« ça brûle, ça pique ou ça lance? » Evaluation de la douleur et troubles cognitifs

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Mr P

- 78 ans
- connu pour une maladie d'Alzheimer depuis 2 ans (MMSE 21/30; CDR 1)
- Vient au cabinet avec son épouse
- Il est silencieux
- Elle rapporte qu'il sort moins volontiers de la maison, que son appétit à diminuer et q'ele le trouve plus triste

Mr P

- Est-ce que vous pensez à la douleur?

Prevalence douleur chromium ou persistante est dans cette population

1. 25-76%
2. 48%
3. 83-90%
4. 10-23%

AGS Panel. J Am Geriat Soc. 2002 50:S205-224
Pautex, J Gerontol A Biol Sci Med Sci 2005 60: 524-9
Age ageing2013 ;42: i1–i57

Prevalence douleur chronique ou persistante est dans cette population

- 25-76% chez les patients âgés à domicile
- 48% des patients âgés à hôpital
- 83-90% of des patients en maison de retraite

AGS Panel. J Am Geriat Soc. 2002 50:S205-224
Pautex, J Gerontol A Biol Sci Med Sci 2005 60: 524-9
Age ageing2013 ;42: i1–i57

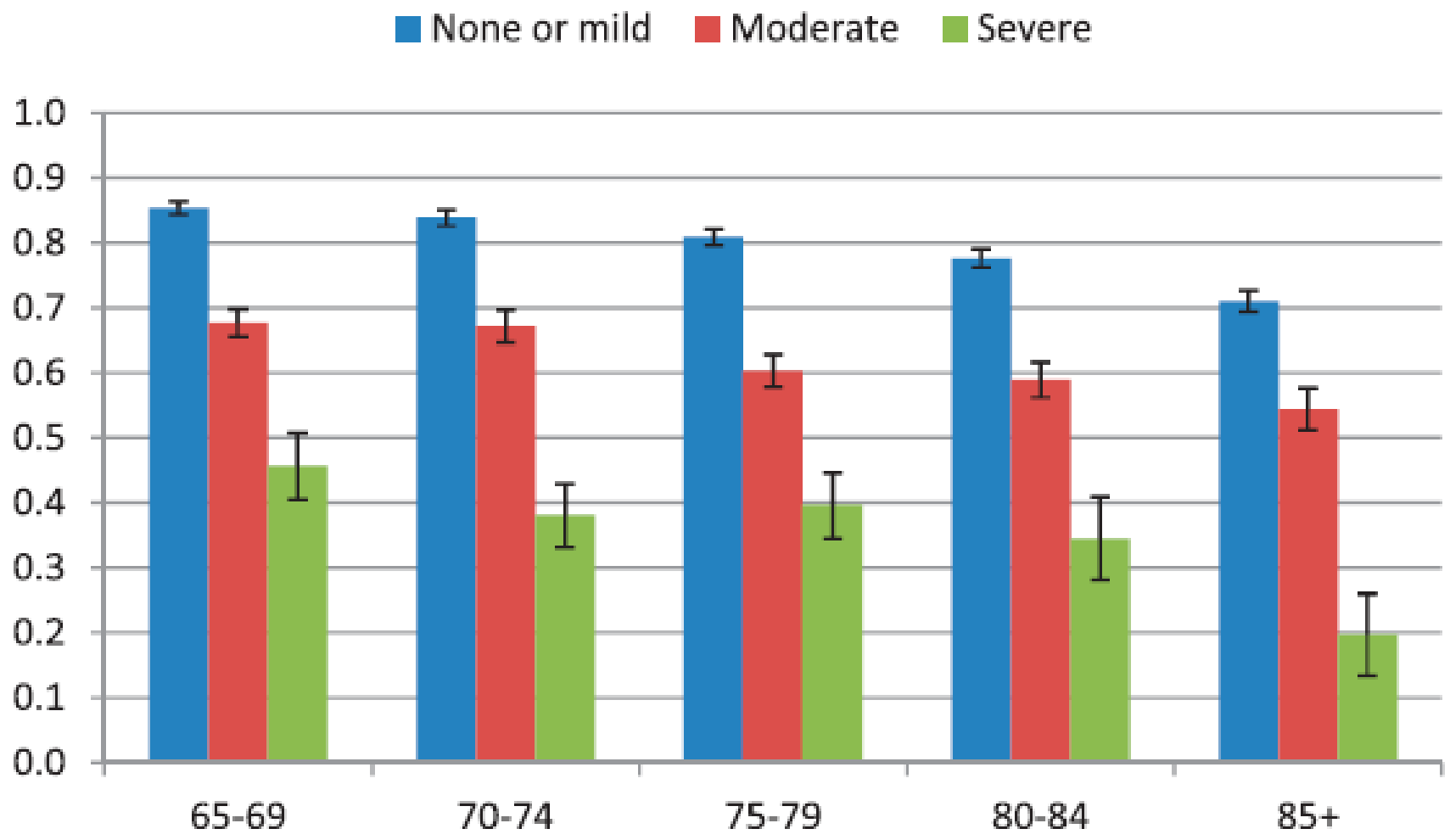


