PARTICULARITIES OF MANIFESTATIONS AND MANAGEMENT OF PAIN IN NON-COMMUNICATING ELDERLY PATIENTS

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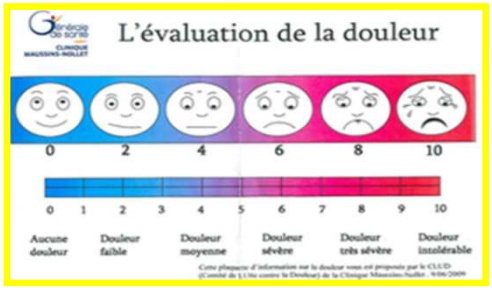

OBJECTIVES

To study the impact of prescription of analgesics on clinical manifestations and dosage of psychotropic drugs in non-communicating elderly patients with BPSD (Behavioural Psychological Symptoms Dementia).

METHODS

Study of the literature data about somatic manifestations and the mechanisms of pain in the elderly. Implementation of a simultaneous rating of pain with ALGOPLUS scale and positive neuropsychiatric symptoms with NPI-ES scale in non-communicating elderly patients with BPSD presenting no evidence of somatic source of pain. Evaluations were coupled with analysis of changes in prescription of analgesics and psychotropic drugs from 01/03/2015 to 30/10/2015.

RESULTS AND DISCUSSION

10 non-communicating elderly patients: 4 men, 6 women aged of 68-93 years (average 83.4 years).

Diagnoses:
- Dementia 80%
- Psychosis 10%
- Bipolar disorder 10%

BPSD assessed:
- Agitation
- Aberrant motor behavior (AMB)
- Irritability/mood instability (IMI)

The management of pain has improved the BPSD in non-communicating elderly patients and was objectivized by NPI-ES scale although the scores of ALGOPLUS scale showed no significant change. The establishing or the dose escalation of analgesic treatment has led to dose reduction or stoppage of antipsychotics in half of patients. The doses of antidepressants and hypnotics remained constant or were increased.

SCORES	**ALGOPLUS** (average)	**NPI-ES**	
		Disorders valuation (average)	Impact on work of staff(average)
Before pain management	0–5(1.8)	Agitation 6–12(8) AMB 6–9(7.6) IMI 6–12(10.5)	3–5(2.5) 3–4(3.2) 3–5(3.75)
After pain management	0–4(1.6)	Agitation 0–6(2.6) AMB 1–6(3.2) IMI 1–6(3.75)	0–3(1.25) 1–2(1.6) 1–3(1.9)

Evolution of prescriptions	Before pain management	After pain management				
		Identical dose	Decrease	Increase	Establishment	Stoppage
Atypical antipsychotic	6	2	1	1	0	2
Typical antipsychotic	4	0	1	1	1	2
Anxiolytic	4	3	0	0	1	1
Hypnotic	2	2	0	0	1	0
Antidepressant	4	3	0	1	0	0
Acetaminophen	2	1	0	0	4	1
Tramadol	1	1	0	0	0	0
Morphinics	5	1	0	4	1	0

CONCLUSION

Our work demonstrates the benefit of the first-line prescription of analgesics in non-communicating patients presenting the BPSD even if the scores of pain scales are not high. It allows to improve the clinical symptoms and to decrease the administration of antipsychotics that are not recommended in the elderly because of their adverse effects. As for the antidepressants and the hypnotics, they still keep their place in the care of seniors.

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