe dementia. We now examined which specific agitated behaviors respond to individualized pain treatment. **Design:** Cluster randomized clinical trial. **Setting:** 60 clusters (i.e., clusters defined as single independent NH units) in 18 NHs within five municipalities of Western Norway. **Participants:** 352 patients with moderate to severe dementia and clinically significant behavioral disturbances. **Intervention:** The control group received usual treatment and care. According to a predefined scheme for 8 weeks, all patients in the intervention group received individual daily pain treatment with acetaminophen, extended release morphine, buprenorphine transdermal patch, and/or pregabalin. **Measurements:** Cohen-Mansfield Agitation Inventory subscales and items. **Results:** Analyses demonstrated that Factor 3 (Verbally agitated behaviors) showed the largest significant difference ($DF = 1204.0$, $t = -4.308$, $p < 0.001$), followed by Factor 2 (Physically non-aggressive behaviors) ($DF = 1198.0$, $t = -2.672$, $p = 0.008$), and Factor 1 (Aggressive behaviors) ($DF = 1196.0$, $t = -2.093$, $p = 0.037$) after 8 weeks, by a linear random intercept mixed model in two-way repeated-measures configuration with adjustment for heteroscedasticity. **Conclusion:** We found that verbal agitation behaviors such as complaining, negativism, repetitious sentences and questions, constant request for attention, and cursing or verbal aggression responded to pain treatment. In addition, restlessness and pacing were sensible to analgesics. Such behaviors should therefore lead to an assessment of pain, and pain treatment. Further studies comparing how pain treatment should be balanced against other strategies including psychotropic drugs are needed. (Am J Geriatr Psychiatry 2013; ■:■-■)

Key Words: Dementia, agitation, aggression, behavioral disturbances, pain, pain treatment, cluster randomised trial, nursing home

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Behavioral Disturbances and Pain in Dementia

Behavioral disturbances such as aggression and agitation are common in nursing home patients with dementia.^{1,2} Although the reported cross-sectional prevalence of these psychiatric symptoms vary considerably between reports,^{3,4} 50% of the people with Alzheimer disease will be experiencing at least one such symptom, and more than 80% of these individuals will experience neuropsychiatric symptoms over the course of the dementia.⁵ These symptoms are frequently distressing for the patients who experience them, reducing health-related quality of life and increasing stress and depression in patients and their careers.^{6,7}

The etiology of behavioral disturbances in people with dementia is not known but is most likely multifactorial including neurochemical and structural brain changes, genes, psychosocial factors, unmet needs, physical diseases, and drugs.⁸ Treatment of agitation is a clinical priority, but patients' reduced communicative skills and challenging behavior contributes to potentially meaningless treatment and widespread use of psychotropic drugs.⁸ This leads to serious adverse events and increased mortality, high placebo response, and demonstrates only modest efficacy.⁹ A large-scale cohort study demonstrated that 75% of Norwegian nursing home patients use psychotropic drugs on a regular basis, and that 88% of them are still using psychotropics at 1-year follow-up.¹⁰ The effect of psychotropic drugs of neuropsychiatric symptoms in dementia is weak or uncertain, and the risk for serious adverse events is well established.^{11,12}

The high prevalence of chronic pain and pain undertreatment is another relevant challenge in nursing home patients with dementia.^{13,14} At any given time 45%–80% suffer from pain caused by musculoskeletal conditions, previous fractures, and neuropathies.¹⁵ Undertreated pain has many potential detrimental consequences that affect the patient including depression, sleep, falls, malnutrition, or decline in activities and physical function.¹³ Always subjective, pain report depends on the patient's memory, expectation, and emotion. Reduced cognitive skills such as abstract thinking and language capacity in individuals with dementia are risk factors for being underdiagnosed and untreated for pain.¹⁶ Even though nursing home patients are afflicted by more painful diagnoses, they complain less and

receive less pain medication, compared with cognitively competent patients.¹⁷

There is some evidence that pain may contribute to behavioral disturbances in people with dementia¹⁸ and several open studies and case series investigated the hypothesis that pain management may improve agitation, with inconsistent results.¹⁹ It was also found independently in another study that verbally agitated behaviors may be a form of help-seeking for patients with physical disease and depressed affect.²⁰ Recently, our research team used a Stepwise Protocol for the Treatment of Pain (SPTP) in 352 nursing home patients with moderate and severe dementia and significant behavioral disturbances to explore the efficacy of individual pain treatment on agitation and other dementia related behaviors.²¹ This was a cluster randomized 8-week controlled trial with follow-up assessment 4 weeks after the completion of the intervention. We used the Cohen-Mansfield Agitation Inventory (CMAI)²² as the primary outcome measure. Results demonstrate significant improvement of the overall CMAI total score and pain in the pain treatment group compared with treatment as usual, and worsening during the 4-week withdrawal phase. Agitation is a complex entity,²³ however, and it is not known which of the different agitated behaviors might respond to pain treatment or not.

Most practice guidelines emphasize the importance of pain assessment and management in the treatment of neuropsychiatric symptoms in people with dementia.²⁴ Therefore, in this hypothesis-generating study we wanted to investigate which agitated behaviors are responsive to individualized pain treatment and improved the overall CMAI scoring. This is important because it might guide the clinician in tailoring the most effective treatment to individual patients.

METHODS

Participants

The original pool of participants consisted of 420 patients with moderate to severe dementia and significant behavioral disturbances from 18 nursing homes in five municipalities in Western Norway. Data collection was performed October 2009 to June 2010.

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