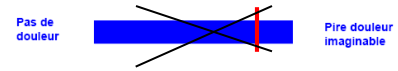
Figure 2. EQ-5D-index values divided into different age groups categorized with respect to level of chronic pain, and it shows the variation in HRQoL because of age and divided into groups of severity of chronic pain.

Douleur silencieuse

	Souffrent en silence n:497	Souffrent « vocalement » n:1724
Intensité n (%)		
Sévère	86 (17)	576 (35)
Modérée	265 (53)	863 (50)
Légère	139 (29)	252 (15)

WATKINS E. et al, Mayo Clin Proc. 2006;81:167-171

Douleur silencieuse (2)

	 n:150	 n: 155
Tous n (%)	22 (15)	47 (30)
>85 ans n (%)	3/52 (6)	22/69 (32)

Kamel HK. J Pain Symptom Manage 2001 21: 450-5

Aspects culturels de la douleur et de son expression

	FRANCE	ESPAGNE
Lumbago		
Arthrite genou		
	Belgique	**ITALIE**
Lumbago		
Arthrite genou		
	SUISSE	**PORTUGAL**
Lumbago		
Arthrite genou		

Etude européenne N=5000 patients VAS (SD)

Entre le nord et le sud

1. Intensité de la douleur est la même
2. Intensité est plus forte dans sud
3. Intensité est plus forte dans le nord
4. autre

Etude européenne N=5000 patients VAS (SD)

Aspects culturels de la douleur et de son expression

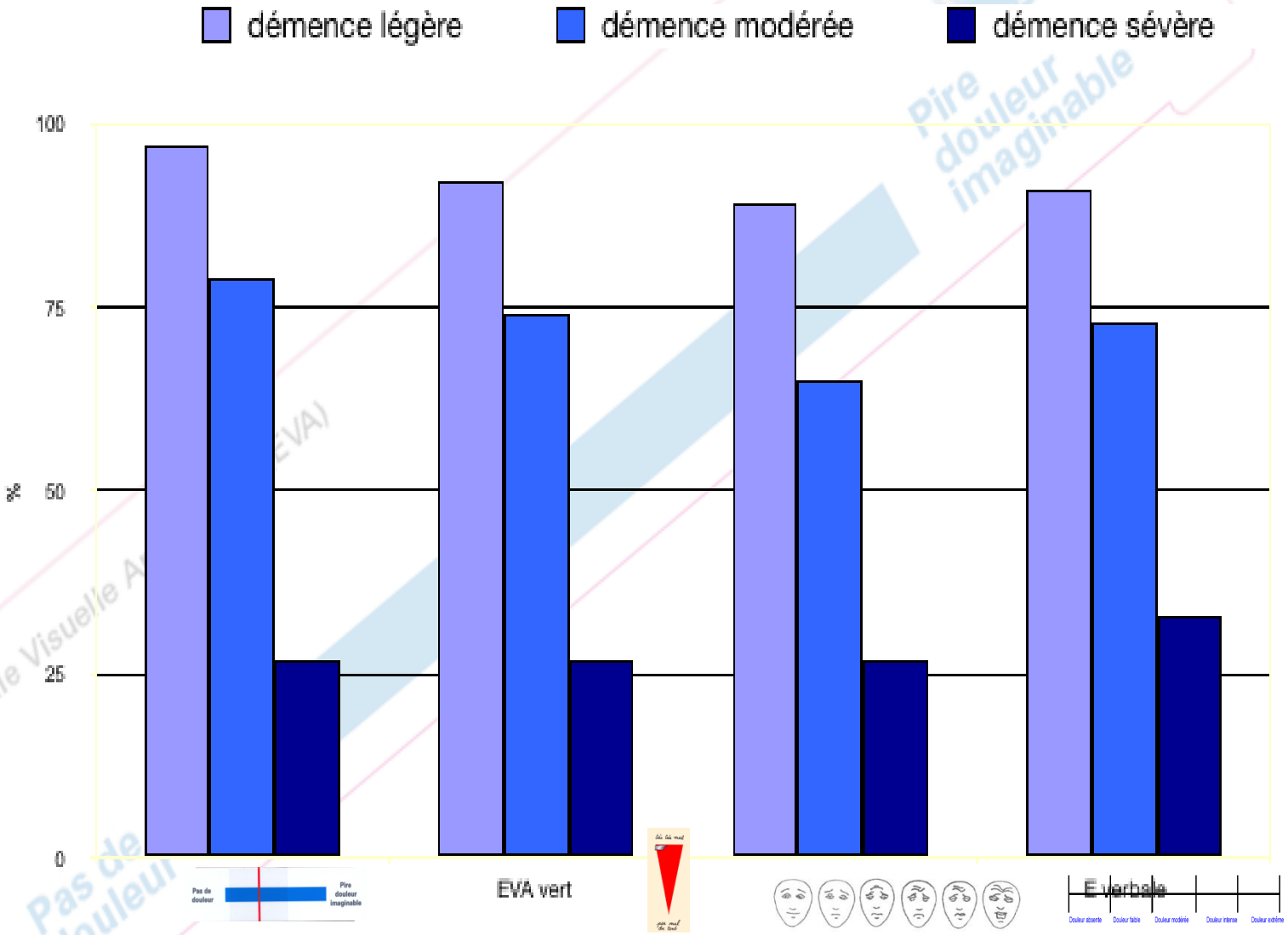
	FRANCE	ESPAGNE
Lumbago	68.1 (16)	67.8(17)
Arthrite genou	57.4 (18)	63.5 (18)
	Belgique	**ITALIE**
Lumbago	66.8 (20)	64.8 (18)
Arthrite genou	59.5 (20)	58.5 (18)
	SUISSE	**PORTUGAL**
Lumbago	67.8 (20)	68.5 (16)
Arthrite genou	60.8 (20)	62.9 (18)

Etude européenne N=5000 patients VAS (SD)

Quel outil choisissez-vous?

PQRSTUI

- P : Provoquer/Palier
- Q : Qualité/Quantité
- R : Région/irradiation et répercussions
- S : Symptômes et signes associés
- T : Temporalité
- U : Understand = signification
- I : Impact dans la vie quotidienne



Pautex et al J Gerontol A Biol Sci Med Sci 2005 60: 524-9

Réseau douleur

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QUESTIONNAIRE DOULEUR SAINT-ANTOINE
Q.D.S.A.

Date : Nom - Prénom :

COMMENT DECRIVEZ-VOUS VOS DOULEURS ?
Soulignez ce qui convient.

Battements	Tiraillement	Nauséeuse
Pulsations	Etirement	Suffocante
Elancements	Distension	Syncopale
En éclairs	Déchirure	
Décharges électriques	Torsion	Inquiétante
Coups de marteau	Arrachement	Oppressante
		Angoissante
Rayonnante	Chaleur	
Irradiante	Brûlure	Harcelante
		Obsédante
Piqûre	Froid	Cruelle
Coupure	Glace	Torturante
Pénétrante		Suppliciante
Transperçante	Picotements	
Coups de poignard	Fourmillements	Gênante
	Démangeaisons	Désagréable
Pincement		Pénible
Serrement	Engourdissement	Insupportable
Compression	Lourdeur	
Ecrasement	Sourde	Enervante
En étau		Exaspérante
Broiement	Fatigante	Horripilante
	Epuisante	
	Ereintante	Déprimante
		Suicidaire

Mr P

- P : le frottement/rien
- Q : pique, brûle/9/10 décharge
- R : thoracique antérieur D
- S : tristesse, manque envie
- T : a commencé il y 2 jours
- U : ?
- I : ne sort plus

Evaluation:

- P : le frottement/rien
- Q : pique, brûle/9/10 décharge
- R : thoracique antérieur D
- S : tristesse, manque envie
- T : a commencé il y 2 jours
- U : ?
- I : ne sort plus

Douleur nociceptive

Douleur neurogène

Etiologie

Traitement Symptomatique

Traitement étiologique

Examen clinique
Examens complémentaires

Facteurs associés

REEVALUATION

QUESTIONNAIRE DN4 DOULEUR NEUROPATHIQUE

QUESTION 1 : la douleur présente-t-elle une ou plusieurs des caractéristiques suivantes ?

	Oui	Non
1. Brûlure	❑	❑
2. Sensation de froid douloureux	❑	❑
3. Décharges électriques	❑	❑

QUESTION 2 : la douleur est-elle associée dans la même région à un ou plusieurs des symptômes suivants ?

	Oui	Non
4. Fourmillements	❑	❑
5. Picotements	❑	❑
6. Engourdissements	❑	❑
7. Démangeaisons	❑	❑

QUESTION 3 : la douleur est-elle localisée dans un territoire où l'examen met en évidence :

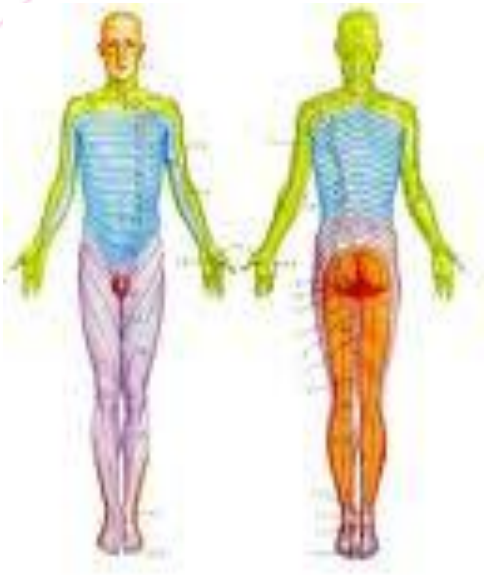
	Oui	Non
8. Hypoesthésie au tact	❑	❑
9. Hypoesthésie à la piqûre	❑	❑

QUESTION 4 : la douleur est-elle provoquée ou augmentée par :

	Oui	Non
10. Le frottement	❑	❑

OUI = 1 point **NON = 0 point** **Score du patient = ……../ 10**

Pire douleur imaginable



+ ≥4/10

http://reseaudouleur.hug-ge.ch/

Adjuvant drugs

Antidepressants	~~tricyclic~~	SE: urinary retention; hypotension; sedation
	duloxetine, venlafaxine	I: neuropathic pain
Anti-epileptics	~~Carbamazepine; sodium valproate; phenytoine~~	SE:TA, drug-interactions
	Gabapentin-pregabalin	I: PHN;DN; central neuropathy ! Renal function

Age ageing2013 ;42: i1–i57

Mr P

- Vous revoyez Mr P 5 ans plus tard; MMSE 8-CDR3
- Il est en EMS
- L'infirmière vous appelle car il a des troubles du comportement

Que faites-vous en 1er?

1. Vous prescrivez de la quietapine?
2. Vous prescrivez de l'oxazepam?
3. Vous prescrivez de la morphine?
4. Vous demandez à infirmière une évaluation de la douleur?

Table 1. Description of STA OP! Steps

Step	Description
	Start with a behavioral change identification; define the target behavior, its expression and when (in what situation) this behavior is challenging. Check if the behavior is new or recurrent. If the behavior is recurrent, check what has been done in the past to treat it. Define for whom the behavior is challenging: the patient, family, or caregivers? A psychologist can be consulted at this step. If the nurses and the multidisciplinary team of healthcare professionals make a clear description of the targeted behavior, the nurse moves to the next step (0).
0	Perform a basic care needs assessment and determine whether basic care needs are fulfilled (e.g., hunger, thirst, eyeglasses, hearing aids, toileting). If assessment is positive, a targeted intervention is implemented, or the appropriate discipline is consulted to begin treatment. If the assessment is negative, or if treatment fails to decrease symptoms, the nurse moves to the next step (1).
1	Perform a pain and physical needs assessment. In addition to a brief physical nursing assessment by the nursing home physician, nurses fill out an observational pain instrument (Dutch Pain Assessment Checklist for Seniors with Limited Ability to Communicate). This form is given to the nursing home physician (or if available a nurse practitioner), who performs a more-comprehensive physical assessment to find other probable physical causes associated with discomfort. For residents already using pain medication or psychotropic drugs who still have behavioral symptoms possibly related to pain or affective discomfort, the nursing home physician assesses whether the medication given is in accordance with the guidelines of the World Health Organization and Verenso (the Dutch association of nursing home physicians) (also see steps 4 and 5). If assessment is positive, a targeted intervention is implemented, or the appropriate discipline is consulted to begin treatment. If the assessment is negative, or if treatment fails to decrease symptoms, the nurse moves to the next step (2).
2	Perform affective needs assessment that focuses on needs of people with dementia: (a) environmental stress threshold not exceeded, (b) balance between sensory-stimulating and sensory-calming activity throughout the day, and (c) receipt of meaningful human interaction each day. The psychologist (or social worker) working in the nursing home can be consulted at this step. If assessment is positive, a targeted intervention is implemented, or the appropriate discipline is consulted to begin treatment. If the assessment is negative, or if treatment fails to decrease symptoms, the nurse moves to the next step (3).
3	Administer a trial of nonpharmacological comfort treatment(s). Treatments used are customized to the person and the situation and are based on a list of psychosocial and environmental treatments that have been associated with decreasing agitated behaviors. If a one-time treatment is effective, and continued use is desirable, take actions needed to ensure continued treatment (e.g., communicate new treatment to other staff and family, write it down in the patient's care plan with prescribed times or administration). If a trial of nonpharmacological comfort treatment(s) does not ameliorate behaviors in a time frame likely to show outcomes, the nurse should move to the next step (4).
4	Administer a trial of analgesic agents by administering the prescribed as-needed analgesic agent or obtaining orders to escalate a current analgesic medication. If treatment is effective, and continued use is desirable, take actions needed to ensure continued treatment (e.g., schedule dosing of effective treatments for continued use, write it down in the patient's care plan with prescribed times or administration). If there is not a response to a trial course of analgesic medications, consider consultation regarding further escalation or proceed to the next step (5). Stop ineffective treatments.
5	Consult with other disciplines (e.g., psychiatrist) or administer a trial of prescribed as-needed psychotropic drugs in this step if the behavior continues, alternatives are carefully considered, and potential side effects are weighed against the comfort needs of the resident. Monitor for recurrence and new problems. Conduct regular comprehensive assessments. Establish clear criteria for evaluation of problems and treatment effectiveness, need for treatments, and possible side effects. If treatment is negative, or behavioral symptoms continue, repeat consultation or the entire process at the initial behavioral change identification.

Nurses, nursing home physicians, and healthcare professionals (multidisciplinary team) should identify behavioral symptoms using an explicit schedule and procedures. When a resident exhibits changes in behavior that are not effectively treated, and basic care provided is checked at step 0, the nurse initiates the STA OP! at step 1. The STA OP! process is stopped when behavioral symptoms decrease by 50% or more. Continued movement through steps of the STA OP! is based on results of assessments and decreases in symptoms in time frames that have been established for specified treatments. If behavioral symptoms continue after completing these five steps, the process is repeated at the initial behavioral change identification.

