Pain Assessment in Special Populations

What We Know

- Since response to painful stimuli in special populations (e.g., older adults, critically ill patients, emergency department patients, patients with mental health disorders, substance abuse, cognitive impairment, sensory alterations, or chronic pain) may be increased or decreased, careful pain assessment is especially important\(^3\),\(^4\).

- **Older patients**
  - Older adults may or may not be able to use pain assessment measures based on their level of cognitive impairment, which can affect their ability to communicate their level of pain severity. They may be able to use measures developed for children (e.g., Faces Pain Scale). Behavioral assessments may also be used to determine whether they are experiencing pain. Assessments done while the older patient is active (e.g., walking and bending) may be more informative than those done while the patient is at rest, as musculoskeletal pain is the most common type of pain in older adults\(^4\).
  - The multidimensional pain assessment tools most commonly used with older adults are the McGill Pain Questionnaire, the Brief Pain Inventory, the Functional Pain Scale, and the Geriatric Pain Measure\(^1\).
  - Unidimensional pain scales that have been used with older adults include the Visual Analog Scale, the Rating Scale, the Numerical Rating Scale, and the Faces Pain Scale\(^1\).

- **Critically ill patients**
  - Anxiety and depression have been associated in research studies with pain in the critically ill patient\(^3\).
  - Critically ill patients often experience procedural pain (e.g., chest tube removal or endotracheal suctioning) in association with pain from their medical condition\(^3\),\(^4\).
  - Patients without cognitive impairment but who are unable to talk (e.g., those who are intubated) can indicate pain intensity with a corresponding number of fingers or by pointing to a number on a pain scale\(^4\).
  - Investigators found the Behavioural Pain Scale to be a valid and effective tool for assessing pain in sedated and unconscious patients\(^7\).

- **Patients in the emergency department**
  - Use of pain assessment tools (e.g., Faces Pain Scale) in the emergency department helps to decrease anxiety in patients and their families\(^3\).

- **Patients with mental health disorders**
  - Uncontrolled pain can lead to behavioral and emotional changes, especially depression and anxiety, and can worsen psychiatric symptoms (e.g., increase anxiety, exacerbate fatigue, and produce sleep disturbances) in patients with a mental health disorder\(^3\),\(^4\).
  - Patients with a mental health disorder (e.g., bulimia, major depression, schizophrenia, and schizoaffective disorder) tend to have higher pain thresholds, while patients with substance abuse, dementia, and peripheral neuropathy may have lower pain thresholds\(^3\),\(^4\).

- **Patients with substance abuse**
  - Patients with cocaine, opioid, or alcohol addiction have decreased pain tolerance leading to an increase in sensitivity to painful stimuli\(^3\),\(^4\).
  - Physical and psychological assessments are necessary to evaluate pain accurately in this population\(^3\),\(^4\).

- **Patients with cognitive impairment**
  - Patients with cognitive deficits may be able to use self-report tools (e.g., 0 to 10 rating scale) for pain intensity. When they cannot, behavioral cues (such as changes in behavior, vocalizations) can alert the professional to the presence of pain\(^4\).
  - For cognitively impaired persons who are unable to report pain but appear to be in pain, an algorithm can be developed to alleviate discomfort\(^4\).
  - The algorithm should be based upon assessment of key signs and symptoms of discomfort and may include:
    - ...
What We Can Do

- Learn about pain assessment in special populations. Share this knowledge with colleagues
- Be aware that patients with altered pain thresholds may have inaccurate perceptions of an external threat (e.g., hot water that may feel tepid) and that these patients should be instructed to protect themselves from potential injury. Educate the patient on safety measures, which include
  - using caution with extreme temperatures to prevent burns and thermal injuries
  - checking for pressure from tight-fitting shoes and clothing
  - wearing protective shoes to prevent injury (avoiding open-toe or high heels shoes)
  - having adequate lighting to prevent falls
  - assessing their own balance, steadiness, and gait, if appropriate
  - assessing for environmental dangers (e.g., removing loose cords and rugs to prevent falls)
- Be aware that caregiver continuity enhances caregivers’ ability to detect changes in subtle behaviors of patients with cognitive impairment and thus aids in accurate assessment. Also be aware that family members or nurses may be attuned to the behavioral cues of these special patients that may indicate pain or extreme discomfort
- Instruct family caregivers in pain assessment to better care for the patient
- Be aware that pain may be expressed in nonverbal and behavioral ways such as crying, grimacing, rubbing the affected area, guarding the affected area, not moving the affected area, moaning, grunting, sighing, bracing, wincing, groaning, and restlessness
- Educate the family or caregivers on nonverbal and behavioral expressions of pain

References