Assessment of pain
Giovanni Gambassi

- Co- or multimorbidity is the norm
- Pain is common
- Pain does not come alone
- Assessment and difficult patients
- Assessment is not enough
- Conclusions
SEER registry – prevalence of comorbid diseases

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My brain is hurting me

- Sensory component
- Emotional component
- Integrative/discriminatory component

PREVALENCE OF PAIN (%)

- Gambassi et al.
- AdHOC

SHELTER-pilot

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Association Between Pain and Depression

Method: We conducted a cross-sectional study using data from the Aged in Home Care (AdHOC) database. Pain was defined as any type of pain manifested over the 7 days preceding the assessment. Depression was defined as a score ≥ 3 on the Minimum Data Set Depression Rating Scale.

Results: Mean age of 3976 subjects entering the study was 82.3 years, and 2948 (74.1%) were women. Of the total sample, 2380 subjects presented with pain (59.9%), depression was diagnosed in 181 (11.3%) of the 1596 participants without pain and in 464 (19.5%) of the 2380 participants with pain (p < .001). After adjusting for potential confounders, pain was significantly associated with depression (odds ratio [OR] 1.76, 95% confidence interval [CI] = 1.43 to 2.17).

Prevalenza Depressione

<table>
<thead>
<tr>
<th></th>
<th>Probabilità</th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non dolore</td>
<td>14%</td>
<td>Ref.</td>
<td></td>
</tr>
<tr>
<td>Dolore</td>
<td>18%</td>
<td>1.2</td>
<td>(0.8-1.8)</td>
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<tr>
<td>Non dolore</td>
<td>10%</td>
<td>Ref.</td>
<td></td>
</tr>
<tr>
<td>Dolore</td>
<td>20%</td>
<td>2.2</td>
<td>(1.7-2.8)</td>
</tr>
</tbody>
</table>

DEPRESSION

PAIN

The 3D’s in elderly patients with cancer
Delirium, depression, dementia

G. Gambassi
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EFNS guidelines on neuropathic pain assessment: revised 2009

• Screening tools (NP da non NP)
  - Leeds assessment of Neuropathic Symptoms and Signs (LANSS)
  - Neuropathic Pain Questionnaire (NPQ)
  - Douleur Neuropathique en 4 (DN4)
  - PainDETECT
  - ID pain
  - Standardized evaluation of pain (SEEP)

• Assessment tools (diversi NP)
  - McGill Pain questionnaire (MPQ)
  - Neuropathic Pain Scale (NPS)
  - Pain Quality Assessment Scale (PQAS)
  - Neuropathic Pain Symptom Inventory (NPSI)

• Quantitative testing

Pain assessment in the elderly
Chiara Cataniari,*, Giovanni Gambassi*.

International Textbook of Geriatrics, 2010
Pain In Cognitively Impaired

- Sample of 325 subjects with mild to moderate dementia from 10 community skilled nursing facilities
- Mean MMSE score of 12.1 (± 7.9)
- 62% reported pain complaints
- 83% could complete at least one of 4 unidimensional pain intensity scales.
  - No scale had a higher completion rate than 65%
- Self reports are generally no less valid than those of cognitively intact individuals

Ferrell B et al, JPSM 1996

Pain in End Stage Dementia

- Patients can’t self-report
- Pain unrecognized and routinely under- or untreated
- Pain behaviors are often subtle, missed, or mistaken for something else
  - Somnolence resulting from exhaustion
  - Resistance to movement
  - Agitation, vocalization, moaning, screaming
  - Grimacing and tense, rigid body posture

2008

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Use of pain intensity scales

Predictors of inadequate analgesia

Pharmacologic treatment

WHO scale adoption and dementia

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CGA - technology of geriatrics


The comprehensive geriatric assessment: when, where, how

The systematic introduction of CGA in clinical research and in daily practice can contribute to: identify cancer patients for whom we could expect the greatest benefit from treatment; assess their physiologic, functional and health-related quality of life; formulate appropriate treatment and management strategies; monitor clinical and functional outcomes; provide a more accurate evaluation of prognostic indicators.

Cancer pain in the elderly: a call for competent assessment and care

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Onco-Geriatric Approach for the Management of Older Patients with Cancer

Giovanni Gambassi, MD, PhD, Giovanni Gambassi, MD, Alessandro Ferroni, MD, Maurizio Cappelli, MD, Alessandra Pasquale, MD, Stefano Fasoli, MD, Undina Colapietro, MD, Giovanni Trimarchi, MD, Roberto Bernardi, MD, and Domenico Gambassi, MD

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