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**Literature search results**

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**Search details**

Abbey pain scale for use with people with dementia or other cognitive impairments

**Resources searched**

NICE Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

**Database search terms:** “abbey pain scale”, “abbey pain assessment”, “abbey pain tool”

**Evidence / Google Scholar search string(s):** “abbey pain scale” OR “abbey pain assessment” OR “abbey pain tool”

**Guidelines and Policy**

**British Pain Society**

The assessment of pain in older people, 2007

p. 12 Abbey Pain Scale appendix

**Evidence Reviews**

Nothing found
**A psychometric evaluation of three pain rating scales for people with moderate to severe dementia.**

**Author(s)** Neville, Christine, Ostini, Remo

**Citation:** Pain management nursing : official journal of the American Society of Pain Management Nurses, Dec 2014, vol. 15, no. 4, p. 798-806 (December 2014)

**Publication Date:** December 2014

**Abstract:** Little comparative information exists regarding the reliability and validity of pain rating scales for nurses to assess pain in people with moderate to severe dementia in residential aged care facilities. The objective of this study was to evaluate the relative psychometric merits of the Abbey Pain Scale, the DOLOPLUS-2 Scale, and the Checklist of Nonverbal Pain Indicators Scale, three well-known pain rating scales that have previously been used to assess pain in nonverbal people with dementia. An observational study design was used. Nurses (n = 26) independently rated a cross-section of people with moderate to severe dementia (n = 126) on two occasions. The Abbey Pain Scale and the DOLOPLUS-2 Scale showed good psychometric qualities in terms of reliability and validity, including resistance to the influence of rater characteristics. The Checklist of Nonverbal Pain Indicators Scale also had reasonable results but was not as psychometrically strong as the Abbey Pain Scale and DOLOPLUS-2 Scale. This study has provided comparative evidence for the reliability and validity of three pain rating scales in a single sample. These scales are strong, objective adjuncts in making comprehensive assessments of pain in people who are unable to self-report pain due to moderate to severe dementia, with each having their own strengths and weaknesses. The DOLOPLUS-2 Scale provides more reliable measurement, and the Abbey Pain Scale may be better suited than the other two scales for use by nurse raters who only occasionally use pain rating scales or who have lower level nursing qualifications. Crown Copyright © 2014. Published by Elsevier Inc. All rights reserved.

**Source:** Medline

**Feasibility and Clinical Utility of the Japanese Version of the Abbey Pain Scale in Japanese Aged Care.**

**Author(s)** Takai, Yukari, Yamamoto-Mitani, Noriko, Chiba, Yumi, Kato, Ayako

**Citation:** Pain Management Nursing, 01 June 2014, vol./is. 15/2(439-448), 15249042

**Publication Date:** 01 June 2014

**Abstract:** Active usage of observational pain scales in Japanese aged-care facilities has not been previously described. Therefore, to examine the feasibility and clinical utility of the Abbey Pain Scale–Japanese version (APS-J), this study examined the interrater reliability of the APS-J among a researcher, nurses, and care workers in aged-care facilities in Japan. This study also aimed to obtain nurses’ and care workers’ opinions on use of the scale. The following data were collected from 88 residents of two aged-care facilities: demographics, Barthel Index, Folstein Mini-Mental Examination (MMSE), 15-item Geriatric Depression Scale (GDS-15), and APS-J for pain. The researchers, nurses, and care workers independently assessed the residents’ pain by using the APS-J, and intraclass correlation coefficients (ICC) for interrater reliability and Cronbach alpha for internal consistency were examined. The ICC between researchers and nurses, researchers and care workers, and nurses and care workers were 0.68, 0.74, and 0.76, respectively. Nurses and care workers were invited for focus group interviews to obtain their opinions regarding APS-J use. During these interviews, nurses and care workers stated that the observational points of APS-J subscales were the criteria they normally used to evaluate residents’ pain. Several nurses and care workers reported a gap between the estimated pain intensity and APS-J score. Unclear APS-J criteria, difficulties in observing residents, and insufficient practice guidelines were also reported. Our findings indicate that the APS-J has moderate...
reliability and clinically utility. To facilitate APS-J usage, education and clinical guidelines for pain management may be required for nurses and care workers.

