

Early Detection of Pain in Youngsters with Intellectual Disabilities

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(Presented by Academy Member Ramaz Khetsuriani)

The purpose of this study is to discuss pain and communication issues in youngsters with intellectual disabilities. The author also emphasizes the importance of patient-centred medicine, a thorough medical history and examination of the patient with ID for an early diagnosis of the condition and determining whether or not additional investigations are required. An electronic search was conducted via PubMed, Scopus and LILACS. A manual search of the reference list for the articles found was performed for a full-text check. Titles and abstracts were reviewed and a full-text review of relevant articles was considered for inclusion. Pain assessment is crucial in youngsters with ID who cannot communicate. People with intellectual disabilities are more likely to have painful medical conditions, partly because they are unable to communicate about them. As a result, pain is frequently undertreated. The quality of life is improved when pain is diagnosed early and treated appropriately. Unfortunately, people with ID are less likely to see a doctor on a regular basis or to have their pain recognized and properly treated. Early assessment and appropriate intervention for pain associated with medical conditions are important in order to eliminate the problem at an early stage, as later the symptoms can become chronic and more difficult to treat. Furthermore, an early detection of the medical condition and possible intervention may reduce further complications. © 2024 Bull. Georg. Natl. Acad. Sci.

pain in youngsters with an intellectual disability, universal pain assessment tool, patient-centered medicine

Intellectual disability (ID) is a term used to define impairment in the areas of development or cognitive tasks. It is marked by major deficits in both cognitive and adaptive behavior, which encompasses a wide range of social and practical skills. This disability occurs before the age of 18 [1].

The World Health Organization (WHO) quantifies the influence of personal and social consequences on concomitant chronic pain and impair-

ment using a metric called Years Lived with Disabilities (YLDs), which estimates incidence [2].

Because of the damage to the central nervous system (CNS) that can occur with ID, typical indicators such as crying, grimacing, elevated blood pressure, or tachycardia may be absent. As a result, determining whether or not the person is in pain may be difficult to diagnose. Furthermore, some patients with IDs engage in self-destructive

behaviors [3], which some professionals may misinterpret as insensitivity to pain. In fact, these bad habits could be a reaction to pain.

In non-communicating youngsters with an ID, pain assessment is critical. People with intellectual disabilities, according to Stallard et al. [4], experience pain on a daily basis, but their pain is not actively managed. Pain is mostly chronic [5], with a duration of one to five hours and a mean intensity of 2.4 (scale 1-5), according to Hadden and Baeyer [6].

Methods

Search strategy. An electronic search was conducted via PubMed, Scopus and LILACS. A manual search of the reference list for the articles found was performed for a full-text check. Firstly, titles and abstracts were reviewed and full-text review of relevant articles was considered for inclusion.

Data collection process. The author completed the initial selection of titles and abstracts of all included papers, excluding articles with titles and abstracts that were not relevant to the research topic, in order to elicit data from the studies included in the literature review. If the title or abstract provided insufficient information to determine whether to exclude or include the article from the search, the full article was read before a decision was made on inclusion or exclusion. Each eligible article's reference list was manually reviewed to identify articles that were more relevant to the search.

Discussion

Patients with intellectual disabilities are more likely to suffer from painful medical conditions, partly due to their inability to communicate. As a result, pain is frequently undertreated. Early assessment and appropriate intervention for pain improves quality of life. Unfortunately, people with ID are less likely to see a doctor on a regular basis or to have their pain recognized and treated promptly [7].

Pain related aspects in youngsters with intellectual disabilities. The difficulty for doctors is obtaining a valid and reliable assessment of pain from patients who are unable to self-report. FLACC scales are used by nurses and physicians because non-communicating patients with intellectual disabilities are usually unable to use self-rating scales. The Universal Pain Assessment Tool (UPAT) demonstrated that it may be useful to detect the existence of pain and an additional instrument to score pain intensity in youngsters with intellectual disabilities [8, 9].