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Step	Description
	Start with a behavioral change identification; define the target behavior, its expression and when (in what situation) this behavior is challenging. Check if the behavior is new or recurrent. If the behavior is recurrent, check what has been done in the past to treat it. Define for whom the behavior is challenging: the patient, family, or caregivers? A psychologist can be consulted at this step. If the nurses and the multidisciplinary team of healthcare professionals make a clear description of the targeted behavior, the nurse moves to the next step (0).
0	Perform a basic care needs assessment and determine whether basic care needs are fulfilled (e.g., hunger, thirst, eyeglasses, hearing aids, toileting). If assessment is positive, a targeted intervention is implemented, or the appropriate discipline is consulted to begin treatment. If the assessment is negative, or if treatment fails to decrease symptoms, the nurse moves to the next step (1).
1	Perform a pain and physical needs assessment. In addition to a brief physical nursing assessment by the nursing home physician, nurses in accordance with the guidelines of the World Health Organization and Verenso (the Dutch association of nursing home physicians) (also see steps 4 and 5). If assessment is positive, a targeted intervention is implemented, or the appropriate discipline is consulted to begin treatment. If the assessment is negative, or if treatment fails to decrease symptoms, the nurse moves to the next step (2).
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3	Administer a trial of nonpharmacological comfort treatment(s). Treatments used are customized to the person and the situation and are based on a list of psychosocial and environmental treatments that have been associated with decreasing agitated behaviors. If a one-time treatment is effective, and continued use is desirable, take actions needed to ensure continued treatment (e.g., communicate new treatment to other staff and family, write it down in the patient's care plan with prescribed times or administration). If a trial of nonpharmacological comfort treatment(s) does not ameliorate behaviors in a time frame likely to show outcomes, the nurse should move to
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Perform a pain and physical needs assessment.

Administer a trial of analgesic agents by administering the prescribed as-needed analgesic agent or obtaining orders to escalate a current analgesic medication.

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J Am Geriatr Soc 64:261–269, 2016.

ECHELLE ALGOPLUS

Evaluation de la douleur

Echelle d'évaluation comportementale
de la douleur aiguë chez la personne âgée
présentant des troubles
de la communication verbale

Identification du patient

Date de l'évaluation de la douleur	...../...../.....		...../...../.....		...../...../.....		...../...../.....		...../...../.....		...../...../.....	
Heure	.....h		.....h		.....h		.....h		.....h		.....h	
	OUI	**NON**	**OUI**	**NON**	**OUI**	**NON**	**OUI**	**NON**	**OUI**	**NON**	**OUI**	**NON**
1 • Visage Froncement des sourcils, grimaces, crispation, mâchoires serrées, visage figé.												
2 • Regard Regard inattentif, fixe, lointain ou suppliant, pleurs, yeux fermés.												
3 • Plaintes « Aie », « Ouille », « J'ai mal », gémissements, cris.												
4 • Corps Retrait ou protection d'une zone, refus de mobilisation, attitudes figées.												
5 • Comportements Agitation ou agressivité, agrippement.												
Total OUI	☐ /5		☐ /5		☐ /5		☐ /5		☐ /5		☐ /5	
Professionnel de santé ayant réalisé l'évaluation	☐ Médecin ☐ IDE ☐ AS ☐ Autre Paraphe		☐ Médecin ☐ IDE ☐ AS ☐ Autre Paraphe		☐ Médecin ☐ IDE ☐ AS ☐ Autre Paraphe		☐ Médecin ☐ IDE ☐ AS ☐ Autre Paraphe		☐ Médecin ☐ IDE ☐ AS ☐ Autre Paraphe		☐ Médecin ☐ IDE ☐ AS ☐ Autre Paraphe	

Réseau douleur

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ECHELLE DOLOPLUS 2 OBSERVATION COMPORTEMENTALE DE LA DOULEUR CHEZ LA PERSONNE AGEE NON COMMUNICANTE

Nom, Prénom : Mois / Année : Jours :