**Source:** CINAHL

**Differences in pain measures by mini-mental state examination scores of residents in aged care facilities: examining the usability of the Abbey pain scale-Japanese version.**

**Author(s)** Takai, Yukari, Yamamoto-Mitani, Noriko, Ko, Ayako, Heilemann, Marysue V

**Citation:** Pain management nursing : official journal of the American Society of Pain Management Nurses, Mar 2014, vol. 15, no. 1, p. 236-245 (March 2014)

**Publication Date:** March 2014

**Abstract:** The validity and reliability of the Abbey Pain Scale-Japanese version (APS-J) have been examined. However, the range of cognitive levels for which the APS-J can be accurately used in older adults has not been investigated. This study aimed to examine the differences between total/item scores of the APS-J and Mini-Mental State Examination (MMSE) scores of residents in aged care facilities who self-reported the presence or absence of pain. This descriptive study included 252 residents in aged care facilities. Self-reported pain, MMSE scores, and item/total APS-J scores for pain intensity were collected. The MMSE scores were used to create four groups on the basis of the cognitive impairment level. Self-reports of pain and the APS-J scores were compared with different MMSE score groups. The total APS-J score for pain intensity as well as scores for individual items such as "vocalization" and "facial expression" were significantly higher in those who reported pain than in those reporting no pain across all MMSE groups. The total APS-J score and item scores for "vocalization," "change in body language," and "behavioral changes" showed significant differences in the four MMSE groups. Pain intensity tended to be overestimated by the APS-J, especially among those with low MMSE scores. The APS-J can be used to assess pain intensity in residents despite their cognitive levels. However, caution is required when using it to compare scores among older adults with different cognitive capacity because of the possibility of overestimation of pain among residents with low cognitive capacity.

**Source:** Medline

**Observer-rated pain assessment instruments improve both the detection of pain and the evaluation of pain intensity in people with dementia.**

**Author(s)** Lukas, A, Barber, J B, Johnson, P, Gibson, S J

**Citation:** European journal of pain (London, England), Nov 2013, vol. 17, no. 10, p. 1558-1568 (November 2013)

**Publication Date:** November 2013

**BACKGROUND:** Observer-rated pain assessment instruments for people with dementia have proliferated in recent years and are mainly effective in identifying the presence of pain. The objective of this study was to determine whether these tools can also be used to evaluate intensity of pain.

**METHOD:** Quasi-experimental design. Cognitively intact [Mini Mental State Examination (MMSE) ≥ 24, n = 60] and impaired people (MMSE < 20, n = 65) in nursing home facilities took part in the study. Participants were observed at rest and during a movement protocol. Directly afterwards, the observer, blinded to cognitive status, completed three behavioural pain assessment instruments (Abbey Pain Scale, Pain Assessment in Advanced Dementia Scale (PAINAD), Non-communicative Patient's Pain Assessment Instrument (NOPPAIN)), before interviewing the resident about pain self-report.

**RESULTS:** Significant correlations were found between observer-rated and self-rated measures of pain and were stronger in persons with dementia than in cognitively intact adults. Discriminant function analysis (DFA) revealed: (1) that the use of observer-rated instruments improved recognition of the presence or
absence of pain by up to 25.4% (in dementia) and 28.3% (in cognitively intact adults) above chance; and (2) the same instruments improved the classification of residents into the correct self-reported level of pain intensity by up to 42.5% (in dementia) and 34.1% (in cognitively intact adults) above chance. However, DFA also reveals a considerable rate of 'false alarms' for pain in cognitively intact and 'misses' in cognitively impaired people.

