The challenge of assessing and managing pain in early and later life

Editor—A recent review by Berde and Sethna highlights the often inadequate management of pain in children.1 There are many similarities to pain management in elderly patients who may have cognitive impairment.2 Health care workers caring for older patients with cognitive impairment frequently suffer from a comparable lack of appreciation of their pain assessment and analgesia needs. A review carried out by Cook concluded that there is currently no valid pain assessment tool for use in patients with declining cognitive function.3 As older patients make up an ever-increasing proportion of our surgical population, this is a matter for concern.

We carried out a prospective study on a surgical cohort of 56 patients older than 65 yr, comparing the traditional visual analogue scale (VAS) to the Faces Pain Scale (FPS), which is commonly used in children ages 3–8 yr.4 Twenty-one (37.5%) patients had a Mini-Mental State examination score <24, and 45 (80.3%) had poor visual acuity and/or poor hearing preoperatively.5 Many patients had more than one sensory or cognitive deficit. The ability to complete each tool 12 h postoperatively was recorded. Twenty-four (42.8%) patients could not complete the VAS, as opposed to only eight (14.2%) patients who could not carry out the FPS (P<0.05). In addition to concluding that the FPS may be useful in assessing pain in older surgical patients, we feel that this small study illustrates how a broad approach to pain management, incorporating strategies employed in other specialties, may provide a focus for further research and clinical development in the neglected fields of pain and dementia.

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2 Severn AM, Dodds C. Cognitive assessment may complicate assessment of pain in elderly patients. BMJ 1997; 315: 551

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