

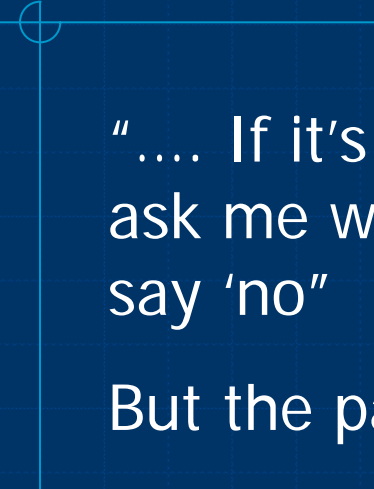
Pain Assessment of Older Adults at the End of Life

Canadian Pain Society Edmonton

June, 2006

Wendy Duggleby, DSN, RN, AOCN

Associate Professor College of Nursing



".... If it's like right now I have constant pain. When you ask me whether I have pain, if it's not pronounced, I'll say 'no'"

But the pain is still there."

"And the painwould have really taken away some hope."

Overview

- ◆ Literature Review Research older adults palliative care
- ◆ Discussion of mixed methods approach
- ◆ No potential conflict of interest

Characteristics of Advanced Cancer Pain

- ◆ Many patterns and sites
- ◆ Total Pain : Chronic and Acute Pain, Psychosocial and spiritual pain.
- ◆ Usually with other symptoms
- ◆ More disruptive to quality of life than pain resulting from other causes

Dault & Cleeland (1982); Mercandante, et al, (2000)

Research Older Adults EOL

- ◆ 381 studies
- ◆ 2.9% sample was focused on 65 years of age and older (11)
- ◆ One study older adult focused on pain (Duggleby, 2000, 2002)
- ◆ Duggleby & Raudonis (2006). *Seminars of Oncology Nursing*. 22 (1), 58-64.

Language of Pain

- ◆ Language is the mechanism through which pain is assessed using self-report tools
- ◆ When words used in tools = words used by patients they are more easily understood
- ◆ No reported studies explored congruence between elderly hospice patients words of pain and words used in pain tools.

Study Purpose

- ◆ The purpose of this study was to explore how elderly hospice patients with advanced cancer describe their pain and compare their descriptions with three commonly used pain assessment tools:
 - McGill Pain Questionnaire (MPQ)
 - Memorial Pain Assessment Card (MPAC)
 - Visual Analogue Scale (VAS)

Results: Word Use

◆ MPAC:

- 2/8 words (severe and excruciating) were used

◆ MPQ: 31% of words not used

◆ VAS:

- "Least pain" "Worst pain " not used.
- " bad" was used

Language of Pain

- ◆ Words used were different: suffering, awful, grabs, moving, heck, total, complete.
- ◆ Words were used in phrases
- ◆ Repeated words
- ◆ Similies

Language of Pain

- ◆ Older hospice patients describe their pain using different words than are commonly used in pain assessment tools
- ◆ Tools using words that match closely words commonly use will be more easily understood.
- ◆ Best match was VAS with “ no pain” and pain as bad as it can be” (Also recommended by John A. Hartford Institute)

Language of Pain

- ◆ Treatment of pain should be based on assessment from standardized tools and from verbal descriptions (Desouza & Frank, 2000; Duggleby, 2002).
- ◆ Mixed Method approach of using quantitative data from pain assessment tools and qualitative data from descriptions of pain.

