



XXIII Seminario Nazionale

LA VALUTAZIONE DELL'USO
E DELLA SICUREZZA DEI FARMACI:
ESPERIENZE IN ITALIA

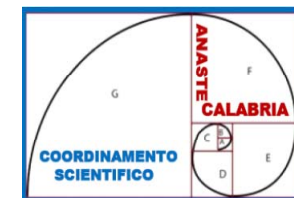


9 dicembre 2014

L'USO DI ANALGESICI IN NURSING HOME: STUDIO OSSERVAZIONALE DESCRITTIVO

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Coordinamento Scientifico ANASTE Calabria



Guidance on the management of pain in older people



- Gli anziani costituiscono una categoria ad alto rischio di sottotrattamento analgesico. I dati in letteratura segnalano che il 40-80% degli anziani a domicilio e il 16-27% di quelli ricoverati in NH non riceve cura per il dolore.

Pharmacological Management of Persistent Pain in Older Persons

American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons

Pain is a complex phenomenon caused by noxious sensory stimuli or neuropathological mechanisms. An individual's memories, expectations, and emotions modify the experience of pain.¹ Persistent pain, by definition, continues for a prolonged period of time and may or may not be associated with a well-defined disease process. In the medical literature, the terms "persistent pain" and "chronic pain" are often used interchangeably, but the newer term, "persistent pain," is preferred, because it is not associated with the negative attitudes and stereotypes that clinicians and patients often associate with the "chronic pain" label.² In the definition of persistent pain, authors have used various durations of painful sensation, including pain longer than 3 months, 6 months, or more. Some reports make the assumption that patients with certain diagnoses, such as postherpetic neuralgia, low back pain, or cancer-related pain, must also experience persistent pain. In the final analysis, readers must evaluate new additions to the medical literature carefully and consider how these sometimes arbitrary definitions apply to each clinical situation and individual patient.

common. As many as 80% of older persons diagnosed with cancer experience pain during the course of their illness,⁸ and pain that occurs as a consequence of cancer treatment is increasingly recognized as a form of persistent pain.⁹ The distress of cancer pain creates an obligation for clinicians to provide effective pain management, particularly near the end of life. Persistent pain is also frequently encountered in nursing homes. Many nursing home residents have multiple complaints and numerous potential sources of pain.^{10,11} Neuralgia secondary to diseases such as diabetes mellitus, infections such as herpes zoster, peripheral vascular disease, and trauma, including surgery, amputation, and other nerve injuries, is somewhat less frequent.

Persistent pain or its inadequate treatment is associated with a number of adverse outcomes in older people, including functional impairment, falls, slow rehabilitation, mood changes (depression and anxiety), decreased socialization, sleep and appetite disturbance, and greater health-care use and costs.¹² Although appropriate treatment can reduce these adverse events, the treatments themselves may incur their own risks and morbidities. Persistent pain can

