ASSOCIATION DOLOPLUS

CLINICAL CASE STUDY 1

Learning how to use the DOLOPLUS scale

Mr D., aged 87, had been a resident in a Long-Term Geriatric Care Unit for five years, since losing his wife. He had been suffering from Alzheimer's-type dementia for seven years by then and had no other known health conditions.

His treatment was as follows:
EQUANIL 250 - 1 tablet every morning and evening
IMOVANE - 1 tablet every evening on retiring
ARICEPT 10 mg – 1 table every evening for the past two years

Clinically, he had language difficulties, total disorientation in time and in space upon leaving the confines of his bedroom and the dining room. His Folstein Mini Mental State Examination score was < 12/30.
He usually wandered around his small area without presenting any major behavioural problems. He required full assistance with washing and dressing,
and some help with eating.
At the last pain assessment a month previously, using the ALGOPLUS scale, his score was 1/5.

Over the last three days, Mr D's behaviour had changed. Use of the ALGOPLUS scale showed a score of 1 out of 5. Caregivers were astonished at that score and decided to perform an assessment with the DOLOPLUS scale
at the 1.30pm handover.
Mr D had a tendency to be aggressive **{score},** he violently pushed away those trying to get him out of bed **{score};** he even spat and tried to bite them when being washed **{score}** and at mealtimes **{score};** in addition, he had lost his appetite.

At night his sleep was disturbed and he disturbed his room-mate **{score}.**
His sedative treatment was increased [EQUANIL 400 x 3] and [HALDOL low-dose drops].

In his room, the patient was now motionless, apparently uninterested in what was going on around him **{score};** however, as soon as someone approached him,
he showed signs of agitation and groaned **{score}.**

Clinical examination could only be undertaken unopposed if a long period was allowed for him to adjust. That clinical examination under calm conditions saw the patient pushing the doctor away with his hand every time there was an attempt to examine his left arm, which however showed no sign of deformity **{score}.**
The biological assessment showed nothing remarkable. X-rays of the scapulohumeral joint did not reveal any anatomical anomaly other than a narrowing of the joint space (in particular, no sign of fracture or dislocation).

Suggested diagnosis: tendinitis of the long head of the biceps.

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Solution

Comments

Any change in behaviour in an elderly person should be seen as a possible indication of
pain, which must be assessed.
It is not necessary to be able to score every item on the scale; in this particular case, we have no information “for the moment” on items 2 and 4.
A reassessment may benefit from including those at a later stage. The three sub-groups on the scale are involved here (somatic, psychomotor and psychosocial), reminding us to what extent pain is a global syndrome, involving all elements of our existence.

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Mr D had a tendency to be aggressive **{item 10 / score 2},** he violently pushed away those trying to get him out of bed **{item 7 / score 3};** he even spat and tried to bite them when being washed **{item 6 / score 3}** and at mealtimes **{item 9 / score 3};** in addition, he had lost his appetite.

At night his sleep was disturbed and he disturbed his room-mate **{item 5 / score 2}.**
His sedative treatment was increased [EQUANIL 400 x 3] and [HALDOL low-dose drops].

In his room, the patient was now motionless, apparently uninterested in what was going on around him **{item 8 / score 2};** however, as soon as someone approached him,
he showed signs of agitation and groaned **{item 1 / score 1}.**

Clinical examination could only be undertaken unopposed if a long period was allowed for him to adjust. That clinical examination under calm conditions saw the patient pushing the doctor away with his hand every time there was an attempt to examine his left arm, which however showed no sign of deformity **{item 3 / score 2}.** The biological assessment showed nothing remarkable. X-rays of the scapulohumeral joint did not reveal any anatomical anomaly other than a narrowing of the joint space (in particular, no sign of fracture or dislocation).

Suggested diagnosis: tendinitis of the long head of the biceps.

Assessment of the pain using the DOLOPLUS scale gives an overall score of 18/30.

Continue to bear in mind the algorithm for selecting behavioural pain assessment scales when you suspect pain.