

## Pain Issues in People with Limited Mental Communication

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The incidence of pain in people with mental impairment is probably greater than in the general population, because there is greater accompanying morbidity; on the other hand invasive techniques such as surgeries are often needed.

From the International Association for the Study of Pain (IASP), behavioural observation is proposed as a tool for assessing pain in people with communication problems. Behavioral indicators for pain indicate a set of observed verbal or non-verbal behaviors that could be considered as an expression or reaction to the subjective feeling of pain experienced by a person with communication deficits.

The problem of the assessment of pain in these individuals remains serious and difficult as the pain from its definition is subjective and in these individuals the basic tool of evaluation is lacking the communication. The target of identifying and treating pain in people with mental impairment is a challenge for today's community of algologists for further research and evidence of reliable diagnostic and treatment tools.

**Key words:** pain, mental dysfunction, disabilities

**Introduction:** The incidence of pain in people with mental impairment is probably greater than in the general population, because there is greater accompanying morbidity; on the other hand invasive techniques such as surgeries are often needed.

Painful conditions such as arthritis are more common in the population of older adults with mental impairment than in younger people, while the life expectancy of these individuals' increases with the health care provided and therefore the need to recognize pain in this particular category of people is more urgent than ever. Also, the frequent experience of severe pain from children with mental impairment and the impact of this on their daily lives make it more urgent than ever to detect pain in these children. In conclusion, pain detection affects the entire population of people with mental impairment regardless of age.

Despite the strong association of pain and individuals with mental dysfunction, it appears that this is undertreated in individuals in this group. Due to existing difficulties in cognitive functions, these often reflect in the recognition and reporting of pain. The fact that many people with mental dysfunction is not able to communicate verbally complicates any attempt to report in relation to pain. Communication problems therefore prevent the prescription of adequate analgesic treatment and the provision of palliative care for these individuals. So in order to be able to understand the pain of people with mental problems, especially those with non-verbal ability, and to provide appropriate treatments, it is important to discover alternative methods of communication and evaluation.

From the International Association for the Study of Pain (IASP), behavioural observation is proposed as a tool for assessing pain in people

with communication problems, such as dementia. Behavioral indicators for pain indicate a set of observed verbal or non-verbal behaviors that could be considered as an expression or reaction to the subjective feeling of pain experienced by a person with communication deficits. Brain injuries are the most common form of brain damage in people under the age of 40. Many of these injuries are serious and cause communication problems. The vast majority of those seriously injured are unable to live independently. Usually people with severe head injuries are multi-injured, ie they have other injuries to their body, since half of these cases are traffic accidents. Therefore, adequate assessment and management of pain is necessary for these populations and especially for those who have communication problems.

**Kinetic activity:** The category of motor activity refers to an increase in physical activity, passivity and/or posture. Parents and caregivers evaluate various physical activities (or not) as important for the recognition of pain in people with mental dysfunction. Examples: non-movement, non-use of a body part, pushing or withdrawal of a body member, sensitivity to touch, stiffness, spasticity, tenderness or stiffness, problems of increased tone, movement of the body in a specific way, protection of defense or guarding of the injured limb.

**Facial activity:** This category refers to changes in the face, such as eyes tightly closed, face with tension, deep, interline of laughter. These indicators are probably reliable for people with DNA dysfunction, as shown by the large agreement in the evaluations of the studies and the strong relationship with the visual proportional pain scale.

Social emotional indicators

Seeking relief is also an important indicator of pain. Indicators of social behaviour could perhaps be part of the activity indicators.

Furthermore a variety of emotional indicators can be used to recognize pain in both children and adults: irritability, irritation, depression, poor mood, agitation or tension, signs of fear or anxiety, and non-co-operation.

**Non-verbal vocal expressions.**

The majority of caregivers mention for expressions such as turnip or moaning, crying and screaming as a behavioral pain indicator for people with mental impairment.

**Physiological markers.**

Normal indicators relate to physical symptoms of the autonomic system, with individual differences such as paleness or facial redness. References to these indicators are not consistently found in the literature and their value varies from 7 to 63%.

**Self-injury behaviors**

In the opinion of caregivers, self-harm behaviors could be typical of people with mental dysfunction who suffer from acute or chronic pain. These behaviors are due to physical dysfunction. Others say that self-

harm behaviors in adults with IC dysfunction reflect acute pain stemming from conditions that are not treated like oral ulcers. Self-harm behaviors are a common cyclical phenomenon in women with AD, associated with menstruation, but despite relief with NSAIDs they receive continues as a duty-avoidance behavior. Generally the behavior of self-injury as an indicator of pain has not been clarified.

#### **Verbal expression.**

Some people with mental dysfunction are able to verbally express the experience of acute or chronic pain. There may be differences in the issue of pain focus such as, for example, hurting my stomach or general lymention as I don't feel well. The content and frequency of pain reports may be influenced by the person's past experiences. Children with mental dysfunction when in pain have less and lower quality verbal communication.

#### **Aggression**

Aggression refers to verbal and non-verbal aggressive behavior. Throwing food, destroying furniture, hitting others could be a reaction to pain. However, it is not a consistent continuous finding in studies and a more consistent finding is challenging behaviour. Provocative behaviour was found to be more common in people with chronic pain than those who do not have chronic pain, but no difference was found in the incidence of verbal abuse and aggression.

#### **Daily activity skills**

Adults with mental dysfunction who have chronic pain limit their daily functions such as exercise and self-service. So do children in relation to days when they don't have pain.

#### **Stereotypical movements**

Although this indicator is based on a high-quality report could be used as an indicator, because behaviors such as fingering or rubbing hands, grinding the teeth are not voluntary especially in people with a high mental dysfunction.

**Conclusion:** The problem of the assessment of pain in these individuals remains serious and difficult as the pain from its definition is subjective and in these individuals the basic tool of evaluation is lacking the

communication. The tagert of identifying and treating pain in people with mental impairment is a challenge for today's community of algologists for further research and evidence of reliable diagnostic and treatment tools.

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