

SELECTION OF A PAIN ASSESSMENT TOOL FOR PATIENTS WITH DEMENTIA: DELPHI METHOD

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BACKGROUND

Since *Hospital General Universitario Santa Lucía* (Cartagena, Spain) was selected as a Best Practice Spotlight Organization (BPSO) candidate, records related to the Pain Assessment and Management Guide implementation have been thoroughly reviewed.

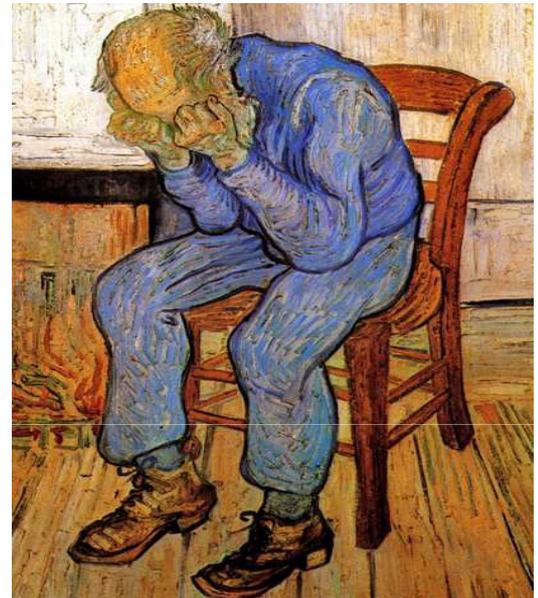
In elderly patients with dementia, pain is frequently underdiagnosed and, therefore, undertreated¹. Although pain assessment tools have been specifically developed for patients with dementia, they are scarcely used due to professionals lack of knowledge² and insufficient electronic clinical history forms.

OBJECTIVES

The aim of the study was to select, on the basis of expert consensus, a pain assessment tool for patients with dementia which was validated in the Spanish clinical setting.

MATERIAL AND METHODS

The project was developed in two phases: in a first phase, a literature search provided validated tools; the second part of the study consisted on consensus-building for tool selection, by the modified Delphi technique³. 8 professionals nurses, with more than 10 years of experience in clinical setting, participated in the Delphi technique. Two rounds of questions were performed, during which the expert group answered blindly.



RESULTS

The literature search provided 34 pain assessment tools for patients with dementia⁴, of which only 5 were linguistically and culturally validated in Spanish: the Abbey Pain Scale, Doloplus, Algoplus, Painad-Sp and EDAD⁵.

The first round of the Delphi method provided the experts answers on 3 questions related to the scales qualities. The group members should scored the scales qualities that follow from 1 to 5 (Lickert scale): ease of use, integrative (includes all aspects of pain assessment for patients with severe/moderate dementia) and discrimination capacity between dementia symptoms and pain symptoms in patients with dementia.

These were the results obtained of the first round:

"EASY TO USE"					INTEGRATIVE					DISCRIMINATION CAPACITY				
TOOLS	Mean	Standard Deviation	Low Limit IC 95%	High Limit IC 95%	TOOLS	Mean	Standard Deviation	Low Limit IC 95%	High Limit IC 95%	TOOLS	Mean	Standard Deviation	Low Limit IC 95%	High Limit IC 95%
ALGOPLUS	4,5	1,2	3,2	4,7	ALGOPLUS	4,25	0,9	2,8	4,8	ALGOPLUS	3,8	1	2,5	4,7
DOLOPLUS	2,1	1,2	0,9	3,3	DOLOPLUS	2,75	1,6	1,1	4,5	DOLOPLUS	3,75	0,8	3	4,9
ABBEY	3,5	1,3	2	4,9	ABBEY	3,75	0,8	3	4,9	ABBEY	4	1,3	2	4,9
PAINAD	3,8	0,4	3,4	4,2	PAINAD	3,25	1,2	2	4,6	PAINAD	4,5	0,7	3,3	4,9
EDAD	3,1	0,4	2,7	3,5	EDAD	3,5	0,7	2,3	3,9	EDAD	2,5	1	1,2	3,4

After experts idea-sharing, they deliberated an analysed results together to vote the most globally adequate scale to be implemented as an electronic clinical history form, obtaining this result:

FINAL SCORE				
TOOLS	Mean	Standard Deviation	Low Limit IC 95%	High Limit IC 95%
ALGOPLUS	4,625	0,5	4,1	5
DOLOPLUS	2,25	1,3	1	3,4
ABBEY	3,125	0,9	2,2	3,9
PAINAD	3,125	0,9	2,2	3,9
EDAD	2,5	0,9	1,7	3,2

CONCLUSIONS

Algoplus scale received the best scores. Ease of use was the most valued quality, even more than discrimination capacity. Algoplus is a tool which inclusion as an electronic clinical history form, could be well received by professionals due to its simplicity. However, its limited use in the clinical setting has not allowed so far to specify some validity aspects.

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