

# Systematic pain assessment in elderly care: does it make a difference?

<b>Submission date</b> 03/09/2012	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 18/09/2012	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 01/03/2017	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Studies have shown that older people in residential living facilities suffer from pain. Pain can lead to reduced daily activities, extended need for nursing care and reduced quality of life. According to some studies, pain is often not identified and not fully treated, which can cause unnecessary suffering and reduce the quality of care. Assessing older people's pain is basic to adequate pain treatment. To date, the use of pain assessment procedures in clinical practice has not been well investigated. The aim of the study is to examine whether a caregiver intervention, including education on pain, and pain assessments increase quality of life among older people in residential living facilities.

### Who can participate?

Older people living permanently in one of the 10 residential living facilities

### What does the study involve?

Participating residential living facilities are randomly allocated into the intervention or the control group. Staff working at facilities in the intervention group attend a course on pain and pain assessments. The course lasts 3.5 hours together with follow-ups at the respective facilities. The subjects dealt with are: pain among older people, nursing care interventions, pain treatment, and introduction of the pain assessment scales. Data is collected on three occasions (in both groups): at the start of the study followed by repeated assessments one and a half months and five months later. Physical and cognitive (mental) abilities, medication, pain and quality of life are assessed. The caregivers perform the assessments at the intervention group facilities and the corresponding assessments are performed by research nurses at the control group facilities.

### What are the possible benefits and risks of participating?

The results of the study could lead to improved knowledge among caregivers and improved pain treatment in elderly care, thus benefiting the older residents. Because the study examines the effect of pain assessments, there are no added risks.

### Where is the study run from?

University of Gävle (Sweden)

When is the study starting and how long is it expected to run for?  
March to December 2012

Who is funding the study?

1. University of Gävle (Sweden)
2. Swedish Dementia Foundation (Sweden)

Who is the main contact?

Dr Anna-Greta Mamhidir

## Contact information

### Type(s)

Scientific

### Contact name

Dr Anna-Greta Mamhidir

### Contact details

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## Additional identifiers

## Study information

### Scientific Title

Systematic pain assessment in residential living facilities for older people: a cluster-randomized controlled trial

### Study objectives

Systematic pain assessment will reduce pain, increase quality of life, reduce signs of discomfort and increase signs of good mood.

The aim of the study is to examine whether a caregiver intervention in residential living facilities, including education on pain, and subsequent pain assessments will increase quality of life and change pain prevalence among older people (with and without cognitive deficits) compared to a control group.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

The Regional Ethical Review Board in Uppsala, 08/02/2012, ref: 2012/016

**Study design**

Cluster-randomized controlled trial

**Primary study design**

Interventional

**Study type(s)**

Quality of life

**Health condition(s) or problem(s) studied**

Residential living facilities for older people.

**Interventions**

The residential living facilities will be grouped into smaller (n=20-30) and larger facilities (n=40-60). All residential living facilities meeting the inclusion criteria will be randomized into either the intervention or the control group.

The intervention includes two parts carried out within a three-week period, and starts with a course on pain and subsequent administration of pain assessments (Dolpolus 2 scale and Mobid 2 scale). The course for registered nurses, assistant nurses, occupational therapists, physiotherapists, physicians and managers comprises 3.5 hours together with follow-ups at the respective facilities. The subjects dealt with are: pain among older people, nursing care interventions, pain treatment, and introduction of the assessment scales.

Data collection will be performed at three occasions (in both groups) and start with a baseline assessment, followed by repeated assessments after one and a half months and finally five months post-intervention.

The data collection occasions include: patients demographical data, medical diagnoses, medication, physical (Katz-ADL index, Alzheimers Disease Cooperative Study-Activities of Daily Living (ADCS-ADL scale) and cognitive ability (MMSE scale), scores on the Quality of Life in Late-Stage Dementia scale (QUALID) and WHO-5 wellbeing index, as well as patient record reviews regarding pain and measurement. The pain assessments include visual analog pain assessments (Proxy-VAS), Doloplus 2 and Mobid 2 scales. All pain assessments begin with caregivers making visual analog pain assessments (Proxy-VAS) of the older people followed by the other assessments. At the start of the study, two pain assessments per resident will be conducted (Doloplus 2 and Mobid 2), and thereafter Doloplus 2 will be used once a month during the intervention period. In total about 380 caregivers will participate in the education.

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome(s)**

1. Well-being (OUALID, WHO-5 index)
2. Proxy-VAS

**Key secondary outcome(s)**

1. Medication
2. Physical and cognitive ability
3. Documentation about pain

In addition, the psychometric properties of the pain assessment scales will be investigated.

**Completion date**

31/12/2012

## Eligibility

**Key inclusion criteria**

Living permanently in one of the 10 residential living facilities in the municipality

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Senior

**Sex**

All

**Key exclusion criteria**

1. Newly moved into the residential living facility, i.e., the person has lived there less than one month
2. Short time and respite care
3. Palliative care status

**Date of first enrolment**

15/03/2012

**Date of final enrolment**

31/12/2012

## Locations

**Countries of recruitment**

Sweden

**Study participating centre**

University of Gävle

Gävle

Sweden

SE-801 76

# Sponsor information

## Organisation

University of Gävle (Sweden)

## ROR

<https://ror.org/043fje207>

# Funder(s)

## Funder type

University/education

## Funder Name

University of Gävle (Sweden)

## Funder Name

Swedish Dementia Foundation (Sweden)

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Anna-Greta Mamhidir

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	28/02/2017		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes