

**ALGOPLUS et DOLOPLUS**

Mrs Y, aged 89, with a medical history of polyvascular disease against a background of type 2 diabetes detected 2 years previously, had recently suffered an infarctus resulting in partially regressive stroke with resulting dysarthria and confusion.

Following these events, Mrs Y lost a lot of autonomy: she no longer moved about. She was transferred to the Aftercare and Rehabilitation Unit, she often groaned when someone entered her room without being able to express herself clearly, and her facial expression became tense.

**What to do?**

The caregivers suspected there was a problem with unresolved pain. Mrs Y was therefore “put under observation” (her behaviour was studied). She got up and sat in a chair in the morning. She then stayed there until lunchtime without a tense expression if she did not sense she was being observed. When it was time to wash, she participated according to her usual abilities. Similarly for dressing, which was still clumsy. She ate her three meals (more willingly if accompanied), along with a light tea. She slept well with her usual sedative. Her groans persisted under the same conditions mentioned above, and possibly became more intense when a family member was involved, with an anxious expression at those times; but everything returned to normal when she was interrupted for some activity.

**L'échelle ALGOPLUS retrouve un score de 1/5** avec une cotation « oui » pour l'item 3.

The ALGOPLUS scale gave a score of 1/5, with a score of “yes” for item 3.

**In order to follow the algorithm for selecting behavioural pain assessment scales when ALGOPLUS < 2**, the team then carried out a pain assessment using the DOLOPLUS scale, which showed:

- somatic reaction: 2
- psychomotor reaction: 0
- psychosocial reaction: 2

**DOLOPLUS score = 4/30**

**Comments**

Pain-related behaviour could then be ruled out.

A trial antidepressant treatment was then introduced, which improved her behaviour after a fortnight (groans stopped).

An elderly subject who “cries in pain” is not necessarily uncomfortable. If in doubt, always perform a hetero-assessment of pain.

But that approach, which makes it possible to rule out pain, does not by any means rule out any other aetiological approach (behavioural problem = call for help)