Pain management in patients with dementia

Achterberg et al

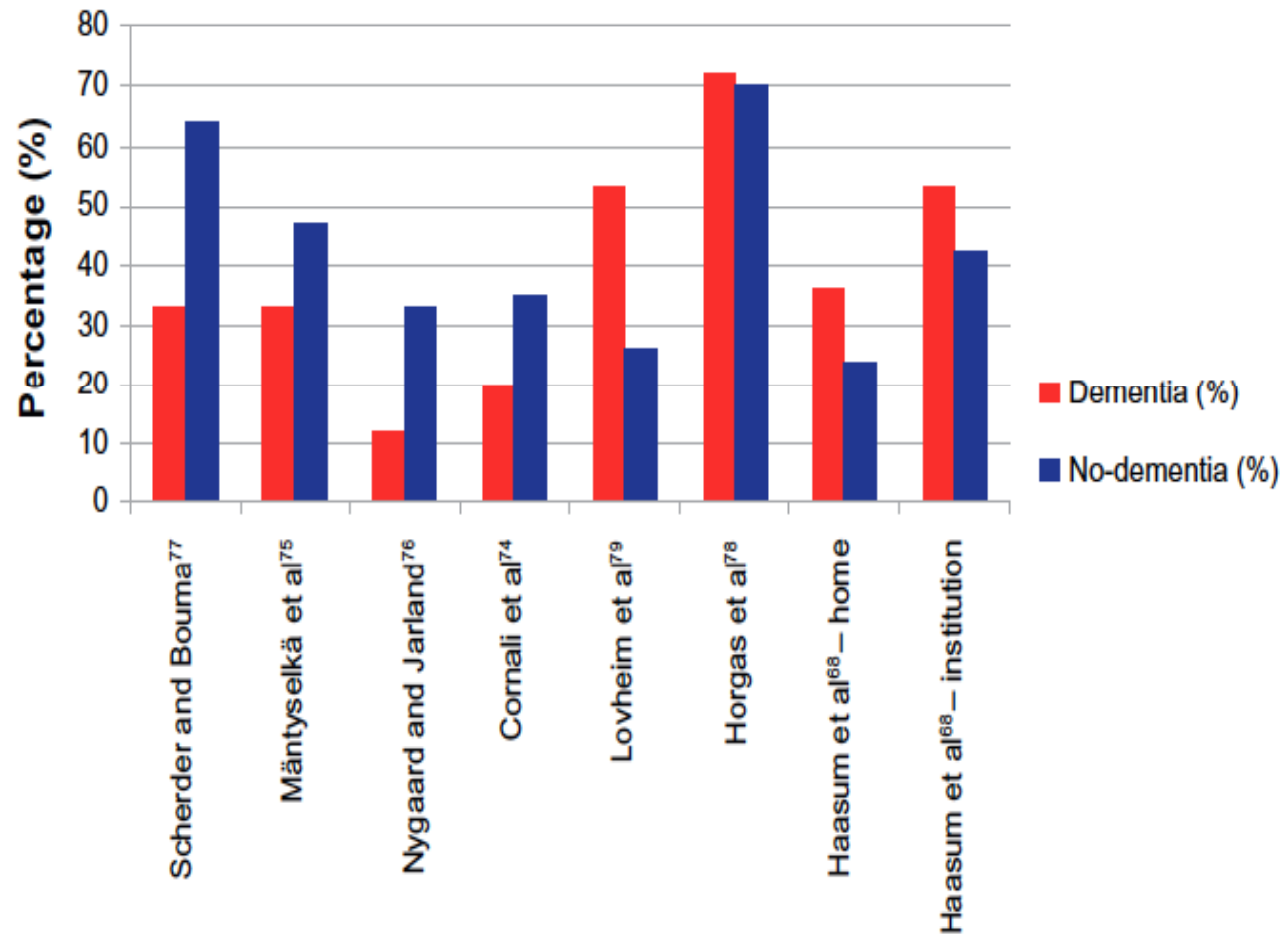


Figure 2 Studies on the prevalence (in %) of analgesic use in patients with dementia compared with in cognitively unimpaired patients (no dementia).

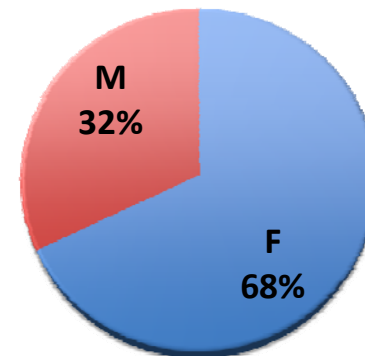
OBJECTIVE



*Casa Protetta Villa Azzurra
Casa Protetta San Pio*

*C.P. Madonna del Rosario
C.P. San Domenico
RSA Casa Amica
RSA San Domenico
RSA Villa Elisabetta*

E' stato condotto uno studio osservazionale descrittivo sull'uso dei farmaci analgesici nella popolazione residenziale. Sono stati arruolati 234 utenti ricoverati nel mese di Aprile 2014 presso 7 Nursing Home Associazione Nazionale Strutture Terza Età Calabria.



