"A Tool Doesn't Add Anything" Physicians' Perceptions and Use of Pain Assessment Tools with People with Advanced Dementia Approaching the End of Life

De Witt Jansen, B., Brazil, K., Passmore, A., Buchanan, H., Maxwell, D., McIlfatrick, S., ... Parsons, C. (2016). "A Tool Doesn't Add Anything" Physicians' Perceptions and Use of Pain Assessment Tools with People with Advanced Dementia Approaching the End of Life. Palliative Medicine, 30(6), NP37. DOI: 10.1177/0269216316646056

Published in:
Palliative Medicine

Document Version:
Peer reviewed version

EAPC 2016

Abstract 01

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Background: People dying with advanced dementia are often unable to effectively self-report pain and are at risk of under-assessment which may hinder pain diagnosis and management. Pain assessment tools for use in advanced dementia are available but their use by physicians with dying patients has not been explored.

Aims: Explore hospice, secondary and primary care physicians’ use of pain assessment tools with patients dying with advanced dementia.

Methods: Twenty-three, semi-structured, face-to-face physician interviews were conducted and transcribed verbatim. Thematic analysis was applied to identify core themes across healthcare settings. Three researchers verified final themes.

Results: Four key themes emerged: non-use of pain assessment tools; perceived limitations of tools; clinical outcomes of use and improving pain assessment. Physicians did not routinely use pain assessment tools with patients dying with advanced dementia. Information from physical exam, physiological parameters and patient observation in addition to collateral patient history from families and nursing staff were perceived to provide a more reliable and holistic approach to assessment and management. Scoring subjectivity, proxy-reporting and overreliance on nonverbal and behavioural cues were limitations associated with pain tools. Physicians perceived the clinical outcome of pain tool use to be quicker identification and reporting of pain by nurses. Most physicians believed pain assessment could be improved via better integration of secondary, hospice and primary care services in addition to ongoing medical education and mentoring.

Conclusion: Physicians preferred clinical investigation and collateral patient history from family and other health professionals to assess pain and guide management. These findings have important implications for medical education, practice and health policy.

Funding: HSC Research and Development Division, Public Health Agency, Northern Ireland

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