**CONCLUSIONS:** The use of the Abbey Pain Scale, PAINAD or NOPPAIN improves both the recognition of pain presence/absence as well as rating pain severity in older people with impaired cognition.

**Source:** Medline

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**Pain in the elderly: validity of facial expression components of observational measures.**

**Author(s)** Sheu, Esther, Versloot, Judith, Nader, Rami, Kerr, Deborah, Craig, Kenneth D

**Citation:** The Clinical journal of pain, Sep 2011, vol. 27, no. 7, p. 593-601 (September 2011)

**Publication Date:** September 2011

**Abstract:** Assessing pain in elderly persons, who have diminished capacity to communicate verbally, requires use of observational scales that focus upon nonverbal behavior. Facial expression has been recognized as providing the most specific and sensitive nonverbal cues for pain. This study examined the validity of facial expression components of 6 widely used pain assessment scales developed for elders with dementia. Descriptions of the facial expression of pain vary widely on these scales. The detailed, anatomically based, objectively coded, and validated Facial Action Coding System was used as a criterion index to provide a definitive description of the facial expression of pain. Thirty elderly inpatients with clinically significant pain in the back or hip, the majority of whom had cognitive impairments, provided videotaped reactions to physical activities. Participants' facial expressions were videotaped during 4 randomly ordered physical activities and coded by a qualified Facial Action Coding System coder. Three 6-second clips indicative of mild, moderate, and severe pain intensities were selected for study for each participant. The 90 clips were coded by 5 raters using the facial expression components of the following observational scales: Doloplus-2, Mahoney, Abbey, pain assessment checklist for seniors with limited ability to communicate, noncommunicative patient's Pain Assessment Instrument, and Pain Assessment in Advanced Dementia. Overall, scales that provided specific descriptions using the empirically displayed facial actions associated with pain yielded greater sensitivity, interjudge reliability, and validity as indices of pain. Facial expression items on observational scales for assessing pain in the elderly benefit from adherence to empirically derived descriptions. Those using the scales should receive specific direction concerning cues to be assessed. Observational scales that provide descriptors that correspond to how people actually display facial expressions of pain perform better at differentiating intensities of pain.

**Source:** Medline

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**The comparative reliability and validity of observer-rated pain assessment tools in persons with dementia**

**Author(s)** Gibson S.J., Barber B., Johnson P., Arnold C.

**Citation:** Anaesthesia and Intensive Care, July 2011, vol./is. 39/4(743), 0310-057X (July 2011)

**Publication Date:** July 2011

**Abstract:** Background and aims: There is growing international concern over the apparent inadequacy of current pain assessment methods for persons with dementia and particularly in those who have lost verbal communication skills. Undetected or untreated pain can have serious adverse effects on frail older persons and contribute to greater demands for daily nursing care with a
corresponding increase in health care costs. While self-report has become the de
facto gold standard for pain assessment, other non-verbal methods (i.e.
behavioural assessment tools) also provide important and clinically relevant
information, and may be the preferred assessment choice in cases of moderate-
severe dementia. The present study provides the first ever direct comparative
evaluation of reliability and validity of several new behavioural pain assessment
tools in verbal and non-verbal older persons with dementia. Methods: A total of 207
older residents (85.93+/-7.8 years) were randomly selected from eight aged care
facilities including one-third with moderate-severe cognitive impairment and who
were non-verbal. The presence and intensity of pain was measured, at rest and on
movement, using observer-rated pain behaviour assessment tools including
Abbey, Pain Assessment in Advanced Dementia, Non-Communicative Patient's
Pain Assessment Instrument, Discomfort Scale for Dementia of the Alzheimer's
Type and Checklist of Nonverbal Pain Indicators. At least two independent ratings
of pain were made on each resident in order to compare inter-rater reliability.
Concurrent validity was examined by comparing the strength of correlation
between scores attained across all measures and with self report (where
available). The best set of individual items from all observer-rated tools were
selected using discriminant function analysis and then validated for accuracy in a
new sample (n=37). Results: All observer-rated pain scales were shown to have
good levels of reliability and validity in persons with moderate-severe dementia,
with the Abbey (r=0.719) and the Pain Assessment in Advanced Dementia
(r=0.701) showing the strongest correlation with self report measures. The use of a
movement-based protocol helped to reduce individual variability and improve the
overall reliability and validity of all measures. Individual items that quantify facial
expressions, behavioural actions (i.e. rubbing the affected part), physical changes
(i.e. bruises, arthritis), vocalisation (i.e. moaning) and ability to console the person
were shown to be the best indicators of likely pain and resulted in a 90.9% correct
classification of residents into those with and those without pain. Confirmation of the
predictive accuracy of this set of items in a new sample of persons in residential
aged care revealed an 84% correct classification of demented older persons with
pain. Conclusion: The identification of valid and reliable behavioural markers of
pain in non-verbal demented older persons has immediate application for future
clinical practice. The use of a movement-based protocol appears to enhance the
measurement accuracy of most observer-rated pain assessment tools and future
clinical practice should incorporate this strategy into the preferred assessment
protocol. Identification of the best set of items from existing observer-rated tools
should ultimately provide more accurate, simple and user-friendly pain assessment
tools for this highly dependent and vulnerable group.

