THE ISSUE

Persistent pain affects more than half of seniors in the community and over 80 per cent of seniors in long-term care facilities. The situation is even more serious in people with severe dementia in whom severe pain often goes undetected, leading to unnecessary suffering and possibly death.

“Seniors with dementia are several times less likely to receive adequate analgesia than those without,” says Thomas Hadjistavropoulos of University of Regina’s Centre on Aging and Health and department of psychology.
THE RESEARCH

Funded by the Saskatchewan Health Research Foundation, the Regina Qu'Appelle Health Region (RQHR), U of Regina, U of S and the Canadian Institutes of Health Research, and with in-kind support from RQHR, the Five Hills Health Region and their affiliated long-term care facilities, Hadjistavropoulos and his colleagues from University of Regina and U of S have worked on a series of advances in pain assessment and management for seniors.

With Shannon Fuchs-Lacelle, he developed and validated a checklist to assess pain in non-verbal seniors with dementia. The checklist has been translated into several languages, revalidated and is now used in nursing homes and facilities around the world.

“I have given hundreds of permissions for facilities and clinicians to use it,” says Hadjistavropoulos.

With Heather Hadjistavropoulos, he published an evidence-based book designed to help seniors self-manage pain. Written in large print to accommodate older eyes, it is distributed worldwide by the International Association for the Study of Pain.

However, Hadjistavropoulos notes that for various reasons the new tools are not always adopted. Working with pain and public policy experts, he has produced public policy and clinical pain management and assessment recommendations that take funding and regulatory restrictions into account.

“We have documented that long-term care administrators and staff members in three provinces, including Saskatchewan, strongly support the recommendations. We believe they could be widely implemented by making minimal extra resources available to long-term care facilities.”

THE IMPACT

In a study designed to gauge the impact of methods developed in Hadjistavropoulos's lab, some nurses used the pain-focused checklist to assess non-verbal patients with severe dementia, while others used a general checklist. Among the patients whose nurses used the specialized checklist, Hadjistavropoulos recorded an increase in analgesic medication and a reduction in pain behaviour.

“Impressively, we also saw a reduction in the nurses’ stress levels,” he says. “They were concerned that we were giving them more work, but the checklist reduced their uncertainty about whether the patient was in pain. This demonstrates that our methods have a dramatic effect across the board.”

THE FUTURE

The quality of life of seniors, especially those with severe dementia, will improve dramatically as more long-term care facilities implement methods and recommendations developed by Hadjistavropoulos and his team. As well, seniors in remote areas or those who have limited access to health care services will benefit from the self-management programs his team has developed.

For more information, visit:
http://www.arts.uregina.ca/thomas-hadjistavropoulos