

Pain and Dementia

Pain, a debilitating symptom, is often unrecognised and left untreated in people with dementia, particularly for those who cannot describe or identify their pain.

If a person is reluctant to accept pain relief liaise with GP to see if it can be changed to another form eg: patch or liquid form.



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Understanding Pain in Dementia



Memory Service

Pain and Dementia

Communication of Pain

People living with Dementia may not always be able to tell us they are in pain or where they are in pain, but they may show they are in pain through their behaviour.

Behaviours that may indicate pain or other physical:

- Increased agitation and restlessness
- Declining assistance with personal care
- Changes in mobility/posture such as increased falls
- Changes in appetite or fluid intake
- Changes in activity or energy levels
- Changes in sleep pattern
- Incontinence/constipation
- Changes in emotions such - crying, withdrawn, grimacing
- Calling out
- Increased confusion, appearing to see or hear things that aren't there
- Rummaging
- Unable to rest or sit still, constantly changing position
- Protecting body part

Consider

- The person may not be able to accurately tell you they are in pain
- They may know they are sore but be unable to pinpoint origin correctly
- Communication— it is important to note that a person living with dementia may mix up their yes/no responses. The person may say 'no' when they mean 'yes' and vice versa
- Think about their past medical history - Do they have any pain causing conditions? Are they prone to infections?



Actions to take if sudden change in presentation

- Contact GP to request full physical examination including medication review if necessary
- Complete bloods to rule out infection or dehydration
- Complete MSSU
- After assessment if a possible trigger is identified, refer on to the appropriate specialist such as the optician, dentist, chiropodist
- Monitor sleep pattern (24hr), and food & fluid intake
- Complete pain assessments to try to identify triggers
- Administer regular pain relief and monitor for effectiveness
- Try giving pain relief prior to interventions
- Talk to the family to gather information regarding the person's life history, medical conditions