

## Strategies for Assessing Pain and Discomfort

*Pain management* is the most important consideration of patient welfare when working in the rehabilitation sector. Assessment is often based on an animal's physical state, behavioural observation and clinical signs. Several scales have been devised to help animal care professionals assess the welfare of their patients in terms of possible perceived pain and discomfort.

### **Pain Score Scales**

The *Glasgow composite pain scale (GCPS)* has been validated in dogs as a clinical decision-making tool in the management of acute pain. The assessment is broken up into four sections (A, B, C and D), with six numerical scales detailing different behavioural descriptors. The behaviours listed largely focus on those perceived to be pain related.

The assessor circles the numerical score matching the dog's behavioural description in each of the four categories, based on their observation of the patient at that time. The numbers are added together at the end to give a pain score of between 0 and 24.

If the score is high enough to warrant analgesia (above 6, or 5 if section B was not undertaken), then the patient can be reassessed once the analgesia has been administered and taken effect. Similarly, the patient can be assessed several times throughout their recovery and pain scores logged for comparison and to assess the effectiveness of the analgesia administered.

A good *assessment tool* should fulfil the major criteria of validity, reliability and repeatability. As the GCPS assessment is subjective, (based on the assessor's observation of the patient), the score will very much reflect the assessor's knowledge of pain recognition and will give a snapshot of the patient's state in the time frame that the assessment is undertaken.

This type of subjective assessment leads to low intra- and inter-observer reliability. Communication amongst attending staff is crucial, for example if a member of staff conducts the assessment after an application of a dressing and or bandage, then the patient may simply be paying attention to a potentially painful area due to the

novelty of new stimulus from the new dressing. Another example would be on a busy ward, a poorly socialised patient may be placed next to a very animated, vocal patient subsequently compromising, or heightening the patient's behaviour that they are displaying. Again, a patient with separation anxiety may be vocalising, which could be misconstrued as pain. Individual patient signalment will also play a part here. All things considered this suggests that there is a grey area between discerning behaviours that are related to physical pain, and those related to emotional stress.

Then poses the question is being stressed physically, painful or uncomfortable?

The questionnaire itself is relatively quick to complete, and practical enough to only require one sheet of paper in a patient's kennel notes. However, it is not as basic as the *Simple descriptive scale (SDS)* which has a pain score of 0-3. In comparison the SDS is more concise, its ease of use means it is currently widely used in practice.

Rather than a standard ethogram of an animal's behaviour, or more objective view of simply reflexive behaviour, the GCPS has deeper aspects pertaining to the animal's emotional state. This can be very subjective and can lead into anthropomorphic connotations, particularly in section D of the form.

For example, asking the assessor if the patient is 'happy and bouncy' would depend on the assessor's perception of a 'happy' dog for one, as well as the individual signalment of the patient.

For example, the behavioural display of a 'happy' geriatric Boxer dog compared to a juvenile Labrador retriever would potentially be visually very different due to the enormous diversity of dog breeds and life stage. Similarly, character would play a part as to having knowledge of typical behaviours of the individual patient.

Another pain scale that exists is the *Visual Analogue Scale (VAS)*. It appears as a line of 0mm to 100mm and the user marks on the line how painful the patient is with the lower end being least painful, and the upper end being most painful based on the user's observations.

When comparing the VAS to the GCPS, the GCPS appears to offer the user greater scope for assessment by giving key behaviours to look for, whereas the VAS is completely dependent on the user's understanding of pain and its related behaviour.

The VAS scale doesn't offer any information as to the behaviour the patient was displaying at the time that it was assessed, which led to its score, making it impossible for another user to reliably repeat the assessment. Similar problems exist around the Numerical rating scale (NRS).

Several scientific studies into welfare assessment and assessment models have been created and modified using signalment, behaviour, physiology and environmental factors. These approaches are considered objective, although there is still a great deal of difficulty in assessing mental health and mental ability, and therefore behaviour displayed, which are key indicators in establishing whether an animal is in pain or not.

The purpose of all these scales is to discern if a patient is in pain. The score itself is imprecise due to its subjectivity, and a lack of clarification about how the result is interpreted, for example whether pain is present or not. However, although the assessment is very much based on the user's perception of patient behaviour, the patient will come to no harm if analgesia is administered if the patient is not actually painful but perhaps responding to environmental stressors instead. This suggests that staff could always air on the side of caution and administer analgesia as a precautionary measure.

The assessment is by no means insufficient as it draws the assessor to consider behaviours that the animal is displaying, and therefore still gives an insight into possible indicators of pain which they may not have picked up on otherwise.

There is also scope to compare previous scores, which although may not be wholly accurate, it still provides information about whether a patient is getting potentially more or less painful as a useful measure.

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