

Balancing Opioid Use with the PAINAD Scale

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Introduction

- The widespread **abuse and overuse of opioids** can be further complicated when treating **patients with cognitive impairments** such as Alzheimer’s disease¹.
- These patients have **limitations** in accurately **perceiving their pain** and **expressing their pain** level to their physician.
- Therefore, it can become **hazardous when there is no clear indication** for opioids or when the use of opioids does not adequately address the patient’s pain.

Patient Case #1

- 94-year-old female with a past medical history of **Alzheimer's disease**, overactive bladder, and insomnia. She was admitted to the hospital for lethargy and coughing.
- Her **complications** led to a urinary tract infection and metabolic encephalopathy. She continued to **endorse no pain**.
- However, her family was concerned **she was undermedicated for pain** because of her altered mental status.

Patient Case #2

- 98-year-old female with a past medical history of **Alzheimer's disease** presented to the hospital for a left femur fracture caused by a fall.
- She was a **poor historian and required Tagalog translation** services during hospitalization.
- There was concern that **she was overmedicated** with tramadol due to her inability to communicate her pain level effectively.

Results

- Self-reported pain scales were ineffective for both patients due to their Alzheimer’s disease.



- There was inconclusive assessment for opioid administration to manage their pain.
- The Pain Assessment in Advanced Dementia (PAINAD) scale was implemented by the care team for both patients to successfully standardize their pain level and management.

PAINAD Scale

Criteria	Score 0	Score 1	Score 2
Breathing	Normal	Occasional labored breathing. Short period of hyperventilation.	Noisy labored breathing. Long periods of hyperventilation. Cheyne-stokes respirations.
Negative Vocalization	None	Occasional moans or groans. Low quality level of speech.	Repeated troubled calling out. Loud moaning or groan. Crying.
Facial Expression	Smiling or no expression.	Sad, frightened, frown.	Facial grimacing.
Body Language	Relaxed	Tense, distressed pacing. Fidgeting.	Rigid. Fist clenched. Knees pulled up, Pulling or pushing away.
Consolability	No need to console.	Distracted or reassured by voice or touch.	Unable to console, distract, or reassure.

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Discussion

- Opioid management for patients with Alzheimer’s disease becomes difficult because **self-report pain scales are not reliable**².
- With a language barrier, pain assessment can be further misconstrued as seen in case #2.
- Patients with cognitive impairment are **not required to communicate and articulate their pain** with the PAINAD scale³.
- The PAINAD scale has been demonstrated to differentiate between **painful and non-painful events** in the elderly with dementia³.
- The scale has been adopted by the United Kingdom and had a **92% sensitivity rate**⁴.

Conclusion

- The PAINAD scale can be **an invaluable tool to mediate the misuse of opioids** and to standardize the discontinuation of opioids in the elderly with dementia.
- The **scoring system** accounts for the patient’s breathing rate, vocalization, facial expression, body language, and consolability – making it **easy to train** other healthcare professionals⁵.

