

FACT SHEET ON PAIN MANAGEMENT FOR DEMENTED PATIENTS

1. **Chronic pain is common in nursing home residents with dementia.**
2. **Patients with dementia may manifest pain through behavioral changes.**
3. **Effective pain management begins with a careful clinical evaluation and treatment that is specific to the cause and type of pain.**
4. **Pain management involves physical, psychological, and pharmacological therapy.**
5. **Neuropathic pain, i.e., pain produced by damage to pain sensing organs, nerves, or spinal cord, is best treated with anticonvulsants, e.g., tegretol, neurontin.**
6. **Phantom limb pain that follows amputation of extremities is best treated with anticonvulsants, e.g., tegretol.**
7. **The best treatment of pain associated with inflammation, e.g., arthritis, is physical therapy and antiinflammatory medication.**
8. **Pain associated with fractures from osteoporosis can be treated with calcitonin.**
9. **Nociceptive pain is produced by damage to tissue or organs and frequently requires analgesic therapy.**
10. **A regular dose of acetaminophen is the first pharmacological intervention for nociceptive pain.**
11. **Non-narcotic medications are effective for nociceptive pain, e.g., tramadol.**
12. **Patients who require narcotic analgesics for chronic pain should receive regular scheduled doses.**
13. **Propoxyphene, i.e., Darvon, has the same pain-relieving effect as acetaminophen.**
14. **Some medications work by producing euphoria and confusion, rather than analgesia or pain relief, e.g., Demerol, Talwin, Darvon.**
15. **Patients, who fail a combination of physical, psychological, and pharmacological interventions, should be referred to pain clinics for further evaluation and management.**

*For more information or inquiries, call the Dementia Education & Training Program at
1-800-457-5679.*