

THE TABLET: PALLIATIVE CARE PHARMACY TIPS



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If you have a topic you
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TODAY'S TOPIC:

Dementia, Pain and Neuropsychiatric Behaviors

Background:

Patients with dementia have limited ability to report pain to caregivers and healthcare professionals, especially as their disease progresses. Pain can be linked to behaviors such as agitation, or other psychological symptoms of dementia. Presence of these symptoms may lead to overuse of medications to palliate the behavioral symptoms such as antipsychotics.

Importance:

Behavioral disturbances associated with dementia are common. Underlying mechanism is not fully known and can be related to a combination of altered neurotransmitters, degenerative changes, or other factors such as presence of pain, mood dysfunction, or unmet needs. Palliative care clinicians should be aware of the prevalence and association of pain with neuropsychiatric behaviors in patients with dementia to adequately palliate the distressing symptom.

The Literature:

[J Pain Symptom Manage. 2021 Jun;61\(6\):1215-1226.](#)

Pain in Dementia: Prevalence and Association with Neuropsychiatric Behaviors

Objective: To identify the prevalence and intensity of pain in various subtypes of dementia and examines the association of pain with neuropsychiatric behaviors

Methods: Retrospective cross-sectional study (n= 479 residing in residential aged care homes with confirmed clinical diagnosis of dementia experiencing behaviors and psychological symptoms of dementia); utilized artificial intelligence-based pain assessment tool (PainChek®) and NPI behavior assessment utilizing NPI-Q and NPI-NH

Outcomes: Prevalence of pain, association of neuropsychiatric behaviors with pain

Results:

- 314 patients (65.6%) had pain as identified by PainChek®: 28% and 20.4% had moderate and severe pain, respectively
- In dementia subgroups: Alzheimer's disease, vascular dementia, mixed dementia, and Lewy body dementia all had prevalence of pain > 60%
- Patients in pain experienced aggression/agitation 3.8 times more compared to those with no pain
- Patients in pain experienced irritability 2.2 times more compared to those with no pain
- Patients in pain experienced increased frequency of apathy, depression, aggression/agitation, irritability, hallucinations

Conclusion: Pain is highly prevalent in residents with advanced dementia. Pain is associated with specific neuropsychiatric behaviors such as agitation and aggression.

[BMJ. 2011 Jul 15;343:d4065.](#)

Efficacy of treating pain to reduce behavioural disturbances in residents of nursing homes with dementia: cluster randomised clinical trial

Objective: To determine if a systematic approach to treatment of pain can reduce agitation in people with moderate-severe dementia living in nursing homes

Methods: cluster randomized controlled trial, (n=352 nursing home residents with moderate to severe dementia); randomized to stepwise protocol for pain management versus usual treatment for 8 weeks

- Stepwise protocol: paracetamol (max 3g/day) → PO morphine → buprenorphine transdermal patch → pregabalin

Outcomes: Primary: Agitation (scores on Cohen-Mansfield agitation inventory); Secondary: aggression (scores on NPI-NH), pain (scores on mobilization-observation-behaviour-intensity dementia-2), activities of daily living, and cognition (mini-mental state examination)

Results:

- Most patients (63%) remained in step 1 of the treatment protocol (paracetamol)
- Intervention group was less agitated; average reduction in agitation was 17% (p<0.001)

Conclusion:

- "A systematic approach to management of pain in patients with moderate to severe dementia residing in nursing home reduces agitation and effective management of pain can play an important part in the treatment of agitation and could reduce the number of unnecessary prescriptions for psychotropic drugs in this population."

Bottom Line:

- Patients with dementia often experience pain and it likely goes underrecognized given their limited ability to communicate their symptoms
- Assessing and treating pain can likely help reduce agitation in this population, potentially avoiding other unnecessary medications, like antipsychotics for agitation or behavioral disturbances
- Don't forget about our friend acetaminophen! It is a well-tolerated, safe analgesic that can be administered around the clock for patients with dementia (avoid PRN – they likely won't be adequate self-advocates). It is available as PO tablet/capsule, PO liquid, IV (\$\$\$), and as a rectal suppository.

CLINICAL PEARL: It is important to consider pain as an underlying contributor to agitation in patients with dementia, utilize nonverbal pain scale for assessment when applicable and treat with appropriate analgesics.