

# Challenges in Pain Assessment in Cognitively Intact and Cognitively Impaired Older Adults With Cancer

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**M**any people with cancer fear pain more than the disease itself. Yet most cancer pain can be relieved with rather simple strategies that are outlined in published evidence-based guidelines (Gordon et al., 2005; Miaskowski et al., 2005; National Comprehensive Cancer Network, 2009; Pergolizzi et al., 2008). Guidelines recommend universal screening of all patients to identify the presence of pain at the initial encounter; the patient's self-report should be the foundation for ongoing assessment. The guidelines highlight the importance of a continuous process of comprehensive assessment as the first essential step in managing pain.

Although pain assessment and management are core competencies for every nurse in any clinical setting (American Society for Pain Management Nursing, 2010; Paice et al., 2006), failure to assess pain is a common and significant barrier to pain management (Miaskowski et al., 2005). Comprehensive, individualized, and ongoing assessment provides the information necessary for clinicians to develop interventions to relieve pain and improve patients' quality of life.

Pain is a highly individualized experience, but assessment in older adults is similar to assessment in younger adults, with accommodations to address age-related changes and potential cognitive decline. Lack of comprehensive pain assessment increases the risk of undertreatment of pain in older adults with cancer. The purpose of this article is to describe best practices for assessing pain in older adults, including those with cognitive impairment.

## The Undertreatment of Pain in Older Adults

Pain is not an inevitable consequence of aging, but it is prevalent among older adults. Cancer pain and persistent pain from chronic illnesses are common, and

**Purpose/Objectives:** To describe approaches to pain assessment in cognitively intact and cognitively impaired older adults with cancer.

**Data Sources:** MEDLINE® literature search, personal reference collection, and clinical experience.

**Data Synthesis:** A systematic and comprehensive pain assessment is the cornerstone of effective treatment strategies. Determining the effect of pain on older adults' ability to function is as important as rating pain intensity. Evidence-based recommendations exist to guide practice.

**Conclusions:** The undertreatment of pain in older adults persists despite a plethora of published guidelines addressing pain assessment and management. Unrelieved pain affects recovery from illness and all aspects of life. Systematic and ongoing assessment is elementary to effective pain management, yet assessments frequently are neither completed nor documented. Because pain is subjective and individual responses to pain interventions vary widely and are unpredictable, assessment is vital to comprehensive pain care in all clinical settings. Reliable and validated pain assessment tools for cognitively intact and cognitively impaired older adults are available to guide practice.

**Implications for Nursing:** Pain assessment is a core competency for nurses in all clinical settings. Comprehensive, individualized, and ongoing assessment provides the information necessary so that clinicians can develop interventions to relieve patients' pain and improve their quality of life. Nurses have the knowledge, skills, and tools to adequately screen and comprehensively assess pain in older adult patients, including those with cognitive impairment. By using this knowledge, nurses can change systems and practices, have a significant effect on improving pain care, and increase quality of life and function of older adults with pain.

acute pain is frequent during and after many therapeutic and diagnostic procedures. When caring for older adults with cancer, healthcare professionals must assess cancer pain and treatment-related pain as well as other sources of pain that may be unrelated to the diagnosis of cancer. Older individuals have an increased risk for developing pain-causing conditions and illnesses (e.g.,