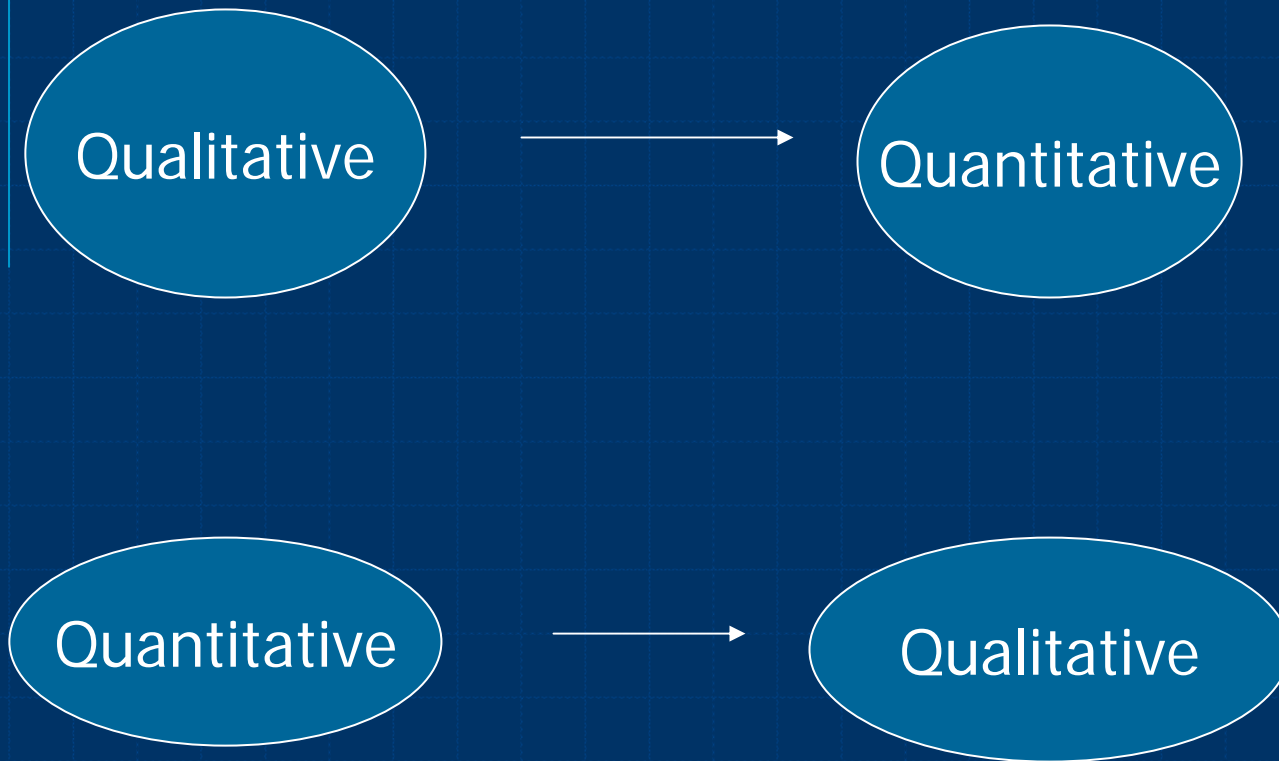
Rationale for mixed methods

- ◆ Corroboration of results from different methods
- ◆ Complementary- enhancement
- ◆ Development – inform the other
- ◆ Discovery of paradox
- ◆ Expansion – extend the breath and range
- ◆ Bryman (2006)

Mixed Method Design (Creswell, 2005)

- ◆ Sequential
 - Explanatory
 - Exploratory
- ◆ Concurrent
 - Triangulation
 - Nested
- ◆ Transformative

Sequential



Mixed Method: Triangulation

- ◆ Pros- qualitative and quantitative for all subjects
- ◆ Con- fatigue factor
 - ◆ -Large amounts of qualitative data.

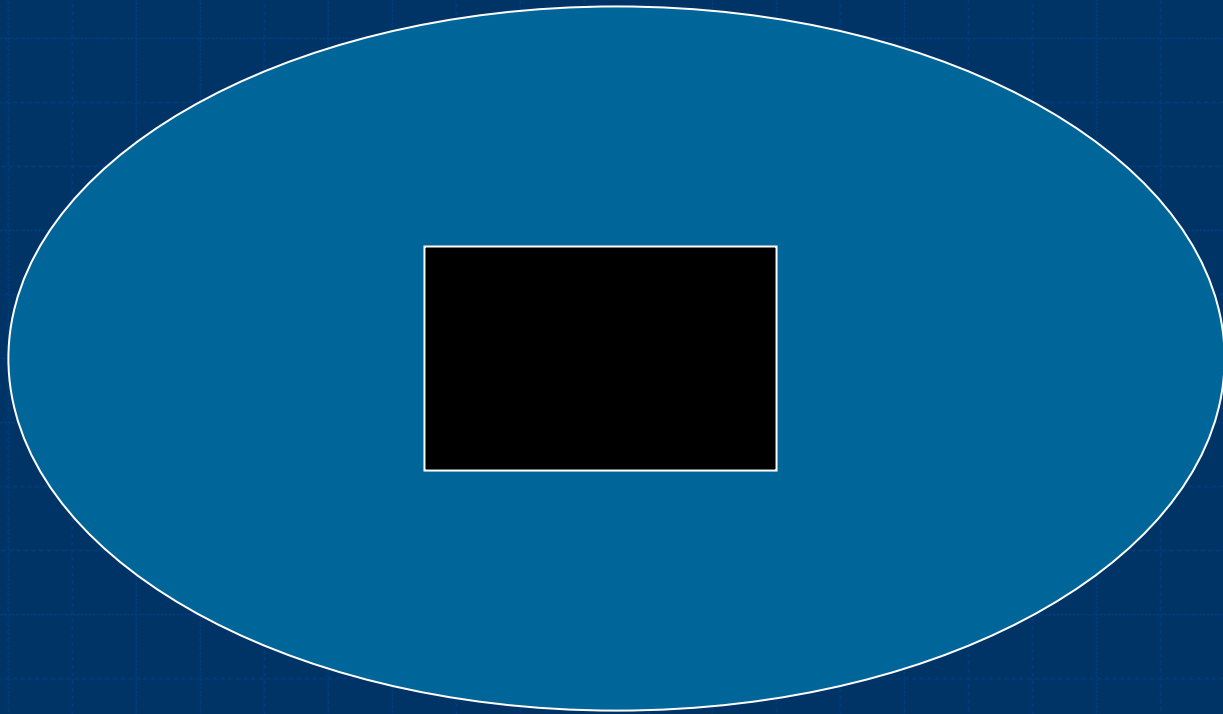
Mixed Method

- ◆ In EOL research used in validation of instruments: Triangulation
- ◆ Example Revised Edmonton Staging System for Classifying Cancer Pain.
 - Used a modified Delphi technique with quantitative measures and qualitative survey questions. Data were combined to revise and validate the rESS (Nekolaichuk et al., 2005)
 - Both measured at the same time.

Mixed Method: RCT

- ◆ Study evaluating the effectiveness of the inpatient Pain and palliative Care Services (Wallen & Berger, 2014).
- ◆ Used quantitative physiologic and psychological measures
- ◆ Qualitative field notes and interviews are used to provide insight into individual patient and family experiences regarding issues in care delivery, communication, social support, self-efficacy, coping and satisfaction.

Nested



Mixed Methods

- ◆ Pros- new insights, better pain assessment
- ◆ Cons- increases subject burden
 - - increases likelihood of unanticipated outcomes
- ◆ Rationale must be clear and explicit
- ◆ Integration of data

New Paradigm

- ◆ Use of single measure does not reflect the multidimensional nature of symptoms
- ◆ Understanding meaning may alter pain perception
- ◆ Singular measure-singular treatment (Howell, 2006).

