State of the Art Review of Tools for Assessment of Pain in Nonverbal Older Adults.

Project Overview

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Specific Aims of the Project
Assessment of pain is a critical component of a comprehensive approach to pain management in all populations. Such information guides the selection of interventions and is necessary to monitor the effectiveness of treatment and to communicate care planning across health providers and care settings. Assessing pain in older adults who are unable to verbally report pain, however, is a significant challenge to health care providers.

Clinicians continue to search for a clinically usable tool to adopt in their organizations. Whereas in general, self-report of pain is the gold standard for pain assessment, in this population other approaches, such as observational and surrogate report, are necessary. With increasing attention to finding an effective means for recognition and evaluation of pain in this vulnerable population, a number of researchers and clinicians have developed tools in an attempt to address this concern. As more precise and accurate methods for interpreting the expression of pain in persons with cognitive impairment are being developed, there is a need for critical evaluation of the existing tools in order to provide readily available information for best practice to those responsible for the quality of life of this vulnerable population and to provide a framework for ongoing research.

The specific aims of this project were to 1) identify and evaluate existing tools for assessment of pain in nonverbal elders, 2) to prepare and make readily available evaluations of each tool which include evaluation of conceptualization, subject/setting, reliability and validity, and administration/scoring, along with a summary of strengths and weaknesses. The update was aimed at a review of research conducted after an earlier tool critique completed in 2004 by Herr, Decker and Bjoro, both in adding evidence to existing tools as well as in reviewing new tools to assess pain in non-verbal older adults. Tools evaluated in the initial review included:

- The Abbey Pain Scale (Abbey) (Abbey, J., et al., 2004)
- Checklist of Nonverbal Pain Indicators (CNPI), (Feldt, K., 1996)
- The Discomfort Scale-Dementia of the Alzheimer’s Type (DS-DAT), (Hurley, A., et al., 1992)
- The Doloplus 2, (Wary, B. and the Doloplus Group, 2001)
- The Face, Legs, Activity, Cry and Consolability Pain Assessment Tool (the FLACC), (Merkel, S.I., et al., 1997)
- Nursing Assistant-Administered Instrument to Assess Pain in Demented Individuals (NOPPAIN), (Snow, A.L., et al., 2001)
- The Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC), (Fuchs-Lacelle, S.K., et al., 2004)
New tools added in the updated review in 2008 include:
- Certified Nurse Assistant Pain Assessment Tool (CPAT), (Cervo, F., Raggi, R., Bright-Long, L., Wright, W., Rows, et al., 2007)
- Discomfort Behavior Scale (DBS), (Stevenson, K., 2006)
- Disability Distress Assessment Tool (Dis DAT), (Regnard, C., Mathews, D., Gibson, L., Clarke, C., 2007)
- Elderly Pain Caring Assessment 2 (EPCA-2), (Morello, R., Jean, A., Alix, M., Sellin-Peres, D., Fermanian, J., 2007)
- Pain Assessment in Noncommunicative Elderly Persons (PAINE), (Cohen-Mansfield, J., 2006)

Two of the initially reviewed tools were not followed up with further application or research in non-verbal older adults: ADD and FLACC. In addition to tools strictly directed at assessing pain in non-verbal adults, the update continues to include discomfort and distress tools: DBS and Dis DAT. Clinicians are interested in distinguishing these different constructs and, while presenting behaviors may be similar, clearly treatment and interventions may differ.

The documents included in this website are:
General Information folder including:
- 0. Project overview
- 1. Criteria for Evaluation of Pain Assessment Tools
- 2. Comparison Grid of Pain Assessment Tools Rated on Evaluation Criteria
- 3. Comparison of Tool Items with the AGS 2002 Persistent Pain Guidelines
- 4. Review References

Individual Folder for each tool containing
- 5. In-depth evaluation of each tool, including contact information of tool developers
- 6. Brief summary evaluation of each tool
- 7. Copy of each tool for which permission was obtained to post

Because the science is continually evolving in the evaluation of existing tools and in response to the development of new tools, this site was updated July 2008 to provide the most current data on existing tools available for clinicians and researchers to consider for use in their settings. It is hoped that there will be further updates in the future as research and practice developments bring us closer to recommendations for best tools in clinical and research settings.