

Managing Chronic Pain in Older Adults (v5-v6)

5. Self-Report of Pain

疼痛的自我描述

The person self-report is the most accurate and reliable evidence of the existence of pain and its intensity, and this holds true for persons of all ages, regardless of communication or cognitive deficits.

患者自我報告疼痛及其強度是最準確及可靠的，亦適用於所有年齡人士，無論他是否有溝通或認知障礙。

Therefore, it is the responsibility of the healthcare professionals to foster productive pain-related discussions with the senior.

因此，專業醫護人員有責任促進與長者討論相關會導致疼痛的問題。

The following section offers suggestions for eliciting verbal reports of pain from older adults.

以下章節提供了一些建議，如何引導長者說出疼痛的情況。

Determining the older person's preferred pain terminology is an important part of the comprehensive assessment.

確定長者的疼痛術語是進行全面評估的重要部分。

It is common for older adults to deny pain, but will respond positively when asked about related terms, such as discomfort or soreness.

長者否認疼痛是很常見的，但當被問到例如不舒適或酸痛等相關術語時便會作出積極反應。

Therefore, after denial of pain, a reworded question such as "Do you hurt anywhere?" or "Are you uncomfortable?" is important to verify the absence of discomfort.

因此，在否認疼痛之後，應使用另一種提問方式，例如「你有任何地方感覺疼痛嗎？」或「你有不舒服嗎？」以確定他沒有不適是很重要的。

Moreover, it is extremely important to allow sufficient time for the older adult to process the question asked and to formulate a response.

此外，極為重要是要容許長者有足夠時間去理解問題所在及作出回應。

Measurement of Pain Intensity

量度疼痛強度

It is thought that the intensity of an individual's pain is the primary factor that determines the impact of the pain on the person's overall functioning and sense of wellbeing.

疼痛強度是被認為可以影響個人整體功能和精神健康的主要因素。

Therefore, pain intensity serves as a benchmark for comparison of pathologic conditions over time and is important for determining the effectiveness of intervention.

因此，疼痛強度可作為基準，比較在一段時間內病理狀況的變化，及確定治療的有效性。

Self-Report Intensity Tools

自我描述疼痛強度工具

Due to the subjective nature of pain, the assessment of pain intensity mainly depends on the subjective description of the patient.

由於疼痛是個體的一種主觀感受，因此疼痛強度的評估，主要還是依靠患者的主觀描述。

At present, the commonly used pain assessment in medicine is divided into subjective assessment and objective assessment.

目前醫學常用的疼痛評估分為主觀評估法和客觀評估法。

The main complaint of the patient is the standard method of assessing pain.

患者的主訴是評估疼痛的標準方法。

Subjective assessment is applicable to chronic pain and acute pain, and objective assessment is applicable to acute pain.

主觀評估適用於慢性疼痛以及急性疼痛，客觀評估則適用於急性疼痛。

Using a variety of assessment methods for comprehensive assessment would be a preferred way of pain assessment.

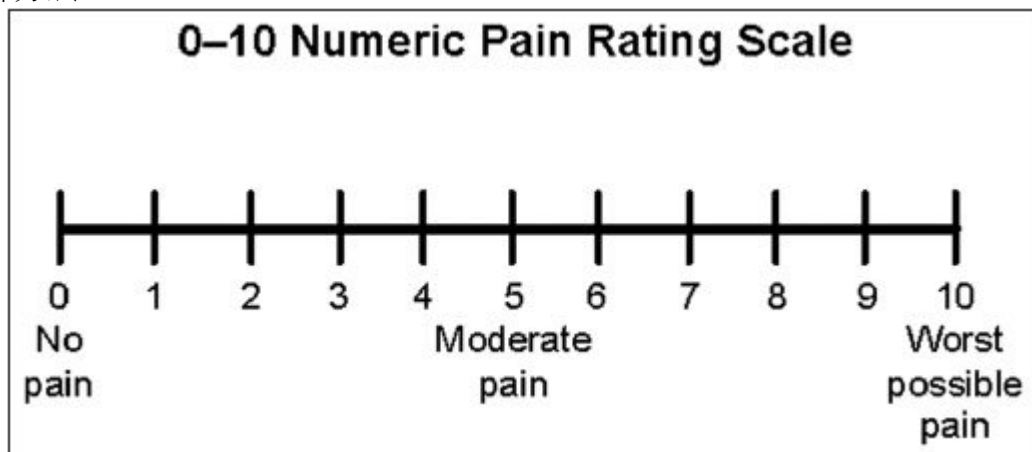
使用多種評估方法進行綜合評估是疼痛評估的首選方法。

The commonly used pain intensity assessment methods in clinical practice that are appropriate for use with older adults include numeric rating scale, visual analogue scale, faces pain scale etc.

臨床上常用的疼痛強度評估法，適合老年人使用包括有數字等級量表、視覺類比表、臉譜量表等；

- Numeric Rating Scale

數字評分法



is the most commonly used pain scale in healthcare.

數字評分法是醫療中較為通用的疼痛評估工具。

On a scale of 0 to 10, with 0 being no pain at all and 10 being the worst pain

用 0 至 10 的數字代表不同程度的疼痛，0 為無痛，10 為最劇烈疼痛

Pain is verbally rated by the patient from 0 to 10 or to place a mark on a line indicating the level of pain.

讓患者自己圈出一個最能代表其疼痛程度的數字。

0 is no pain ; 1 to 3 is mild pain ; 4 to 6 is moderate pain ; and 7 to 10 is Worst possible pain

0 為無痛；1 至 3 為輕度疼痛；4 至 6 為中度疼痛；7 至 10 為重度疼痛

- Visual Analogue Scale (VAS)
視覺模擬量表 又名劃線法

V A S is a clinically common pain assessment tool.

劃線法是臨床上常用的疼痛評估工具，

It consists of a line approximately 10 cm in length, with one end signifying no pain and the other end signifying the worst pain ever.

其將劃一條長為 10cm 長線，線段的兩端分別標有「無痛」和「劇痛」，

Individuals point to or mark a spot on the line where they feel indicates their current level of pain.

讓患者在線上最能反應自己疼痛程度之處劃一交叉。

But V A S users need to have abstract thinking ability and cannot be used for older people with cognitive impairment.

但是劃線法使用者需要有抽象的思維，對於有認知障礙的長者不合適使用。

- Verbal Descriptor Scale
詞語描述量表

is comprised of a series of descriptive phrases that refer to different levels of pain severity or intensity.

由一系列描述性短語組成，這些短語是指不同程度疼痛的嚴重程度或強度。

A set of descriptors such as “painless, mild, moderate pain, severe pain, extreme pain,” and so on will be used to represent different intensity of pain,

這一系列詞語如「無痛、輕度痛、中度痛、重度痛、極度痛」等用來代表不同強度的疼痛。

Patients select the phrase that best describes their current pain.

患者在這些詞語中選出最能代表其疼痛強度的詞語。

This tool is best suited for use with more articulate patients, due to the need for patients to understand and respond to the scale in verbal terms.

此工具最適合用於能清晰表達的患者，因為患者需要理解和回應在口頭上的尺度。

- Face Rating Scale
臉譜量表


Faces pain rating scale when is used, the person is instructed to point to the face on the scale that reflects the intensity of the pain he or she is feeling.

使用臉譜量表時，要求患者選擇能夠代表其疼痛程度的表情，而每一張臉孔代表患者所感受疼痛的程度。

Wong-Baker FACES™ Pain Rating Scale



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	Page	3

Yet, when selecting an appropriate pain measurement scale, a prerequisite involves determining the individual's ability to read, hear, and understand the instructions for completing the tool.

然而，選擇適當的疼痛評估量表時應根據個人閱讀，傾聽，理解能力而選擇適合他或她的量表。

Additionally, pain scales that focused on "pain relief" may be more beneficial than those focused on "pain intensity".

另外，疼痛量度專注於「疼痛緩解」比較「疼痛強度」更為有用。

It is because individuals will have the same baseline of "relief", whereas "intensity" is highly individual dependent.

這是因為個人對「緩解」的基準線相同，而感受「疼痛強度」則因人而異。

Pain descriptors such as location, duration, onset, frequency, exacerbating and alleviating features, intensity, and quality should be assessed, specifically asking the patient to describe in his or her own words what the pain feels like.

疼痛的描述，例如部位，持續時間，發作，頻率，加劇和緩解的特性，強度和性質應作評估，特別是要求患者用自己的語言描述疼痛的感覺。

6. Other methods in pain assessment

疼痛評估的其他方法

Although self-report pain rating scales are most commonly used to quantify pain intensity, observational and surrogate reporting methods can also be used to detect pain in older adults. 儘管自我描述疼痛評估量表是最常用於量度疼痛強度，但觀察和替代描述方法也可用於檢測長者的疼痛。

Observational Methods

觀察法

Pain is “Anything the person says it is.”

疼痛是經歷過的人認為「有」，就是有疼痛的存在。

But what about seniors who cannot self-report or tell us about their pain?

但那些無法自我描述或不懂得告訴我們疼痛的長者怎麼樣？

Non-communicative, illiterate, and cognitively impaired patients present a challenge when trying to assess their pain using either numeric or verbal pain measurement scales.

當使用數字評分方法或詞語描述量表以評估疼痛時，對不能溝通、文盲或認知障礙的患者而言，將面臨挑戰。

An alternative approach is the evaluation of behavioral manifestations of pain.

另一種方法是評估疼痛的行為表現。

When the patient says “very much in pain”, or exhibiting a painful expression, etc., all behaviours that communicate to others that the pain is presence, is called “pain behavior”.

當患者說出「好痛」、露出很痛苦的表情等，將疼痛的存在傳達給他人的所有行為，稱之為「疼痛行為」。

Use of the faces pain rating scale or behavioral screening tools may be necessary for people who are unable to self-report pain.


對於無法自我描述疼痛的人，可能需要使用臉譜量表或行為篩查工具。

Pay close attention to changes from normal behaviours.

需要密切注意任何異於正常行為。

This is an important way to identify possible pain.

這是識別疼痛的重要方法。

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	Page	5

Pain Interview

疼痛訪談

The use of a structured pain interview, which asks simple questions regarding the presence or absence of pain or discomfort, pain intensity, frequency, location, and impact on daily activities, has been shown to be a feasible approach to gathering pain information from the cognitively impaired older adult.

使用結構性疼痛訪談，問一些簡單問題，例如有沒有痛或不適，疼痛強度，頻率，部位，對日常活動的影響等，對患認知障礙的長者而言是一種可行的方法去收集其疼痛的資訊。

Surrogate Reporting

替代報告

Surrogate reporting of pain is a more reliable method of detecting pain in older non-communicative patients.

疼痛的替代報告，用於更年長及不能溝通的患者，是一種檢測疼痛的更可靠方法。

Knowledge of the senior's unique pain behavior or expression is an important component of pain assessment.

了解長者的獨特疼痛行為或表情是疼痛評估的重要組成部份。

Asking caregivers and family input may be needed to determine the patient's usual pain behaviors. 可能需要詢問護理人員和家人才能確定患者表達疼痛常見的行為。

Behaviors that may indicate pain and easier to see include facial expression such as frowning, grimacing; vocal behaviors such as moaning, screaming; body movements such as bracing or guarding an area, rubbing.

表示疼痛且更容易看到的行為包括面部表情，例如皺眉，做鬼臉，發聲例如呻吟，尖叫，身體動作例如支撐或保護某個區域，摩擦等。

Behavior changes that might be less easy to recognize include altered activity such as eating less, more or less sleep, increased wandering or decreased mobility, less interest in activities, decrease in energy level; aggression in the form of verbal, biting and hitting, and irritability.

比較不容易識別的行為變化，包括活動改變例如少吃，多睡或少睡，多了遊蕩或活動能力下降，對活動的興趣減少，動力降低，易怒，具侵略性如罵人，咬人，打人等。

However, all these behaviors are applicable also when assessing any elderly person.

但是，凡此種種行為在評估任何長者也都適用。

Studies evaluating the use of observational approaches note that behavioral indicators are more evident when the older person is engaged in activity, such as transfers, ambulation, and repositioning and that observation at rest can be misleading.

評估觀察方法之使用的研究報告表示，當轉移長者，下床，轉身等活動時，行為指標會較明顯，靜止觀察則可能產生誤導。