Età media 82.93 ± 7.8

METHODS

Mini Mental State Examination

*(Folstein M.F., Folstein S., McHugh P.R.,
J.Psychiatr.Res;12:189-198, 1975)*

Cornell Scale

*(Alexopoulos GS, Abrams RC, Young BC, Shamoian CA:
Cornell scale for depression in dementia. Biol Psychiatr
1988;23:271-284)*

Indice di Barthel

*(Mahoney FI, Barthel DW: Mar.St.Med.J. 1965;14:61-
65)*

Practice Guidelines for Assessing Pain in Older Persons with Dementia Residing in Long-Term Care Facilities

Thomas Hadjistavropoulos, Theresa Dever Fitzgerald, Gregory P. Marchildon

THE SELF-REPORT OF PAIN (MMSE >20)

DOLORE											
0	1	2	3	4	5	6	7	8	9	10	
Assente											Il peggiore possibile

Numeric Rating Scales (NRS)^{30,31,33,35,38,44}

Numeric rating scales are measures of pain intensity that are available in a number of ranges (e.g., 0–5, 0–10, 0–100), with 0 representing no pain and the highest number on the scale indicating pain as bad as it could be. Participants completing an NRS are asked to choose the number that best represents the intensity of their pain. Research studies employing NRS suggest that they are appropriate for use among cognitively intact seniors as well as seniors with mild to moderate dementia.^{15,38} NRS have also been shown to be more reliable than VRS, particularly in patient populations with a lower educational level.⁴⁵

Physiother Can. 2010;62:104–113.

