The Assessment of Discomfort in Dementia (ADD) Protocol

The Assessment of Discomfort in Dementia (ADD) Protocol is a systematic approach to be used by nurses to make a differential assessment and treatment plan for both physical pain and affective discomfort experienced by people with dementia. Thus, it should be noted that the ADD Protocol is not a typical pain assessment tool. The author currently states the tool is an intervention. However, it is included in this review because of its ability to detect pain in this population.

The ADD Protocol focuses on evaluation of persons with difficult behaviors that may represent discomfort. Assessment of pain and discomfort is addressed by the protocol. ADD encompasses physical, affective and social dimensions of pain.

In the 2002 version, a checklist of five categories of pain behaviors with dichotomous items specified within each category: Facial expression (8 items), Mood (5 items), Body language (9 items), Voice (9 items), Behavior (11 items). If potential pain behaviors are identified, the protocol consists five steps: (1) Assessment of physical signs and symptoms; (2) Current / past history of pain; (3) If steps 1 and 2 are negative assess environmental press, pacing of activity/stimulation, meaningful human interaction and intervene with non-pharmacological Rx's; (4) If unsuccessful, medicate with non-narcotic analgesic per written order; (5) If symptoms persist, consult with physician/other health professional or medicate with prn psychotropic per written order.

The method of administration is adequately described in articles on the ADD Protocol. Although no documentation of the amount of time involved in using the protocol is currently available, the protocol involves multiple steps and extensive documentation to complete. Thus, use of the ADD would appear to require a considerable amount of time. Moreover, the protocol involves complex clinical decisions, thus its use also requires extensive education.

The ADD Protocol was tested (study 1) in 32 long term care facilities in a convenience sample of 104 residents with a mean age 85 years, range 46-100, most of whom had Dementia Alzheimer Type. Subsequent testing (study 2) was conducted in 6 LTC facilities in a convenience sample of 143 subjects, all Caucasian, 81% female, with severe dementia. The average age was 86.65 years ($\pm$6.16), range 56-100 years.

Reliability
- Internal consistency reliability has not been provided and may not be appropriate considering the nature of the protocol. However, the behavior checklist could and should be evaluated for internal consistency.
- Interrater reliability for the protocol was established in study 1 in a very small sub-sample of 4 residents with percent agreement for total tool 86%; for medication use: 100%; for non-pharmacological interventions: 76%; and discomforting symptomatology: 87%.
- Test-retest reliability has not been established. However, this form of test is appropriate and needed.

Validity
- Predictive validity of the ADD Protocol was tested in study 1. Pre-intervention the sample had an average of 32.85 ($\pm$16.78) compared to 23.47 ($\pm$16.52) post-

intervention, a significant decrease in discomfort (t=6.56, p=0.000) and a significant increase in the use of pharmacologic (t=2.56, p=0.012) and non-pharmacologic comfort interventions (t=3.37, p=.001).

The ADD Protocol provides a comprehensive approach to recognition of potential pain conditions through observation and validation procedures that are conceptually sound. The tool addresses diverse potential pain indicators in this population and uses an assessment validation approach that focuses on positive changes in behavior. The behavior checklist is comprehensive. However, data are limited regarding its reliability. Preliminary testing of the protocol suggests its potential usefulness; however, additional testing of reliability and validity is needed, particularly larger samples including minority subjects. The clinical utility is also unclear regarding time for training and time to complete the protocol. Although the protocol is a complete approach to recognition of pain in this population, it may be too complex for routine use and streamlining of the steps may be needed.

Sources of evidence

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