The healthcare professional should be able to use pain assessment tools and assess the effectiveness of the pain management method used. Pain assessment and management must be documented in order to provide the basis for continuity of care [10].

The use of pain measurement instruments is critical for evaluating the effectiveness of pain management and ensuring continuity of care. It is therefore crucial to teach healthcare professionals how to use them for pain assessment in youngsters with intellectual disabilities. It can be difficult to assess pain in patients with complex communication needs, and because people with intellectual disabilities live in the community or with their families, the opinions and experiences of others who know them well should be included.

Individuals with intellectual disabilities may suffer from the same chronic diseases and conditions as the general population, but are more likely to have physical and psychological comorbidities, increasing their risk of pain and making it more frequent or severe. The majority of people with IDs are able to give some account of the pain they are experiencing, but the descriptions of where the pain is coming from, can be difficult for some to explain [11, 12].

In comparison to healthy people, children and adults with intellectual disabilities have a higher tolerance for pain, according to Bottos and Chambers [13]. This could be due to difficulties recognizing and communicating pain to others. Even after being seriously injured, people with IDs can go about their daily routines. Youngsters with

intellectual disabilities frequently have medical conditions that necessitate treatment, as well as routine procedures and investigations.

Caregivers, family members, and the healthcare team must assess the presence of pain, its location, and severity on a regular basis. Once pain has been identified, it must be treated and comfort measures implemented.

The role of patient-centred medicine and communication issues regarding pain.

Pain, according to McCaffery [14], is whatever the individual experiencing it says, and exists whenever he or she says it does. However, a problem arises, when a person is unable to report what is happening to them. The ethical pillars of beneficence (doing good to others) and non-maleficence (doing no harm) require healthcare professionals, caregivers, and direct support staff to provide medical care for health issues and pain management, as well as comfort to all people, including those who are unable to speak for themselves [15].

Medical professionals are required by the principles of justice (equal and fair treatment of individuals) and respect for human dignity to do their best for those under their care. "Listen to the patient, he is telling you the diagnosis," Sir William Osler advised students more than a century ago [16]. Osler was well aware that the patient's story could be crucial to making the correct diagnosis. He, like many of his contemporaries, saw diagnosis as the foundational skill in the medical profession. After all, the right treatment is contingent on the correct diagnosis. Many physicians take pride in their ability to diagnose, despite the fact that the threat of a misdiagnosis or missed diagnosis can cause sleepless nights and have a negative impact on the quality of patient's life [17].

Since Osler's time, medicine has progressed, with sophisticated diagnostic technologies and treatment options available. Increasing diagnostic test accuracy has also allowed doctors to rely less on listening, when determining the cause of symp-

toms [18], and is becoming increasingly important when deciding which treatment options best fit each patient's priorities and individual needs.

According to the International Association for the Study of Pain (IASP), people with intellectual and developmental disabilities are among the most vulnerable population together with children and infants, older adults and survivors of torture and war.

Despite the fact that the above-mentioned populations communicate pain in different ways, they all have one thing in common: an inability to effectively communicate their pain-related issues to healthcare providers. If they have a communication barrier, clinicians and others frequently struggle to provide an accurate diagnosis, resulting in lack of treatment, undermedication, or overprescription, all of which can lead to an unfavorable prognosis. Changes in behavior and facial expression are usually the only ways for people who lack expressive language or have limited comprehension of language to express their distress. Pain must be assessed using a combination of behavioral cues and information provided by others in this case [19]. Limited expressive communication makes it difficult for clinicians to understand patients; time constraints may cause physicians to become frustrated, and they may fail to take thorough histories, resulting in ineffective treatment plans.

Physiological changes in breathing, skin color, sweating, urinating, blood pressure, and heart rate can be used to assess pain in non-communicating patients [5, 20, 21]. Pain can also be determined by observing behavioral changes [22]. Facial expressions and aggressive behavior are common indicators of pain [23]. Moreover, pain can also be detected through vocal expressions and body posture. It is not always clear to clinicians who is "in charge," or who has the legal authority to represent the patient. As a result, treating patients on an individual basis is critical.