OBSERVATIONAL MEASURES OF PAIN

PUNTEGGIO

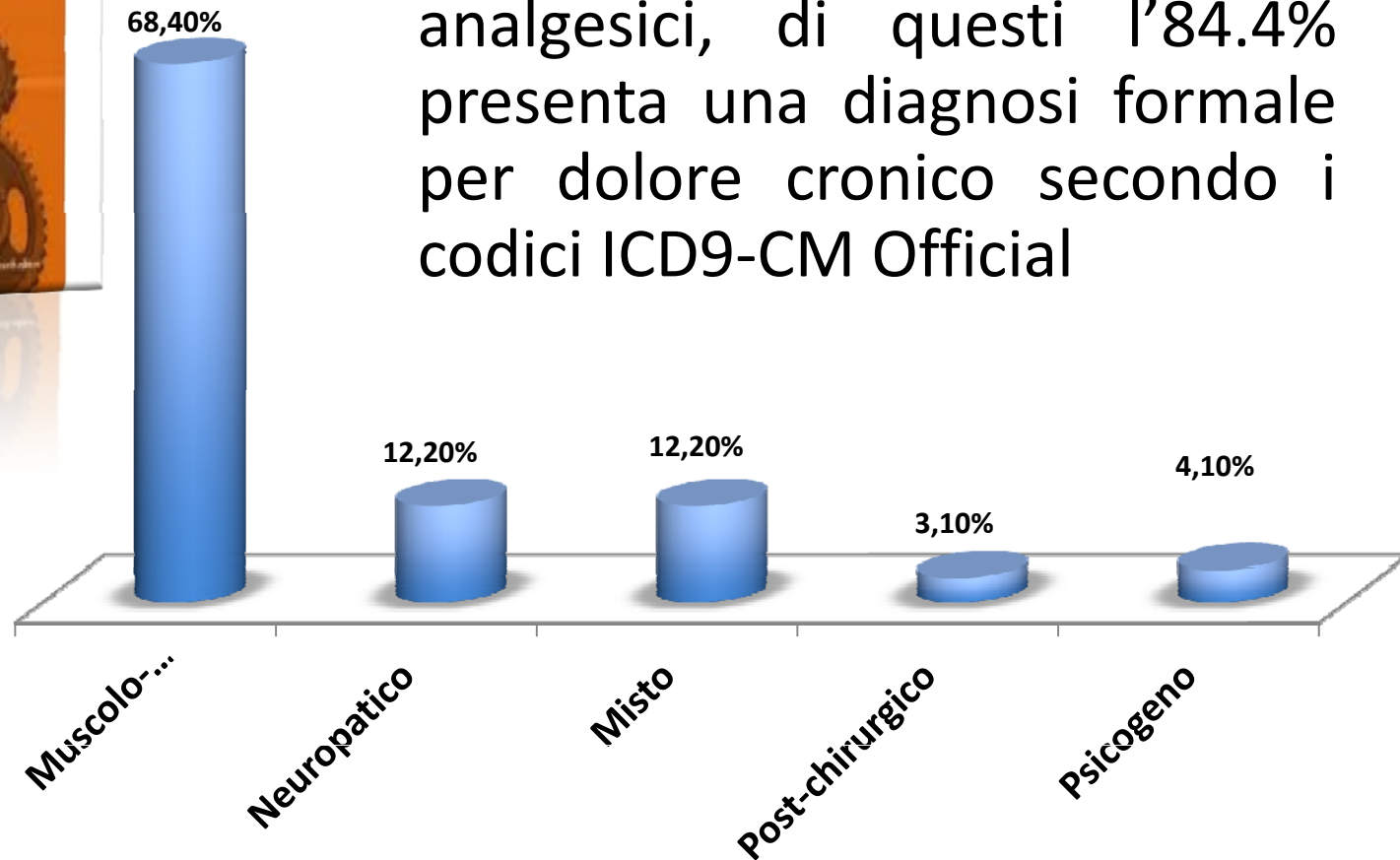
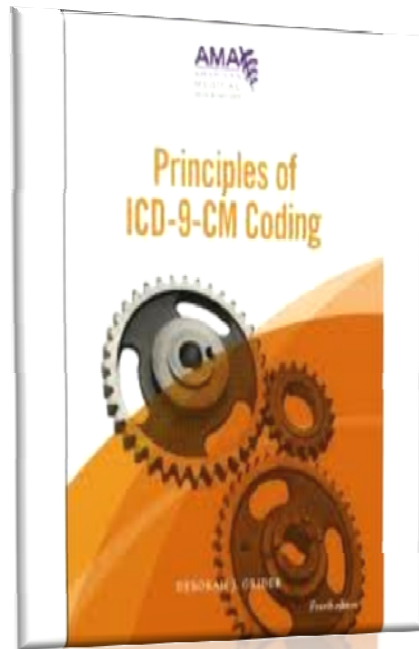
0-1	dolore assente
2-4	dolore lieve
5-7	dolore moderato
8-10	dolore grave

(MMSE <20)

The Pain Assessment in Advanced Dementia Scale (PAINAD)⁵⁵

The PAINAD is a five-item measure with item scores ranging from 0 to 2. These numeric ratings have different descriptors for each item of the PAINAD; for the item “consolability,” for example, ratings are “0 = no need to console; 1 = distracted or reassured by voice or touch; 2 = unable to console, distract or reassure.” The PAINAD takes, on average, less than 5 minutes to complete.⁵⁸ Examples of items measured by the PAINAD are negative vocalization and body language. The PAINAD has demonstrated moderate correlations with other measures of pain behaviour.⁵⁵ In addition, research involving the PAINAD supported its ability to discriminate between pain-related and non-pain-related situations;⁵⁹ however, in the original study it had low internal consistency.⁵⁵ The PAINAD clearly covers three of the six AGS-recommended pain assessment domains (body movements, verbalizations and vocalizations, and facial expressions). Additional items of this tool focus on breathing patterns and consolability (which is related to the AGS-recommended domain of interpersonal interactions).

