

## Pain Assessment for Older Adults

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**WHY:** Studies on pain in older adults (persons 65 years of age and older) have demonstrated that 25%-50% of community dwelling older people have persistent pain. Additionally, 45-80% of nursing home residents report pain that is often left untreated. Pain is strongly associated with depression and can result in decreased socialization, impaired ambulation and increased healthcare utilization and costs. Older adults tend to minimize or not report their pain or are unable to due to sensory and or cognitive impairments. A significant barrier in treating pain in older adults is inadequate pain assessment. Therefore, a proactive, consistent approach must be taken to screen and assess older adults for persistent pain.

**BEST TOOL:** Patients' self report is the most reliable measure of pain intensity as there are no biological markers of pain. Simply worded questions and tools, which can be easily understood, are the most effective, as older adults frequently encounter numerous factors, including sensory deficits and cognitive impairments. The most widely used pain intensity scales used with older adults are the Numeric Rating Scale (NRS), the Verbal Descriptor Scale (VDS) and the Faces Pain Scale-Revised (FPS-R). The most popular tool, the NRS, asks a patient to rate their pain by assigning a numerical value with zero indicating no pain and 10 representing the worst pain imaginable. The VDS asks the patient to describe their pain from "no pain" to "pain as bad as it could be." The FPS-R asks patients to describe their pain according to a facial expression that corresponds with their pain.

**TARGET POPULATION:** All three scales are used with both community and older adults in acute and long term care settings. While there are specific tools designed to capture pain in non-verbal cognitively impaired older adults, studies have shown that the Faces, Numeric Rating and Verbal Descriptor scales may be used effectively with cognitively impaired older adults. The choice of a scale may depend on the presence of a particular language or sensory impairment. The same scale should be used consistently with each individual patient.

**VALIDITY AND RELIABILITY:** Among these three scales, several studies have demonstrated concurrent validity between 0.56 and 0.90 with the lowest correlations found between the FPS-R and the other scales, suggesting that the FPS-R may be measuring a broader construct incorporating pain. Test-retest reliability was demonstrated with coefficients ranging from 0.75-0.89.

**STRENGTHS AND LIMITATIONS:** Overall, the NRS was the preferred scale with cognitively intact older adults and the FPS-R was the preferred scale with cognitively impaired patients. In addition, African-Americans and Hispanics preferred the FPS-R. The FPS-R was also the scale that was preferred with mildly, moderately and severely impaired older adults. These brief assessment tools should not replace performing a comprehensive health history and physical exam, which may lead to the determination of etiologies of pain.

### MORE ON THE TOPIC:

Best practice information on care of older adults: [www.ConsultGerIRN.org](http://www.ConsultGerIRN.org).

American Geriatrics Society Panel on Persistent Pain in Older Persons. (2002). Clinical practice guidelines:

The management of persistent pain in older persons. *JAGS*, 50, S205-S224. Available at

[http://www.americangeriatrics.org/products/positionpapers/persistent\\_pain\\_guide.shtml](http://www.americangeriatrics.org/products/positionpapers/persistent_pain_guide.shtml), from the American Geriatrics Society Web site, [www.americangeriatrics.org](http://www.americangeriatrics.org).

Herr, K., Bjoro, K., & Decker, S. (2006). Tools for assessment of pain in nonverbal older adults with dementia:

A state-of-the-science review. *Journal of Pain and Symptom Management*, 31(2), 170-192.

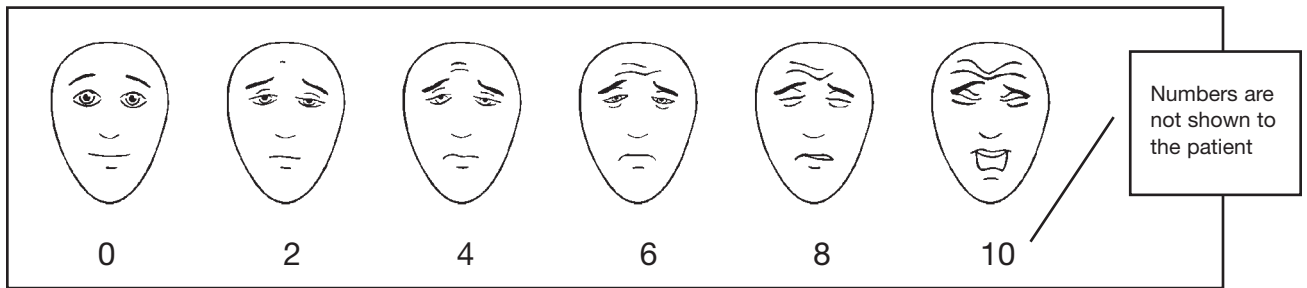
Herr, K., Spratt, K., Mobily, P., & Richardson, G. (2004). Pain intensity assessment in older adults: Use of Experimental Pain to Compare Psychometric Properties and Usability of Selected Scales in Adult and Older Populations. *Clinical Journal of Pain*, 20(4), 207-219.

Taylor, L., & Herr, K. (2003). Pain intensity assessment: A comparison of selected pain intensity scales for use in cognitively intact and cognitively impaired African American older adults. *Pain Management Nursing*, 4(2), 87-95.

Taylor, L.J., Harris, J., Epps, C., & Herr, K. (2005). Psychometric evaluation of selected pain intensity scales for use in cognitively impaired and cognitively intact older adults. *Rehabilitation Nursing*, 30(2), 55-61.

Ware, J. Epps, C., Herr, K., & Packard, A. (2006). Evaluation of the revised faces pain scale, verbal descriptor scale, numeric rating scale, and Iowa pain thermometer in older minority adults. *Pain Management Nursing*, 7(3), 117-125.

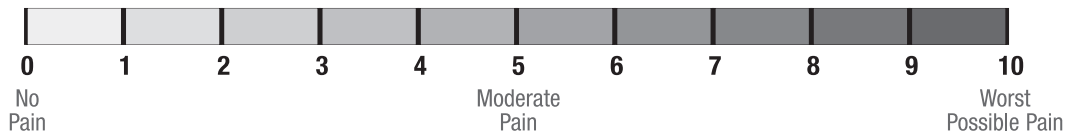
## FACES PAIN SCALE – REVISED



From PAIN, 2001, 93, 173-183 "The Faces Pain Scale – Revised. Toward a Common Metric in Pediatric Pain Measurement," by C.L. Hicks, C.L. von Baeyer, P.A. Spafford, I. van Korlaar, & B. Goodenough,. Reprinted with permission of the International Association for the Study of Pain®.

Note: This is a smaller sample of the actual scale. For further instructions on the correct use of the scale in order to get valid responses, please go to [www.painsourcebook.ca](http://www.painsourcebook.ca)

## NUMERIC RATING SCALE



**Please rate your pain from 0 to 10 with 0 indicating no pain and 10 representing the worst possible pain.** \_\_\_\_\_

Adapted from Jacox, A., Carr, D.B., Payne, R., et al. (March 1994). Management of Cancer Pain. Clinical Practice Guideline No. 9. AHCPR Publication No. 94-0592. Rockville, MD: Agency for Health Care Policy and Research, U.S. Department of Health and Human Services.

## VERBAL DESCRIPTOR SCALE

**Please describe your pain from “no pain” to “mild”, “moderate”, “severe”, or “pain as bad as it could be.”**

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