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Title: Retrospective audit assessing the impact of PAINAD scale on identification and treatment of pain in cognitively impaired adults unable to verbalise their pain.

Background: Identification and assessment of pain are important to its effective management. Assessment of pain is difficult in this group of individuals and behaviour observational scales, to aid in its identification, have been advocated (Royal College Physicians et al, 2007). The Abbey Scale was introduced to our Trust but failed to be adopted in practice. In 2017, a Quality Improvement Project (QIP) piloted an alternative scale (Pain Assessment in Advanced Dementia – PAINAD) (Warden et al, 2003). The PAINAD uses a score of 0-10, with higher scores being more indicative of pain.

Aim: To assess the impact of using the PAINAD scale on the identification and management of pain in cognitively impaired adults unable to verbalise the presence of pain.

Objectives: To assess the difference in documented pain scores for individuals who had their pain assessed using the PAINAD compared with those who did not.

To identify if there was a difference between analgesics prescribed and administered in these two groups of patients.

Methodology: The original QIP data was reviewed retrospectively. Those patients identified as unable to verbalise their pain were divided into two groups – Group 1, PAINAD used, compared with Group 2, no formal assessment used. We recorded pain scores documented on the day of the original data collection and analgesics prescribed and administered on that date.

Results: 19 patients were identified in Group 1 (PAINAD) and 20 in Group 2 (no formal assessment).

Age in years: Group 1, 63-93 (mean = 83); Group 2 74-94 (mean = 85).

Male:female ratio: Group 1 6:12, one unrecorded: Group 2 8:12.

12/19 (63%) patients in Group 1 had no pain (score 0), whereas 18/19 (95%) in Group 2 had pain documented as ‘0’ without the use of a recognised pain assessment tool for patients unable to verbalise their pain.

Table one – Number of patients prescribed and administered analgesics in the two groups

	Group 1 N=19		Group 2 N=20	
	Number	**%**	**Number**	**%**
Paracetemol				
Prescribed	14/19	74%	14/20	70%
Administered	13/19	68%	11/20	55%
NSAID/Tramadol				
Prescribed	NIL	NIL	NIL	NIL
Codeine				
Prescribed	9/19	47%	4/20	20%
Administered	5/19	26%	2/20	10%
Regular Opioid				
Prescribed	3/19	16%	5/20	25%
Administered	3/19	16%	5/20	25%
PRN Opioid				
Prescribed	13/19	68%	5/20	25%
Administered	4/19	21%	3/20	15%

All patients, who were scored as having pain, had analgesia prescribed and administered. Patients in both groups had opioids administered with a documented score of 0 (Group 1 – 25%; Group 2 – 32%).

Conclusion: There is some evidence that, when PAINAD is used, patient's pain is more accurately assessed and analgesics more appropriately prescribed. Further evaluation of the scale in practice is needed.

The PAINAD scale should be considered to identify and formalise assessment of pain in this vulnerable group of adults.

References:

Royal College Physicians, British Geriatric Society, British Pain Society (2007). The Assessment of Pain in Older People: National Guidelines. RCP:London

Warden V, Hurley AC, Volicer V (2003). Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. Journal American Medical Directors Association; 4:9-15.

Declaration:

I have permission to share this information with NAPS and for abstract publication. This abstract will not be published or presented at any other meeting prior to NAPS meeting. No ethical review was required. There are no conflicts of interest.