Author's declarative title:
Analgesic medicines not administered to those with dementia in residential settings despite awareness of undertreatment of and susceptibility to severe pain.

Commentary on: Frenais F et al. Factors influencing prescription and administration of analgesic medication: A longitudinal study of people with dementia living in care homes. *Int J Geriatr Psychiatry* 2021;1-8 (1).

Implications for practice and research:

Practice:

- Healthcare workers require appropriate training in how to recognise and manage pain effectively for those with diagnosed or probable dementia.

Research:

- Develop and evaluate a standardised protocol for the management of pain in those with diagnosed or probable dementia in residential settings.

Context

Approximately 70% of residents in care homes have dementia or severe memory problems which restrict their ability to communicate their needs and preferences[1] resulting in inadequately treated pain. Multiple pathophysiological changes occur throughout the aging process, including neurological manifestations which result in increased experience of severe pain, particularly in people with degenerative diseases where repeated painful stimuli occur[2]. This study attempted to explore the factors that influence how analgesics were prescribed and administered in care homes to residents with diagnosed or probable dementia[3].

Methods

This longitudinal study[3] utilised data collected during the Managing Agitation and Raising Quality of Life in dementia study between May 2014 and December 2016 where 1425 residents with a recorded dementia diagnosis or a positive screen on the Noticeable Problems List were recruited from 86 English care homes.

Prescribing and administration data was extracted from Medication Administration Records at baseline and 12months. For PRN analgesics, data collection was limited to the availability of 14 days data prior to the point of data collection[3].

Multilevel logistic regression models were used to compare resident and care home factors (demographics, dementia severity, CQC rating) with prescribing and administration of analgesics[3].

Findings

Participants were predominantly white females with a mean age of 84.9, and a recorded diagnosis of severe dementia. Residents within care homes with a CQC

rating of ‘requires improvement’ were less likely to receive a prescription for an analgesic than those residing in an ‘Outstanding’ home[3].
At baseline 67.9% of all residents were prescribed analgesia with PRN prescriptions responsible for 46.9% of all analgesics prescribed and minimal variation at 12 months. Despite this 41.9% of residents with a PRN prescription received no analgesia in the two weeks prior to data collection.
Administration of PRN analgesics to those with moderate-severe dementia was lower than those diagnosed with mild dementia[3].
Females were prescribed more regular analgesics then males, however there was no variation in the administration of PRN medicines between the sexes[3].
Paracetamol was the most prescribed analgesic with PRN prescriptions being more popular than regular prescriptions, followed by weak and strong opioids. At 12 months the prescribing of strong opioids exceeded that of weak opioids in patients with moderate-severe dementia[3].

Commentary

This study supports existing knowledge regarding the suboptimal management of pain in patients living with dementia in care homes[2-4]. There was no differentiation made between residential and nursing home settings despite known variations in care provision and service availability for those diagnosed with dementia. Absence of information on healthcare worker baseline training, availability, patient ratio, skill mix and clarity on the use of pain assessment tools prohibited evaluation of key factors known to influence the management of pain. Appropriateness of analgesic prescribing and administration was unable to be evaluated due to the absence of residents past medical history or prognosis. Clear distinctions would be expected for example, where residents are on the palliative care pathway[5] which would influence the prescribing of opioids irrespective of dementia severity. There is however, no standardised approach to evaluate pain in those with dementia[3,5].
The use of concomitant adjuvant analgesics including topical and neuropathic analgesics were excluded from the study due to absence of documented indication. Such pharmacological strategies have a role in the management of pain in all cohorts and therefore omission of this data may have distorted the study’s findings. Consideration of the impact of non-pharmacological approaches, health inequalities and deprivation indices may have added further depth to the conclusions drawn.
Since the COVID-19 pandemic the focus has shifted nationally towards deprescribing and the use of non-pharmacological approaches in managing chronic pain with periodic review, supported by primary care networks reviewing the needs of residents regardless of care home factors[1,4].

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