Source: EMBASE
Available in fulltext from Anaesthesia & Intensive Care at EBSCOhost

The psychometric qualities of four observational pain tools (OPTs) for the
assessment of pain in elderly people with osteoarthritic pain
Author(s) Liu J.Y.W., Briggs M., Closs S.J.
Citation: Journal of Pain and Symptom Management, October 2010, vol./is.
40/4(582-598), 0885-3924 (October 2010)
Publication Date: October 2010
Abstract: Context: Pain in cognitively impaired elderly people (CIEP) often goes
unrecognized. Observational pain tools (OPTs) have been designed, but with
limited evidence to support their psychometric qualities. Objectives: This study
compared four OPTs (the Pain Assessment IN Advanced Dementia [PAINAD],
Abbey Pain Scale [Abbey PS], Pain Assessment Checklist for Seniors with Limited
Ability to Communicate [PACSLAC], and Discomfort Scale - Dementia of Alzheimer
Type [DS-DAT]), two self-report scales, and two proxy-report scales in assessing
osteoarthritic (OA) pain among CIEP. Methods: Participants (n = 124) were divided
into two groups: cognitively intact and impaired. They were observed by two raters
simultaneously at rest and during a standardized exercise program. Besides reliabilities, the correlation between the OPTs and the self-report/proxy-report scores was evaluated. The OPT scores collected during different activity levels were compared to establish the convergent and discriminant validity. Confirmatory factor analysis was used to evaluate the construct validity. Results: Similar and accepted patterns of reliability/validity were obtained for all OPTs, in which better levels of psychometric properties were consistently obtained during exercise. However, a single construct (OA pain) appeared only in the PAINAD and Abbey PS after deletion of the "breathing" and "physiological change" indicators, respectively. This showed that OPTs were better used to detect OA pain when pain was triggered by movement (i.e., an exercise program). Conclusion: The PAINAD and Abbey PS appeared to be more reliable and valid for assessing OA pain while using an exercise program among elderly people, regardless of their cognitive ability. © 2010 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc.
two nursing homes in Japan to include: demographics, the Barthel Index, Folstein Mini-Mental Examination (MMSE), APS-J and Verbal Descriptor Scale (VDS) for pain. Two researchers independently assessed the residents' pain using the APS-J while the residents walked or were transferred from bed to wheelchair. Intraclass correlation coefficients (ICC) for inter-rater and test-retest reliability, Chronbach's alpha-value of the APS-J, and correlation between the APS-J and other variables were examined. Data were obtained from 171 residents. The ICC for inter-rater and test-retest reliability were 0.824 and 0.657, respectively. Internal consistency was 0.645 for the total sample and 0.719 for those with an MMSE score of 0 (n = 58). Multiple regression analysis showed that contracts (P

Source: Medline
Available in fulltext from Geriatrics & Gerontology International at EBSCOhost

Are we providing the best possible pain management for our elderly patients in the acute-care setting?