Enid Balint coined the term "patient-centered medicine" in 1969, defining it as "understanding the patient as a unique human being," thus defying the popular perception of medicine as "disease-

centered” [24]. These concepts were developed and expanded through research in the 1970s and 1980s [25, 26].

During the last few decades, the concept of patient-centered medicine has had an impact on the evolution of care. It has also been criticized for being an overly broad concept, but the term “patient-centered medicine” is well-known [27-29].

Patient-centered communication aids in the formation of a working alliance with the patient and serves as a means of communicating the doctor's professional competence to the patient–doctor relationship. A large body of research supports the use of patient-centered communication in the patient–doctor encounter [30].

Conclusion

Pain in youngsters with intellectual disabilities is largely unrecognized and untreated, despite the fact

that prevalence studies suggest it occurs at least as frequently as in the general population. Proper pain management should be a basic human right, and the true test of this is how well we help those who are most vulnerable and face the most obstacles to receiving care.

Early assessment and appropriate intervention for pain associated with medical conditions are important in order to eliminate the problem at an early stage, as the symptoms can become chronic and more difficult to manage. In addition, an early detection and possible intervention may reduce future problems.

A thorough medical history and physical examination of the patient are critical for an early diagnosis of the specific condition, determining whether or not further investigations are needed, and providing specific treatment and early intervention.

ფიზიოლოგია

ტკივილის ადრეული გამოვლენა გონებრივად შეზღუდული შესაძლებლობის მქონე ახალგაზრდებში

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(წარმოდგენილია აკადემიის წევრის რ. ხეცურიანის მიერ)

მოცემული ნაშრომის მიზანია ტკივილისა და კომუნიკაციის საკითხების შესწავლა გონებრივად შეზღუდული შესაძლებლობის მქონე ახალგაზრდებში. ასევე, პაციენტზე ორიენტირებული მედიცინის მნიშვნელობა, სამედიცინო ისტორიის საფუძვლიანად შედგენა და გონებრივად შეზღუდული პაციენტის გამოკვლევა ადრეული დიაგნოსტიკისთვის, იმის და-

სადგენად, საჭიროა თუ არა დამატებითი კვლევები. ელექტრონული ძებნა განხორციელდა PubMed-ის, Scopus-ისა და LILACS-ის საშუალებით. სტატიების საცნობარო სიის ძიება ჩატარდა სრული ტექსტის შესამოწმებლად. პირველ რიგში განხილულ იქნა სათაურები და რეზიუმეები, შემდეგ მოხდა შესაბამისი სტატიების სრული მიმოხილვა. ტკივილის შეფასება გადაწყვეტია გონებრივად შეზღუდული შესაძლებლობის მქონე ახალგაზრდებში, რადგან მათ ხშირად აქვთ მტკივნეული სამედიცინო მდგომარეობა, ნაწილობრივ იმიტომ, რომ არ შეუძლიათ ტკივილის გადმოცემა. შედეგად, ტკივილი ხშირად რჩება ყურადღების მიღმა. ცხოვრების ხარისხი უმჯობესდება, როდესაც ტკივილი ადრეულად დიაგნოსტირდება და ხდება სათანადო მკურნალობა. სამწუხაროდ, გონებრივად შეზღუდული შესაძლებლობის მქონე პირები ნაკლებად მიმართავენ ექიმს რეგულარულად ან არ ხდება მათი ტკივილის ამოცნობა და სათანადო მკურნალობა. სამედიცინო მდგომარეობებთან დაკავშირებული ტკივილის ადრეული შეფასება და შესაბამისი ჩარევა მნიშვნელოვანია პრობლემის ადრეულ ეტაპზე აღმოსაფხვრელად, რადგან მოგვიანებით სიმპტომები შეიძლება გახდეს ქრონიკული და უფრო რთული სამართავი. გარდა ამისა, სამედიცინო მდგომარეობის ადრეულმა გამოვლენამ და შესაძლო ჩარევამ შეიძლება შეამციროს შემდგომი გართულებები.

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Received September, 2024