

Pain versus depression

Mrs R, aged 82, was admitted to a short-term care unit at the Geriatrics Centre for reduced autonomy and treatment of pressure ulcers.

A widow for fifteen years, she was living with her sister, with one of her sons living nearby. Under these conditions, the deterioration in her intellectual functions remained compatible with staying at home.

She was admitted to hospital as an emergency case for phlebitis in the right leg. She was hospitalised in the Very Short Term Care Unit. Once there, Mrs R developed mental confusion, and treatment with neuroleptics finally led to the patient's regression with pressure ulcers appearing (sacral stage IV and heel stage III). On entering the geriatric short-term care unit, the patient was not sedated and had no further problems with concentration. In addition, she received no analgesic treatment.

An assessment of pain using **ALGOPLUS** gave a score of 1/5 {item 4, YES}

The team decided to continue its investigations, following the algorithm for selecting the behavioural pain assessment scale, and carried out an assessment using the DOLOPLUS scale, during handover.

Against a background of mental deterioration. Mrs R wondered why she was in the department, what was to become of her, the meaning of her life {score}, anorexia {score}, insomnia with agitation {score}. She exhibited anosognosia concerning her pressure ulcers and motor regression.

Confined to bed, not only did she refuse physiotherapy, but she also resisted being put in a chair {score}.

The patient isolated herself in her room {score}. Treatment with antidepressants was then prescribed, without any beneficial effect after a fortnight.

Mrs R stopped eating (her plasma albumin and prealbumin levels dropped, her pressure sores did not improve).

A step II analgesic treatment (paracetamol + codeine) every 4 hours rapidly led to a radical change in behaviour: the patient started accepting food, her albumin level rose, the pressure sores on her heels healed four months after admission and the sacral pressure ulcer started epithelialising. The patient recovered sufficient mobility to move along the corridor.

With her family's agreement, she was transferred to a residential care home.

Solution

Comments

The signs of pain in this patient were taken to be depression. ALGOPLUS was unable to determine the presence of pain with any certainty. The DOLOPLUS scale does not assess depression; do not forget that pain can result in similar signs (here they were psychosocial disturbances such as withdrawal and refusal of food). In this particular clinical case, the patient was anosognosiac (not acknowledging their illness) and the pain caused by her pressure ulcers was not taken into account.

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Against a background of mental deterioration. Mrs R wondered why she was in the department, what was to become of her, the meaning of her life **{item 10/ score 3}**, anorexia **{item 9 / score 2}**, insomnia with agitation **{item 5 / score 2}**. She exhibited anosognosia concerning her pressure ulcers and motor regression.

Confined to bed, not only did she refuse physiotherapy, but she also resisted being put in a chair **{item 7 / score 3}**.

The patient isolated herself in her room **{item 8 / score 2}**. Treatment with antidepressants was then prescribed, without any beneficial effect after a fortnight. Mrs R stopped eating (her plasma albumin and prealbumin levels dropped, her pressure sores did not improve).

The DOLOPLUS score was 12/30

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