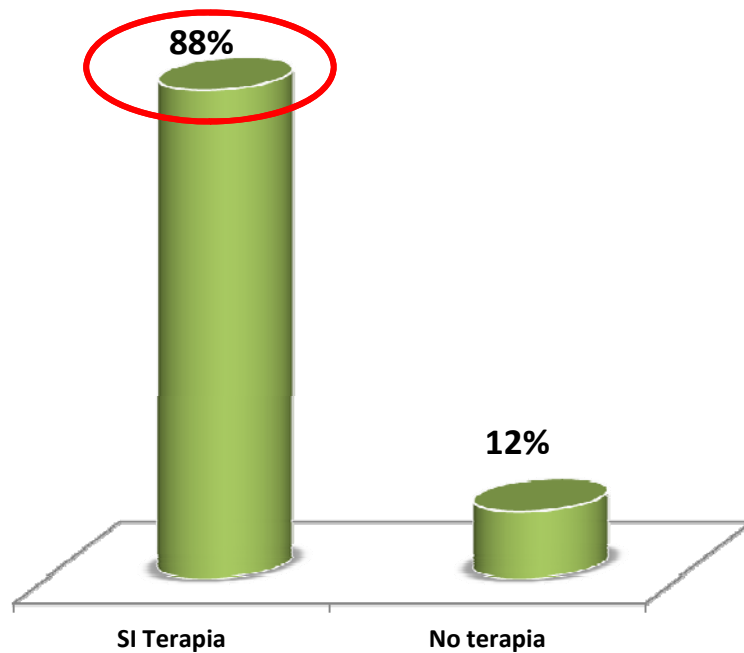
RESULTS



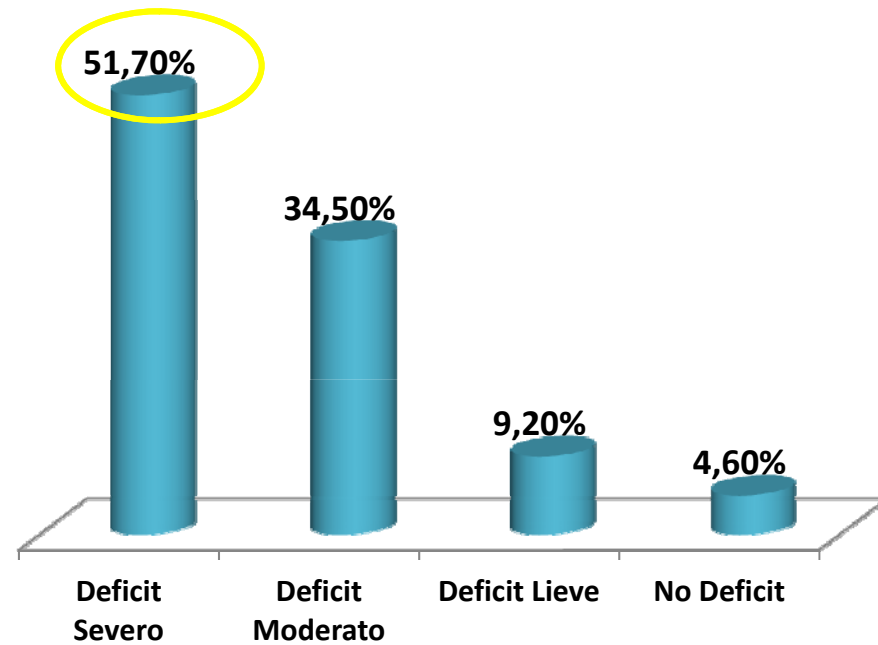
- Il 44.0% del campione in esame assume farmaci analgesici, di questi l'84.4% presenta una diagnosi formale per dolore cronico secondo i codici ICD9-CM Official

