

Pain Assessment and Management for Older Patients with Dementia in Hospitals: An Integrative Literature Review

■ ■ ■ *I-Pei Tsai, Candidate, RN, PhD*
Sarah Yeun-Sim Jeong, RN, PhD,
and Sharyn Hunter, RN, PhD

■ ABSTRACT:

Previous studies have suggested that pain in older people with dementia is often underestimated and undertreated in acute hospitals. Undermanaged pain negatively affects a person's recovery and prolongs hospital stays. However, the issues related to pain assessment and management by nurses for this group have not been fully understood. (1) To synthesize evidence about pain assessment and management for older people with dementia in hospital settings, and (2) to discuss implications for nurses and their practice. Integrative literature review. A systematic search of evidence-based research from six electronic databases (CINAHL, MEDLINE, ProQuest, Cochrane, JBI, and Scopus) was conducted for the period of 2006-2016. Following Cooper's integrative review framework and a systematic screening process, the articles included were analyzed and synthesized to identify the common issues and relationships. Fourteen empirical research articles were examined and synthesized. Two main categories were identified and include: the nursing practice of pain assessment in older patients with dementia is less than optimal, and the nursing practice of pain management for this group varies. The lack of initiation of pain assessment and use of pain assessment tools may contribute to the inadequate pain management by nurses. Whereas this review uncovered the extent and challenges related to pain assessment and management, previous studies were explorative and descriptive. The findings from the review provide nurses with an opportunity to establish empirical evidence that may improve nursing practice of pain assessment and management for older people with dementia in hospital settings.

© 2017 by the American Society for Pain Management Nursing

From the School of Nursing & Midwifery, University of Newcastle, Callaghan, Australia.

Address correspondence to Sarah Yeun-Sim Jeong, RN, PhD, School of Nursing & Midwifery, University of Newcastle, PO Box 127, Ourimbah, NSW 2258, Australia. E-mail: sarab.jeong@newcastle.edu.au

*Received January 24, 2017;
Revised August 18, 2017;
Accepted October 2, 2017.*

1524-9042/\$36.00
© 2017 by the American Society for Pain Management Nursing
<https://doi.org/10.1016/j.pmn.2017.10.001>

INTRODUCTION

For older patients with dementia in acute settings, pain and dementia have been the cause of concern for many years. Dementia is a group of cognitive disorders that gradually reduce a person's ability to function in everyday life (Alzheimers' Australia, 2016) and is common among the older population admitted to hospital. A study reported that 42.4% of the older patients who were admitted to a hospital had dementia (Sampson, Blanchard, Jones, Tookman, & King, 2009). Pain, although common among older people with dementia, is often underestimated and undertreated (Achterberg et al., 2013; Alzheimers' Australia, 2011; McAuliffe, Brown, & Fetherstonhaugh, 2012). Because cognitive impairment limits the ability of older people with dementia to express their pain, nurses rely on what they observe. However, the behavioral and psychological symptoms of dementia, such as agitation, confusion, aggression, and hallucinations, often obscure the indicators of pain such as repeated calling out, moaning, crying, facial grimacing, restless, distressed pacing, pulling, kicking, or pushing away, which hinders pain assessment (Husebo et al., 2012; Scott, Jones, Blanchard, & Sampson, 2011).

Inadequate pain management attributed to inappropriate pain assessment results in a poor quality of care for older patients with dementia in acute settings (Atkinson & Almahdi, 2014; Scott et al., 2011). In particular, unmanaged pain among older patients with dementia has many detrimental consequences, such as depression, delirium, aggression, decreasing mobility and daily functioning, and prolonging hospital stays (Herr, 2011). An increased use of analgesics for management of pain for patients with dementia has been noted in recent years (Husebo, Achterberg, & Flo, 2016). However, inadequate pain management among the older people with dementia remains an issue, and there is little known about nursing practice for this group of people in acute care settings.

Objectives

The aims of this review were: (1) to synthesize evidence about pain assessment and management for older people with dementia in acute hospital settings, and (2) to discuss implications for nurses and nursing practice.

METHODS

Scoping Search

A scoping search of the literature was performed to determine feasibility and refine search terms. The

initial research question and the aim of the scoping search were to find out if there was a relationship between hospital nurses' knowledge/attitudes and their practice of pain assessment and management for older people with dementia. The search was conducted in six databases (CINAHL, MEDLINE, ProQuest, Cochrane, JBI, and Scopus); the search terms used in the scoping search included pain, dementia/cognitive impairment, older people/aged 65+, hospital/acute setting, nurse/nurses, knowledge/attitude/skill/practice/perception, and intervention/education. Given that only six research articles were found in the preliminary search, it became apparent that there was a lack of research by nurses about pain assessment and management for older people with dementia. The study aims were revised as stated earlier, and the search terms were then expanded to capture all the research evidence relevant and applicable to nurses and nursing practice. The expanded search terms included four categories in six electronic databases used in the scoping search; (1) pain and (2) older people or aged 65 and over, and (3) dementia or cognitive impairment, and (4) hospital or acute setting.

Study Design

An integrative review method was used to gather all the available studies and synthesize the studies' results (Soares et al., 2014). An integrative review generalizes inferences and summarizes and synthesizes accumulated knowledge. Then the results from the included studies are integrated in a critical manner to produce new insights and uncover new directions for future research (Soares et al., 2014). Cooper's (1984) framework for an integrative review was used. Table 1 illustrates how the framework was applied in this review.

Inclusion criteria were any English empirical research articles that were published in or after 2006; and that investigated the current practice for pain assessment and management of older people with cognitive impairment caused by irreversible degenerative cognitive disorders, including Alzheimer's, Parkinson's, vascular dementia, Lewy body dementia, and dementia caused by AIDS/HIV, and only in hospital or acute care settings. Exclusion criteria were studies that were related to the nursing practice of pain assessment and management of older people without dementia/cognitive impairment or with cognitive impairment but caused by reversible or nondegenerative cognitive disorders, including amnesia, pseudodementia, delirium, and acute brain trauma, and in nonacute settings. Studies that were not empirical or not available in English were also excluded. If questions arose regarding inclusion eligibility, this was further discussed by all authors in this review.

Download English Version:

<https://daneshyari.com/en/article/8578939>

Download Persian Version:

<https://daneshyari.com/article/8578939>

[Daneshyari.com](https://daneshyari.com)