Author(s): McLiesh, Paul, Mungall, Davina, Wiechula, Rick
Citation: International journal of evidence-based healthcare, Sep 2009, vol. 7, no. 3, p. 173-180 (September 2009)
Publication Date: September 2009
Abstract: During 2008 seven practice improvement projects were conducted in an acute-care hospital under the banner of The Older Person and Improving Care (TOPIC 7). Each project team examined a discrete aspect of care of the elderly and this project focus was on pain management and in particular assessment of the older person with communication difficulties. The project intended to assess current practice and implement changes to match best practice in the management of pain in the older person within an acute-care setting. A multidisciplinary team was recruited to conduct the project. The pain team with the other six TOPIC 7 teams was facilitated by a coordinating team. The project was divided into four phases. Phase one was designated as Describing, where the clinical issue was identified and focused to priority areas. It was decided to focus on the elderly who were unable to verbally communicate their pain management needs. Standards of practice relevant to the area of practice were sourced to guide practice improvement. Phase two was Measuring activity where clinical audits were used to measure current practice and compare this with the appropriate standards. Phase three was Taking action where a range of practice improvement activities were implemented including the introduction of the Abbey Pain Scale. The final phase was designated as Review and share where the impact of the project activities was measured with a follow-up audit and the results were disseminated. Initial results showed a need for increased awareness of the difficulties in the pain assessment and management of older persons who cannot verbally communicate their needs. Standards of practice relevant to the area of practice were sourced to guide practice improvement. Phase two was Measuring activity where clinical audits were used to measure current practice and compare this with the appropriate standards. Phase three was Taking action where a range of practice improvement activities were implemented including the introduction of the Abbey Pain Scale. The final phase was designated as Review and share where the impact of the project activities was measured with a follow-up audit and the results were disseminated. Initial results showed a need for increased awareness of the difficulties in the pain assessment and management of older persons who cannot verbally communicate their needs. Seventy-eight per cent of patients had a documented pain assessment in the previous 24 h on audit. However, 83% of these assessments were only a general comment in the patient records. No tools were available for completing a systematic assessment that was reliable and reproducible. Sixty-two per cent of patients did not have analgesia administered 1 h before mobilising or having a significant dressing completed. Reaudit, posteducation sessions, showed an increase in the awareness in the complexities involved in caring for this group of patients. An alternate, specific tool (Abbey Pain Scale) was utilised well by staff and acted as a prompt in reminding staff to assess the pain levels of their elderly patients. Globally, pain in the older person is poorly managed. Pain in older persons who are unable to communicate or who have difficulty in communicating their needs is even more poorly managed. However, the availability of an appropriate tool and an increased awareness of this issue can have a significant and real impact on the pain management of this group of patients. © 2009 The Authors. Journal Compilation © Blackwell Publishing Asia Pty Ltd.
Source: Medline
Available in fulltext from International Journal of Evidence-Based Healthcare at
Paramedic assessment of pain in the cognitively impaired adult patient.