RESULTS

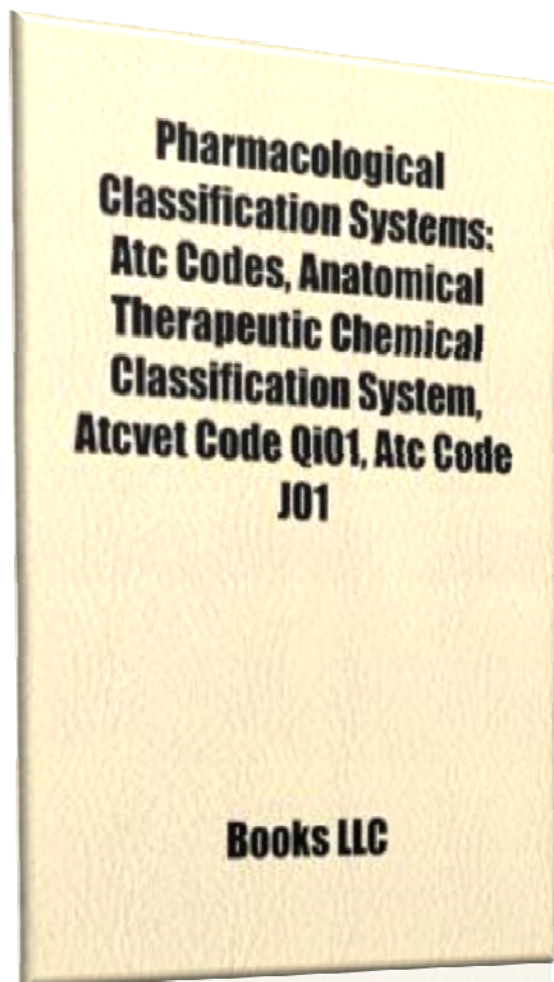
Diagnosi di Dolore cronico



Deficit Cognitivo



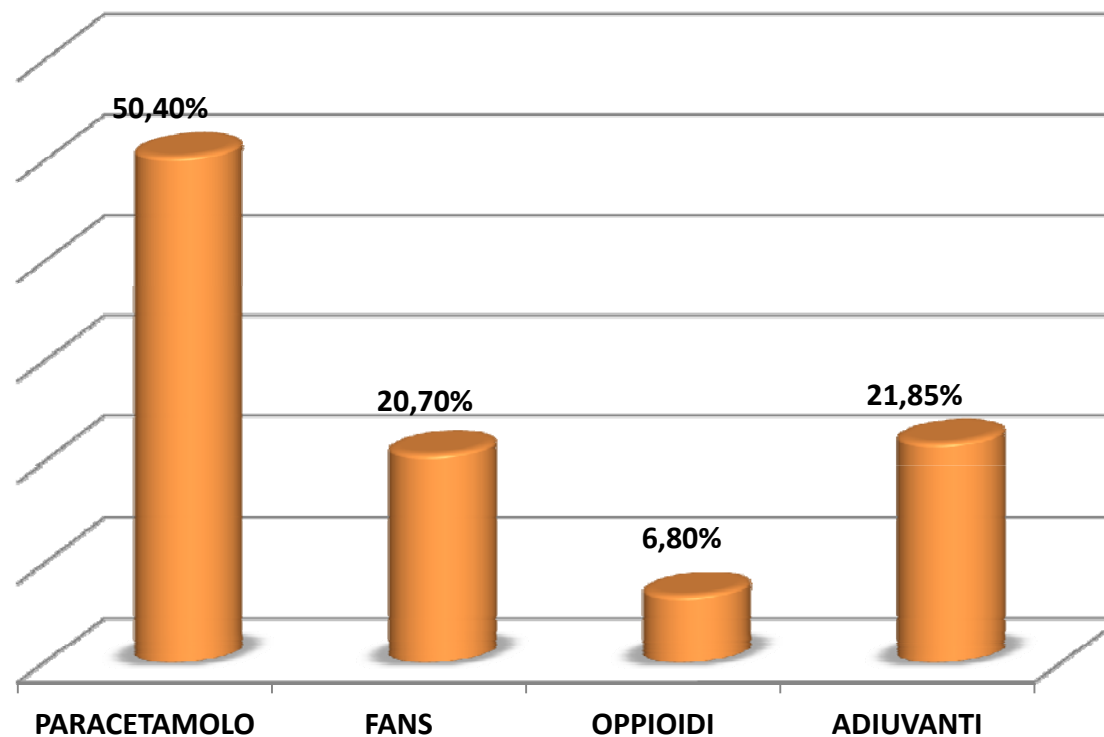
RESULTS



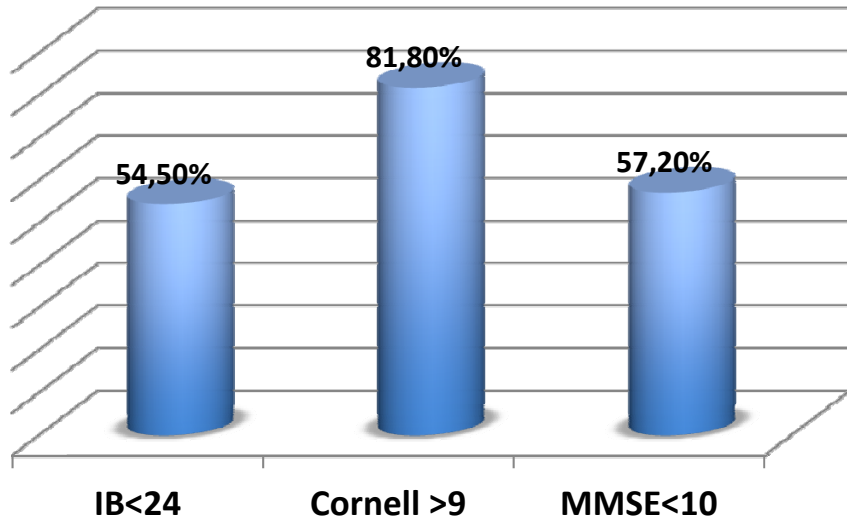
Anatomical Therapeutic Chemical (ATC):

- analgesici (ATC N02)
- FANS (ATC M01A)
- antidepressivi (ATC N06A)
- ansiolitici (ATC N05B)
- ipnotici/sedativi (ATC N05C)
- anticonvulsivanti (ATC N03)
- antipsicotici (ATC N05A).

