

Relative / Carer Information

Dementia and Pain Control



The aim of this leaflet is to help you understand the support you can expect whilst in hospital and to answer any frequently asked questions.

Pain can be acute (short term) or chronic (long-term).

It is important to us that we work together with families to ensure that we are treating pain in people with dementia to improve their quality of life.

Does dementia alter the experience of pain?

No, they feel pain the same as everyone else.

Is it more difficult to assess pain experienced by people with dementia?

Yes, someone with dementia (depending on the severity) may not be able to tell you they are in pain and it is often under-detected and undertreated in people with dementia.

In the Trust we use the Abbey Pain Scale – which uses non-verbal signs as indicators of pain.

Facial expressions – are they frowning, grinding, looking frightened or clenching their teeth?

Verbalization – are they calling out, crying, or shouting?

Changes in body language – are they protecting, rubbing, or pulling a part of their body?

Physical changes- have they injured themselves, developed sores or had an operation?

Physiological changes- are they sweating or red faced? Has their heart rate gone up?

Behavioral changes – have they become upset, agitated, quiet or sleeping more often?

Can pain cause changes in behaviour?

Yes, their pain maybe not be recognised, or mistaken for challenging behaviour.

Can I help in the assessment of pain?

Yes, you can provide us with essential information to help us assess pain – as you know the person you are caring for best and can inform us of any behavioural or physical changes you have noticed.

What can cause pain?

1. Being lifted or moved in an uncomfortable or painful way
2. Constipation or a urine infection
3. Painful joints
4. Painful sores
5. In growing finger or toenails
6. Being in an uncomfortable position or the same position for a long time

7. Headache
8. Glaucoma
9. Heartburn
10. Sore mouth, toothache or ill-fitting dentures
11. Surgery
12. Medical conditions – arthritis, varicose veins, osteoporosis, back pain, nerve pain.
13. Diabetes

How can it be treated?

- Treat the cause of pain
- Regular medication will be given by the nurse depending on type and severity of pain.
- Other therapy e.g. gentle exercises with the physiotherapists or repositioning.

If you do have any concerns regarding pain management please speak to the ward staff - and they can refer to the Acute Pain Team

Further information is available from;

Acute Pain Specialist Nurse – Royal Shrewsbury Hospital ext. 2627 or Princess Royal Hospital ext. 4580

Email – pain.nurses@sath.nhs.uk

Dementia Support Team – Royal Shrewsbury Hospital ext. 3571 or Princess Royal Hospital ext. 4679

NAPP See Change Think Pain – Recognising Pain in People with Dementia – A Carers Guide.

Patient Advice and Liaison Service (PALS)

We act on your behalf when handling patient and family concerns, liaising with staff, managers and where appropriate, relevant organisations to negotiate immediate or prompt solutions. We can also help you get support from other local or national agencies.

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Princess Royal Hospital, Tel: 01952 282888

Other Sources of Information

NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

Telephone: 111 (free from a landline or mobile)

Website: www.nhs.uk

Patient UK

Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self-help groups and a directory of UK health websites.

Website: www.patient.info

Self-Help UK

This is a directory of self-help groups and charities. Website: www.selfhelp.org.uk

Website: www.sath.nhs.uk

Information Produced by: Acute Pain Team

Date of Publication: August 2018

Due for Review on: August 2020

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