RENTENTISSEMENT SOMATIQUE						
PLAINTES SOMATIQUES						
➢ Pas de plainte	0	0	0	0	0	0
➢ Plaintes uniquement à la sollicitation	1	1	1	1	1	1
➢ Plaintes spontanées occasionnelles	2	2	2	2	2	2
➢ Plaintes spontanées continues	3	3	3	3	3	3
POSITIONS ANTALGIQUES AU REPOS						
➢ Pas de position antalgique	0	0	0	0	0	0
➢ Le sujet évite certaines positions de façon occasionnelle	1	1	1	1	1	1
➢ Position antalgique permanente et efficace	2	2	2	2	2	2
➢ Position antalgique permanente inefficace	3	3	3	3	3	3
PROTECTION DE ZONES DOULOUREUSES						
➢ Pas de protection	0	0	0	0	0	0
➢ Protection à la sollicitation n'empêchant pas la poursuite de l'examen ou des soins	1	1	1	1	1	1
➢ Protection à la sollicitation empêchant tout examen ou soins	2	2	2	2	2	2
➢ Protection au repos, en l'absence de toute sollicitation	3	3	3	3	3	3
MIMIQUE						
➢ Mimique habituelle	0	0	0	0	0	0
➢ Mimique semblant exprimer la douleur à la sollicitation	1	1	1	1	1	1
➢ Mimique semblant exprimer la douleur en l'absence de toute sollicitation	2	2	2	2	2	2
➢ Mimique inexpressive en permanence et de manière inhabituelle (atone, figée, regard vide)	3	3	3	3	3	3
SOMMEIL						
➢ Sommeil habituel	0	0	0	0	0	0
➢ Difficultés d'endormissement	1	1	1	1	1	1
➢ Réveils fréquents (agitation motrice)	2	2	2	2	2	2
➢ Insomnie avec retentissement sur les phases d'éveil	3	3	3	3	3	3
RENTENTISSEMENT PSYCHOMOTEUR						
TOILETTE ET/OU HABILLAGE						
➢ Possibilités habituelles inchangées	0	0	0	0	0	0
➢ Possibilités habituelles peu diminuées (précautionneux mais complet)	1	1	1	1	1	1
➢ Possibilités habituelles très diminuées, toilette et/ou habillage étant difficiles et partiels	2	2	2	2	2	2
➢ Toilette et/ou habillage impossibles, le malade exprimant son opposition à toute tentative	3	3	3	3	3	3
MOUVEMENTS						
➢ Possibilités habituelles inchangées	0	0	0	0	0	0
➢ Possibilités habituelles actives limitées (le malade évite certains mouvements, diminue son périmètre de marche)	1	1	1	1	1	1
➢ Possibilités habituelles actives et passives limitées (même aide, le malade diminue ses mouvements)	2	2	2	2	2	2
➢ Mouvement impossible, toute mobilisation entraînant une opposition	3	3	3	3	3	3
RENTENTISSEMENT PSYCHOSOCIAL						
COMMUNICATION						
➢ Inchangée	0	0	0	0	0	0
➢ Intensifiée (la personne attire l'attention de manière inhabituelle)	1	1	1	1	1	1
➢ Diminuée (la personne s'isole)	2	2	2	2	2	2
➢ Absence ou refus de toute communication	3	3	3	3	3	3
VIE SOCIALE						
➢ Participation habituelle aux différentes activités (repas, animations, ateliers thérapeutiques)	0	0	0	0	0	0
➢ Participation aux différentes activités uniquement à la sollicitation	1	1	1	1	1	1
➢ Refus partiel de participation aux différentes activités	2	2	2	2	2	2
➢ Refus de toute vie sociale	3	3	3	3	3	3
TROUBLES DU COMPORTEMENT						
➢ Comportement habituel	0	0	0	0	0	0
➢ Troubles du comportement à la sollicitation et itératif	1	1	1	1	1	1
➢ Troubles du comportement à la sollicitation et permanent	2	2	2	2	2	2
➢ Troubles du comportement permanent (en dehors de toute sollicitation)	3	3	3	3	3	3
Score						

THM

1. Tout professionnel de la santé doit interroger un patient sur sa douleur
2. Outils d'évaluation
3. Dépister douleur neuropathique
4. Douleur-troubles du comportement