

For more severe pain, there are the opioid drugs, such as Vicodin or Roxicet to name just a few of the many different products that are now available for moderate to severe pain. These drugs can be very successful in controlling pain., but they need to be watched very closely for problematic side effects such as constipation.

For pain that is due to nerve damage, a variety of drugs used for controlling depression and/or epilepsy have been found to be helpful.

If movement causes pain, the health care provider can prescribe medicines that are to be taken before the movement or activity begins. He or she may suggest ways to change the movement or activity that causes pain. If the pain is caused by something other than movement, the health care provider will investigate other causes.

Pain is a serious problem for many older persons. Alleviating pain in patients with dementia often depends on the observations of the family/ caregiver. You and your health care provider can work together to stop the pain and get a better quality of life for your loved one in his/her later years.

## Where Can I Get More Information?

For more tools of persistent pain management visit

### The Foundation for Health in Aging

[www.healthinaging.org](http://www.healthinaging.org)

## The Foundation for Health in Aging

The Foundation for Health in Aging (FHA) builds a bridge between the research and practice of geriatrics health care professionals and the public. FHA advocates on behalf of older adults and their special needs through public education, clinical research, and public policy.



## The American Geriatrics Society

The American Geriatrics Society (AGS) is dedicated to improving the health and well-being of older adults. With a membership of over 6,700 health care professionals, the AGS has a long history of improving health care for older adults.

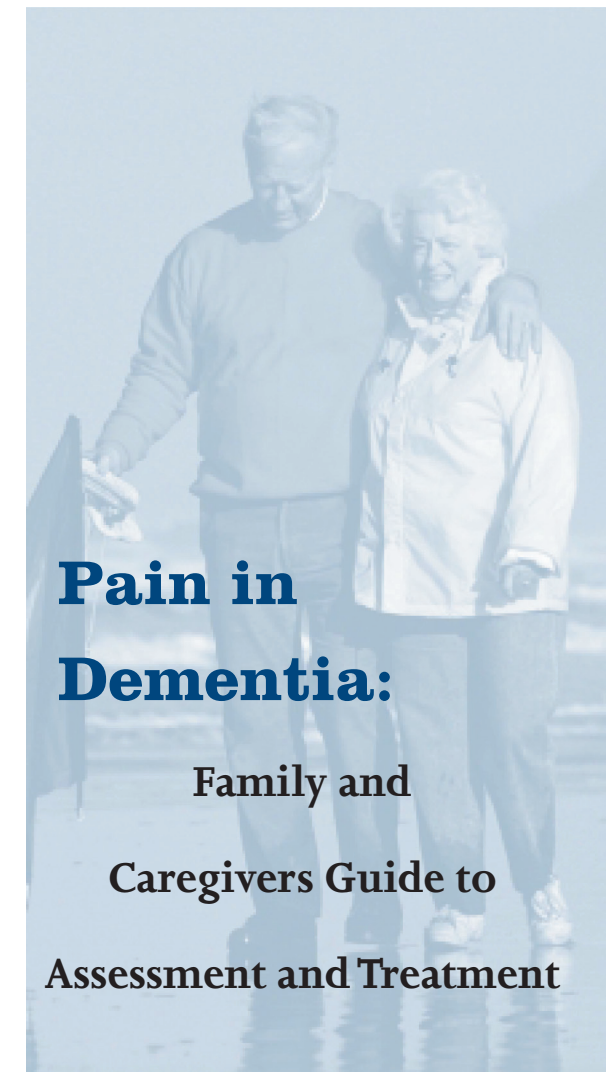


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**D**EMENTIA is an illness of declining mental abilities. This means that a person with dementia will have difficulty thinking and remembering things and people over time. Your loved one with dementia may not be able to communicate his or her thoughts, feelings, needs, and physical problems. In fact, he or she may not even understand physical problems, such as pain.

Persistent pain is common among older persons, because they often suffer from problems such as arthritis and other chronic medical conditions. Older persons commonly have many medical problems which, when combined with dementia, can make it difficult to locate the source of the pain. Determining if your loved one is experiencing pain may be up to you.

Even if dementia makes it impossible for your loved one to respond, your careful observation can reveal important clues letting you know that he or she is experiencing pain.

## What Are The Clues?

### ■ Facial Expressions.

Does your loved one frown, look frightened, grimace, wrinkle his or her brow, keep eyes closed

tightly, blink rapidly, or show any distorted expression?

### ■ Verbalizations/Vocalizations.

Does he or she moan, groan, sigh, grunt, chant, call out, breathe noisily, ask for help, or become verbally abusive?

### ■ Body Movements.

Is your loved one's body posture rigid and/or tense? Does he or she fidget, pace or rock back and forth, have limited movement, gait or mobility changes?

### ■ Behavioral Changes.

Does he or she refuse food or have an appetite change? Is there any change in sleep/rest periods? Has he or she suddenly stopped common routines or begun to wander?

### ■ Mental Status Changes.

Does he or she cry, become more confused, irritable or distressed?

## When Does The Pain Occur?

### ■ During movement?

Does your loved one grimace or groan or resist movement during personal care (such as bathing), walking, or transferring (from bed to chair, for example)?

### ■ When there is no movement involved?

Does your loved one appear agitated or have other behavioral changes, such as trouble sleeping, loss of appetite, or reclusiveness?

## The Pain Assessment

If you see any of these symptoms, talk to your health care provider right away. If your loved one has mild-to-moderate dementia and is able to communicate adequately, your health care provider will question him or her directly.

The health care provider may ask the patient to give pain a number from 1 to 10, or use pictures of faces or a "pain thermometer" to help measure the pain.

If your loved one is not able to communicate satisfactorily, you must describe your loved one's signs of pain with as much detail as possible. Tell the health care provider what you have noticed and give examples. Focus on when the pain occurs. You can describe how it seems to be experienced (for example, whether the pain occurs with or without movement). Tell what—if anything—relieves the pain. The health care provider will make a diagnosis and offer a plan to help relieve the pain.

An important part of the pain assessment is a history of all medicines,

both prescription and over-the-counter medicines that your loved one now takes and has taken in the past. Write down all medications and dosages that are being taken and give it to the health care provider.

The health care provider should also perform a physical exam that will focus on the site(s) of pain. The health care provider will evaluate the patient's physical function (walking, range of motion of joints, etc). Laboratory tests and/or x-rays may be performed.

## Treatments

Medicine is the most common way of controlling pain in older persons. Acetaminophen (the active ingredient in brand name products such as Tylenol) is effective for most persons with mild-to-moderate muscle/bone pain, such as arthritis. Non-steroidal anti-inflammatory drugs, such as aspirin and ibuprofen, can be effective but may have more side effects in older persons. They should not be used by persons with a history of gastrointestinal bleeding, heart disease, high risk of stroke, bleeding disorders, or kidney disease. Because non-steroidal anti-inflammatory drugs have to be taken every day, over a long period of time, they may cause such problems as bleeding ulcers.