Assessment and Measurement of Pain in Adults in Later Life

Staja Q. Booker, MS, RN, PhD(c)[1], Keela A. Herr, PhD, RN*

KEYWORDS

• Aging • Assessment • Later life • Measurement • Older adult • Pain • Self-report

KEY POINTS

- Pain is a common health issue experienced by adults in their later years.
- Assessment, reassessment, and measurement of pain requires a consistent approach, and is critical to the pain management plan.
- Self-report is the key component and practice standard for assessment of pain presence, intensity, and interference and should be obtained from all older adults when possible.
- Sensory, motor, and cognitive impairments along with language issues can affect an older adults' ability and reliability to provide a timely and accurate self-report of pain.
- Assessment of pain should include developing goals for comfort, function, and mood.

INTRODUCTION

Pain is a complex, multifaceted problem for aging adults who make up a moderate proportion of persistent pain sufferers. Knowing that many older adults experience pain warrants pain vigilance by providers who are expected to regularly assess pain and provide timely interventions when needed. However, older adults are significantly less likely to have any pain assessment or reassessment documented,[1,2] which contributes to undertreatment. A systematic or step-by-step approach is recommended.[3,4] This article describes a focused pain assessment for the older adult able to provide a reliable report of pain (**Table 1**).[5] Readers interested in learning more about the components of a comprehensive pain assessment should read Malec and Shega's[6] recent review on this topic.

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The University of Iowa, College of Nursing, 50 Newton Road, Iowa City, IA 52242, USA
[1] 415 Northeast Street, Jonesboro, LA 71251.
* Corresponding author. The University of Iowa, College of Nursing, 50 Newton Road, 306 CNB, Iowa City, IA 52242.
E-mail address: keela-herr@uiowa.edu

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Table 1
Steps for a focused pain assessment in older adults

Step	Cognitively Intact and/or Able to Self-Report	Cognitively Impaired and/or Unable to Self-Report
1	Determine ability to reliably self-report pain and attempt to obtain self-report.	Same as for those able to self-report. Also note if there is a diagnosis of cognitive impairment or dementia. If able to self-report, continue with steps 2–6 in the left column. If unable to self-report, continue with steps 2–6 below.
2	Determine presence or absence of pain by asking older adult if she or he is experiencing pain, hurt, aches, or discomfort "right now" or "at this moment."	Search for possible causes/sources of pain.
3	Measure self-reported pain intensity using a valid, reliable, and preferred pain scale, such as the Faces Pain Rating Scale–revised, Iowa Pain Thermometer, and Verbal Descriptor Scale.	Observe for potential pain behaviors using reliable and valid pain–behavior observation tool.
4	Assess impact of pain on function to determine pain tolerability.	Incorporate proxy reporting.
5	Assess interference of pain on sleep and emotional stability.	Initiate analgesic trial to evaluate if pain is the cause of behaviors.
6	Develop a multimodal plan of pain care with realistic goals for comfort, function, and mood.	If the analgesic trial confirms pain, develop a multimodal plan of pain care evaluating treatment options' risks/benefits.

Courtesy of S. Booker, MS, RN, PhD(c) and K.A. Herr, PhD, RN, FAAN, University of Iowa, College of Nursing, 2015.

PAIN ASSESSMENT

Importance of Assessment

A considerable number of community-dwelling and facility-dwelling (ie, nursing homes) older adults experience persistent pain. Approximately 65% of cognitively intact community-dwelling older adults report pain in the last 3 months,[7] and similarly, 63.5% of adults with cognitive impairment report bothersome pain.[8] Pimentel and colleagues[9] found that 65% of nursing homes residents with cancer had pain, with slightly more than 60% having moderate pain and 13.5% severe pain. More concerning, however, is that an unacceptable number of older adults are not prescribed nondrug interventions[10] nor are taking analgesic medications.[8,9] With such a large number of older adults in pain and undertreated, it is imperative that pain is not only assessed on a daily basis but that affected individuals are also provided adequate treatment. Although numerous barriers are cited for underassessment and decreased self-report,[11] it is unacceptable that pain assessment remains incomplete, undocumented, and non–evidence-based across health care settings despite its designation as the fifth vital sign. The intent of the "fifth vital sign" was to encourage providers and nurses to assess pain more frequently and comprehensively. Since this designation, some studies show modest improvement in assessment,[12] whereas others show that pain assessment in older adults remains low and inconsistently documented in patient medical records in acute care.[2] This is likely owing to a continued need for