

Mobilization-Observation-Behavior-Intensity-Dementia Pain Scale (MOBID) Brief

MOBID is a nurse-administered instrument to observe pain behaviors and infer pain intensity at rest and with standardized guided activity in patients with severe cognitive impairment (SCI). It builds on the evidence that pain behaviors in SCI patients are best observed with activity. Because pain behaviors related to every day activities in the caregiving context may be subtle and difficult to detect, the developers of this tool propose a set of standardized guided movements of joints in hands/arms, legs and trunk to capture movement-related pain. With each activity, the caregiver is asked to observe for presence and intensity of pain on an 11-point NRS for the three AGS behaviors of Pain noises, Facial expression, and Defense. Lastly, the caregiver is asked to assign an independent overall pain intensity rating on an 11-point NRS.

The authors acknowledge the fact that the MOBID does not capture visceral, neuropathic or headache related pain. A refined tool, the MOBID-2 has been developed with psychometrics currently in review.

The MOBID incorporates patient self-report/expression, observation and proxy assessment in one brief tool. This may widen its sensitivity despite the fact that only three behaviors are actually recorded on the instrument itself but there remains a conceptual leap in inferring the intensity of persistent pain from movement induced pain behaviors.

The tool was developed in Norway and evaluated in a convenience sample of 26 older dementia patients with chronic musculoskeletal pain in a Norwegian nursing home. Raters were RNs and LPNs who were both familiar and non-familiar with the patients and had received one-hour training on use of the tool. Despite the fact that the tool counts number of behaviors it was found that the overall pain score as rated by familiar caregivers correlated most not with the number of behaviors but the inferred intensity of the one most painful joint.

Reliability

The MOBID had good internal consistency among external raters for detecting pain based on three specific behaviors. There was a wide range in interrater reliability for the presence of pain behaviors but better interrater reliability for pain intensity of these behaviors. No support for test-retest reliability is published yet. Raters consistently identified more pain behaviors when watching a video than when actually involved in caregiving activities.

Validity

MOBID was able to detect increased pain with movement but did not connect number of pain behaviors with pain intensity among familiar caregivers. More evidence is needed to support validity of this tool for both presence of pain behaviors and inferred pain intensity.

Summary

With only one study to date, psychometric information is limited. Preliminary reliability testing is limited to interrater reliability and is stronger for pain intensity ratings than for detecting pain behaviors alone. Construct validity testing confirms the tool's ability to measure movement-induced pain but does not contribute to

understanding how presence of pain behaviors translate into ratings of pain intensity. More testing with larger and more diverse samples is recommended to further establish validity and support a link between proxy ratings and patient behaviors.

Source of evidence

Husebo, B. S., Strand, L. I., Moe-Nilssen, R., Husebo, S. B., Snow, A. L., & Ljunggren, A. E. (2007). Mobilization-observation-behavior-intensity-dementia pain scale (MOBID): Development and validation of a nurse-administered pain assessment tool for use in dementia. *Journal of Pain and Symptom Management*, 34(1), 67-80.

In personal communication with Dr. Husebo (August 2008) she shared further work in progress to refine the MOBID. Please view the detailed critique for more information.

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