

HOW TO BETTER MANAGE PAIN AND DEMENTIA

Managing residents with dementia in an aged care facility can be a challenging process for staff and carers. Despite the several stages of dementia listed below, residents can fluctuate daily within and between stages. Often staff will respond to the increased symptoms, instead of the potential cause of the fluctuation slowing the detection process and improvement outcomes. A resident who eats independently one day needing full supervision and prompting may be met with increased frustration instead of increased assistance the next day with no explanation as to why.

The aim of this paper is to outline some of the interesting facts about dementia, how underlying conditions such as untreated pain can increase dementia symptoms and how we can assess and monitor pain in a non-communicative resident to reduce the fluctuation of dementia symptoms. Ultimately we want the best outcome for our residents and by being able to detect early indicators to changing dementia behaviour and pain types we can improve the quality of care we provide for residents.

Dementia is an umbrella term used to describe a large group of illnesses with common symptoms including memory loss, reduced motor control, reduced ability to control emotions and consciousness, loss of cognitive function and loss of rationalityⁱ. There are over 1000 new cases diagnosed every week and currently, over 227,000 Australians have been diagnosedⁱⁱ. Half of these numbers are residents living in residential aged care facilities.ⁱⁱⁱ Dementia presents itself in many different forms including Alzheimer's disease, Vascular Dementia, dementia with Lewy bodies, Fronto temporal lobar degeneration and alcohol related dementia. Alzheimer's is the most common form accounting for between 50 – 70% of all cases.^{iv}

The cause and progression of Alzheimer's disease is still not well understood, however current research indicates that the illness attacks the brain and damages the brain cells. Abnormal protein build ups called plaques occur between nerve cells and "tangles" develop inside the nerve cell.^v The plaques and "tangles" make it difficult for the nerve cells to communicate and the brain cells eventually die. Thus messages cannot be sent to the body and typical dementia symptoms begin.^{vi}

The Fisher Centre for Alzheimer's research foundation have identified seven progressive global stages of dementia^{vii} that staff, carers, friends and family may identify with a loved one.

Stage	Behavioural Characteristics	Average Duration of Stage
1. Normal		
2. Normal Age Forgetfulness	Subjectively the person has difficulty recalling names or remembering where they placed objects	
3. Mild Cognitive Impairment.	The person will have subtle deficits which will be noted by other persons. I.e. repeating questions or an inability to manage complex tasks that they once could.	Approximately 7 years. However symptoms are usually only noticeable from after 3-4years
4. Mild Alzheimer's disease.	The person starts to forget major events i.e. recent holiday's and has difficulty with orientation to time, and date. Independent living poses many challenges. The person starts to withdraw	Two Years
5. Moderate Alzheimer's	The person can no longer live at home.	1.5 Years

disease	Memory further declines and orientation becomes more difficult. The person's historical memory is affected and the person struggles with completing daily tasks of living i.e. dressing appropriately for the weather.	
6. Moderately Severe Alzheimer's disease.	The person has increasing difficulty with personal activities of daily living i.e. bathing, dressing, hygiene, toileting. Incontinence usually starts. Cognition declines further with an inability to recall current events and confusion regarding family and friends. The person may adopt purposeless activities such as pacing, moving objects around and some behavioural changes and speech challenges may present.	Average of 2.3 years
7. Sever Alzheimer's disease.	Speech is lost. Ability to ambulate without assistance then also declines. The resident will eventually require a wheelchair for mobility and contractures can develop. The resident will require full assistance for all activities of daily living.	Ongoing

Despite the seven stages that are listed above, residents can fluctuate greatly within a stage and between stages and according to the Australian Pain Society, "the possibility of the onset of pain must be considered if there is significant change in a resident's condition"^{viii}

The previous belief that residents with Alzheimer's disease don't feel pain due to their brain degeneration is incorrect and was recently proved wrong by a group of Melbourne doctors. They showed that residents with Alzheimer's disease feel pain in exactly the same way as those without the disease^x they just have trouble verbalising it. In an aged care facility we need to be more aware of the subtle signs that a non-communicative resident will use such as facial grimacing, anger, looks of distress and any un-characteristic behaviour which can indicate fluctuations between dementia stages.

Alzheimer's Australia developed a 32 page document on "Quality Dementia Care Standards: A Guide to Practice for Managers in Residential Aged Care Facilities" (2007)^x with intentions to educate about quality dementia care for the aged care accreditation standards. The guide sets out best practice guidelines to obtain high quality outcomes for residents in a facility and dedicates a section to pain management outlined here:

- Are you using an appropriate pain assessment tool such as the Abbey Pain Scale for assessment?
- Do you have a pain management plan in place?
- Are you documenting outcomes?
- Are you meeting the resident's needs?
- Has a referral been made as appropriate i.e. to a Physiotherapist?
- Are you implementing other strategies i.e. massage, hot packs etc?

External providers such as allied health personnel can play a large role in pain detection with dementia residents and potentially reduce dementia symptom fluctuation. Physiotherapists are experts in movement disorders, addressing individual needs, helping to improve function, assessing joints and muscles and managing pain. Typically an aged care physiotherapist will complete an

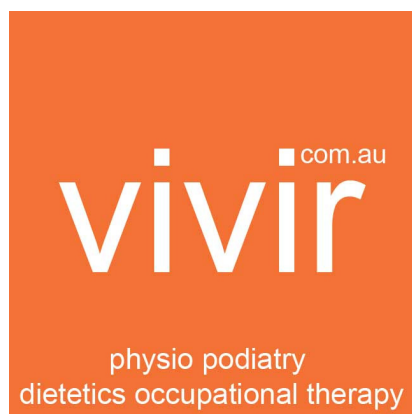
overall assessment for their aged care patients and implement a regular review system to monitor changes. This allows for any small un-verbalised changes to be detected early, monitored and treated before the resident's symptoms fluctuate and more staff resources are needed for the same tasks. For example a resident who is assessed by a physiotherapist on day one of admission with full knee extension will be addressed immediately if the next assessment shows that same range of movement is unable to be achieved. Procedures can be implemented and quality of care can be improved for the resident.

Following a positive pain assessment by the care staff, nursing staff, physiotherapy and/or medical staff several interventions can be implemented to help control dementia symptom fluctuation including a medication regime under medical instruction, pain massage, application of heat/cold packs and gentle exercise/stretching prescription.

VIVIR are allied health specialists in aged care and can provide you with more information regarding dementia and how your employees can make a significant difference in the management of individuals with this complex disease. Please contact VIVIR, your Allied Health Solution for more information on (03) 99297600 or email us at info@vivir.com.au.

Did you know that physiotherapy has a significant contribution in *ACFI 12* to the Complex Health Care Supplement which along with *ACFI 11* represents 27%, 33% and 32% of the entire ACFI payment for low, medium and high funding levels, respectively. In real terms, this translates to \$12.85, \$36.62 and \$52.87 per day.

Did you know that every aged care resident is eligible for 5 free allied health treatments per year under the Enhance Primary Care initiative from Medicare?



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^x Alzheimer's Australia (2007) "Quality Dementia Care Standards: A Guide to Practice for Managers in Residential Aged Care Facilities" Retrieved 27th August 2008 from <http://www.alzheimers.org.au/upload/QDC21.pdf>