**Author(s)**: Lord, Bill

**Citation**: BMC Emergency Medicine, Jan 2009, vol. 9, p. 20. (2009)

**Publication Date**: January 2009

**Abstract**: Paramedics are often a first point of contact for people experiencing pain in the community. Wherever possible the patient's self report of pain should be sought to guide the assessment and management of this complaint. Communication difficulty or disability such as cognitive impairment associated with dementia may limit the patient's ability to report their pain experience, and this has the potential to affect the quality of care. The primary objective of this study was to systematically locate evidence relating to the use of pain assessment tools that have been validated for use with cognitively impaired adults and to identify those that have been recommended for use by paramedics. A systematic search of health databases for evidence relating to the use of pain assessment tools that have been validated for use with cognitively impaired adults was undertaken using specific search criteria. An extended search included position statements and clinical practice guidelines developed by health agencies to identify evidence-based recommendations regarding pain assessment in older adults. Two systematic reviews met study inclusion criteria. Weaknesses in tools evaluated by these studies limited their application in assessing pain in the population of interest. Only one tool was designed to assess pain in acute care settings. No tools were located that are designed for paramedic use. The reviews of pain assessment tools found that the majority were developed to assess chronic pain in aged care, hospital or hospice settings. An analysis of the characteristics of these pain assessment tools identified attributes that may limit their use in paramedic practice. One tool--the Abbey Pain Scale--may have application in paramedic assessment of pain, but clinical evaluation is required to validate this tool in the paramedic practice setting. Further research is recommended to evaluate the Abbey Pain Scale and to evaluate the effectiveness of paramedic pain management practice in older adults to ensure that the care of all patients is unaffected by age or disability.

**Source**: Medline

Pain management for residents with severe dementia in Australian residential care facilities: Policies, practices and pain scales

**Author(s)**: Abbey J., Abbey B.

**Citation**: Journal of Pain Management, 2009, vol./is. 1/4(379-389), 1939-5914 (2009)

**Publication Date**: 2009

**Abstract**: Managing pain for people with dementia is known to be complex and assessment and treatment continues to be reported as suboptimal. It has been shown that using pain scales for this population is useful, but also that such scales are seen as lacking robust measures of validity and reliability. Behind the survey reported in this paper was the belief that knowledge of the context within which any scale is used could be as fruitful as the research effort that is being devoted to improving psychometric properties and developing new scales. The survey, sent to all Australian residential aged care facilities (RACFs), focused on institutional policy, practices and staff opinions concerning the use of pain scales for people with dementia. The response rate was 24% (598 of 2,527), low enough to signal caution and high enough to be worthy of analysis. Only 77% of responding RACFs had a pain policy and only 61% used pain assessment scales as a matter of clinical routine. Respondents considered body language, facial expression, and vocalization the most useful behavioural indicators of pain. The Abbey pain scale was the most often used, but the perceived inability of any scale to distinguish between pain, distress or suffering for people with dementia was apparent among all levels of staff, leading to distrust of results from any scale. A better
understanding of the context and culture of pain management in RACFs is a necessary supplement to further refinement of pain measures. © 2009 Nova Science Publishers, Inc.

Source: EMBASE

**Pain in elderly people with severe dementia: A systematic review of behavioural pain assessment tools**

**Author(s)** Zwakhalen S.M.G., Hamers J.P.H., Abu-Saad H.H., Berger M.P.F.

**Citation:** BMC Geriatrics, January 2006, vol./is. 6/, 1471-2318;1471-2318 (27 Jan 2006)

**Publication Date:** January 2006

**Abstract:** Background: Pain is a common and major problem among nursing home residents. The prevalence of pain in elderly nursing home people is 40-80%, showing that they are at great risk of experiencing pain. Since assessment of pain is an important step towards the treatment of pain, there is a need for manageable, valid and reliable tools to assess pain in elderly people with dementia.

Methods: This systematic review identifies pain assessment scales for elderly people with severe dementia and evaluates the psychometric properties and clinical utility of these instruments. Relevant publications in English, German, French or Dutch, from 1988 to 2005, were identified by means of an extensive search strategy in Medline, Psychinfo and CINAHL, supplemented by screening citations and references. Quality judgement criteria were formulated and used to evaluate the psychometric aspects of the scales.

Results: Twenty-nine publications reporting on behavioural pain assessment instruments were selected for this review. Twelve observational pain assessment scales (DOLOPLUS2; ECPA; ECS; Observational Pain Behavior Tool; CNPI; PACSLAC; PAINAD; PADE; RaPID; Abbey Pain Scale; NOPPAIN; Pain assessment scale for use with cognitively impaired adults) were identified. Findings indicate that most observational scales are under development and show moderate psychometric qualities.