Prevalenza totale:C+S+A

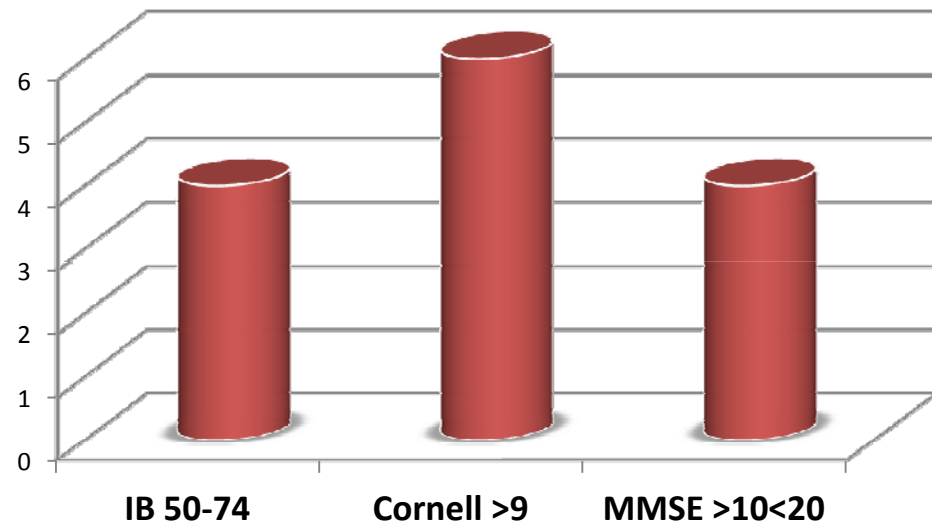


RESULTS



PARACETAMOLO

OPPIOIDI



TAKE HOME MESSAGE

- La maggior parte dei residenti delle NH che presentano una diagnosi per dolore cronico, ricevono una terapia per il dolore.
- L'utilizzo di strumenti osservazionali per il dolore, consente di valutare anche pazienti con deficit cognitivo medio-grave e quindi di consentirne il trattamento.
- Il paracetamolo risulta essere il farmaco più utilizzato, mentre gli oppioidi rappresentano un'opzione terapeutica ancora troppo poco considerata nel paziente anziano.

The New York Times

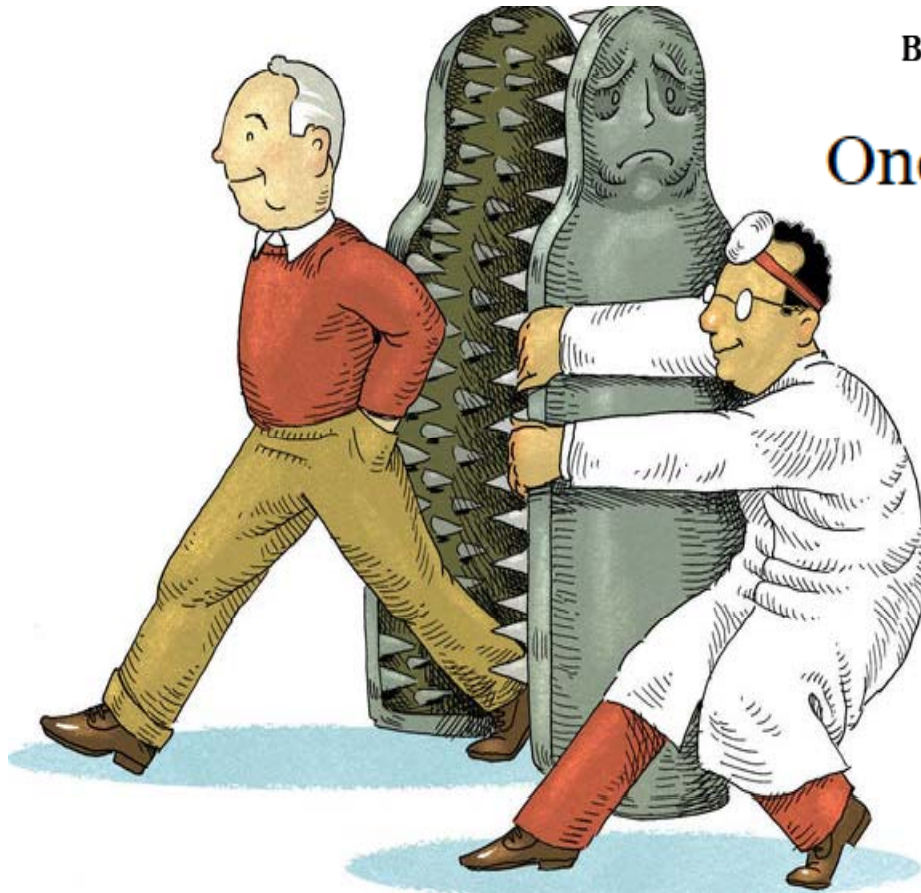
The Perils of Toughing It Out

By JANE E. BRODY

Once pain is recognized in an older person, the next challenge is treating it properly.

“Every person, regardless of age, has the right to be as free from pain as possible.”

Personal Health March 3, 2014, 12:01 am



THANKS FOR ATTENTION