Conclusion: Based on the psychometric qualities and criteria regarding sensitivity and clinical utility, we conclude that PACSLAC and DOLOPLUS2 are the most appropriate scales currently available. Further research should focus on improving these scales by further testing their validity, reliability and clinical utility. © 2006 Zwakhalen et al; licensee BioMed Central Ltd.

Source: EMBASE

Available in fulltext from BMC Geriatrics at EBSCOhost

**The Abbey pain scale: a 1-minute numerical indicator for people with end-stage dementia.**

**Author(s)** Abbey, Jennifer, Piller, Neil, De Bellis, Anita, Esterman, Adrian, Parker, Deborah, Giles, Lynne, Lowcay, Belinda

**Citation:** International journal of palliative nursing, Jan 2004, vol. 10, no. 1, p. 6-13, 1357-6321 (January 2004)

**Publication Date:** January 2004

**Abstract:** The need for a specialized clinical regimen for patients with dementia who require palliative care has only recently been recognized. Structured approaches to palliative care are not well developed. The recognition and treatment of pain is an important part of this management risk. However, pain is consistently underdiagnosed and undertreated in this population. A factor contributing to this has been a lack of appropriate tools to help recognize and document pain. This study sought to develop and validate an easy-to-use pain scale for use in residential aged care homes. The tool was developed with residents with end- or late-stage dementia who were unable to articulate their needs, identified by the registered nurses who knew them. Results showed that following pain-relief intervention the average pain score recorded using the scale fell by more than half. A paired Student's t-test showed the reduction to be highly significant (P
Pain assessment in older people with dementia: literature review
L McAuliffe, R Nay, M O'Donnell - Journal of Advanced Nursing, 2009
This paper is a report of a literature review conducted to identify barriers to successful pain assessment in older adults with dementia and possible strategies to overcome such barriers.
Pain is frequently undetected, misinterpreted, or inaccurately assessed in older adults with cognitive impairment. These people are often unable to articulate or convey how they feel and are often perceived as incapable of experiencing or recalling pain.
Searches were conducted of CINAHL, Medline and other databases for the period 1993–2007 using the search terms pain, dementia, assess*, barrier* and obstacle*.
Studies were critically appraised by two independent reviewers. Data were extracted using instruments specifically developed for the review. Studies were categorized according to levels of evidence defined by the Australian National Health and Medical Research Council and Joanna Briggs Institute.
Perceived barriers to successful pain assessment in people with dementia included lack of recognition of pain, lack of sufficient education and/or training, misdiagnosis or late diagnosis, and non-use of assessment tools. Barriers related to people with dementia included insufficient evidence, the possibility of a 'no pain' subset of people with dementia, type of pain, and stoical attitudes. Strategies proposed as means of overcoming these barriers included knowing the person, knowing by diversity/intuitive perception, education and training, and use of adequate tools.
More extensive education and training about the relationship between pain and dementia are urgently needed, as is the development and implementation of an effective pain assessment tool specifically designed to detect and measure pain in older adults with all stages of dementia.

Tools for assessment of pain in nonverbal older adults with dementia: a state-of-the-science review
K Herr, K Bjoro, S Decker - Journal of pain and symptom management, 2006
To improve assessment and management of pain in nonverbal older adults with dementia, an effective means of recognizing and evaluating pain in this vulnerable population is needed. The purpose of this review is to critically evaluate the existing tools used for pain assessment in this population to provide recommendations to clinicians. Ten pain assessment tools based on observation of behavioral indicators for use with nonverbal older adults with dementia were evaluated according to criteria and indicators in five areas: conceptualization, subjects, administration, reliability, and validity. Results indicate that although a number of tools demonstrate potential, existing tools are still in the early stages of development and testing. Currently, there is no standardized tool based on nonverbal behavioral pain indicators in English that may be recommended for broad adoption in clinical practice.