Pain, Dementia & the Brain

Michael Farrell

Centre for Neuroscience & the Howard Florey Institute
University of Melbourne





Pain:

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

IASP Pain Terminology

The Clinical Reality

INCREASED COGNITIVE IMPAIRMENT



DECREASED LIKELIHOOD OF ANALGESIA

Pain & Dementia

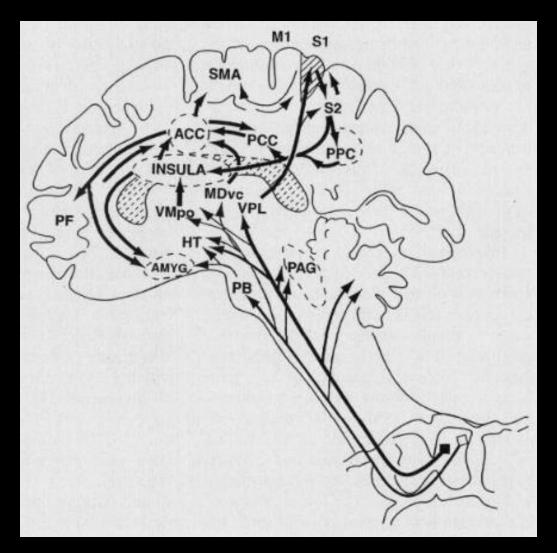
- Impaired communication skills
- Differential rates of comorbidity and altered disease manifestations
- Altered pain processing in the central nervous system

Pain Dimensions:

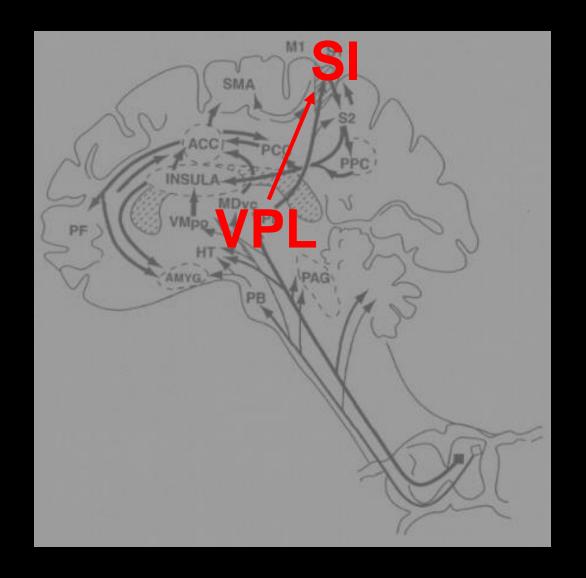
- Sensory/Discriminative
- Affective/Motivational

Pain Dimensions:

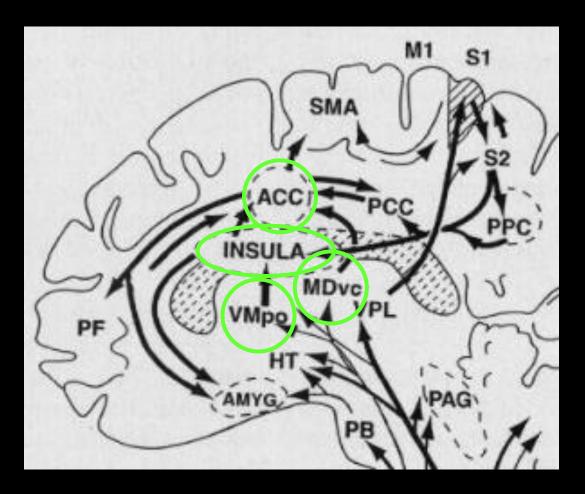
- Sensory/Discriminative
- Affective/Motivational
- Cognitive/Evaluative



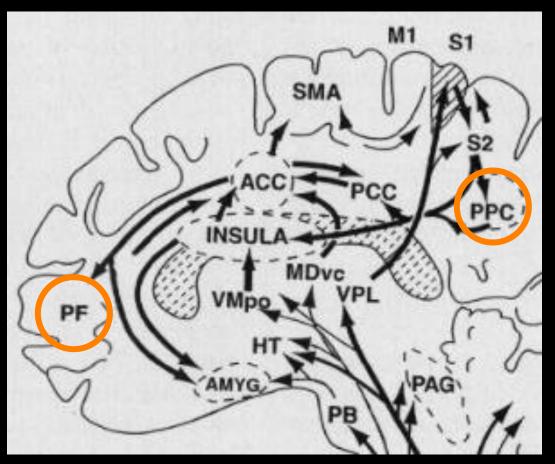
The Wiring Diagram



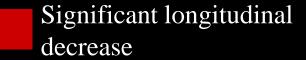
Lateral Pain Pathway

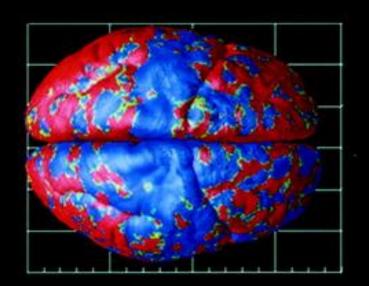


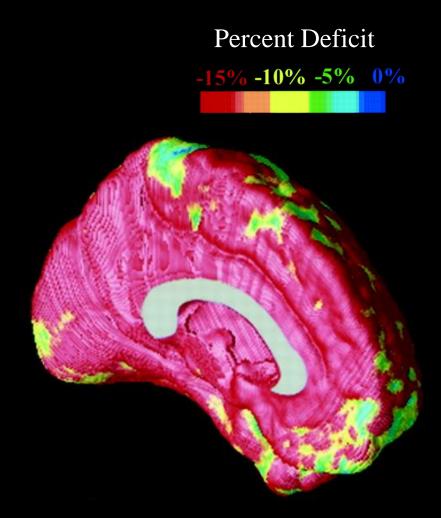
Medial Pain Pathway

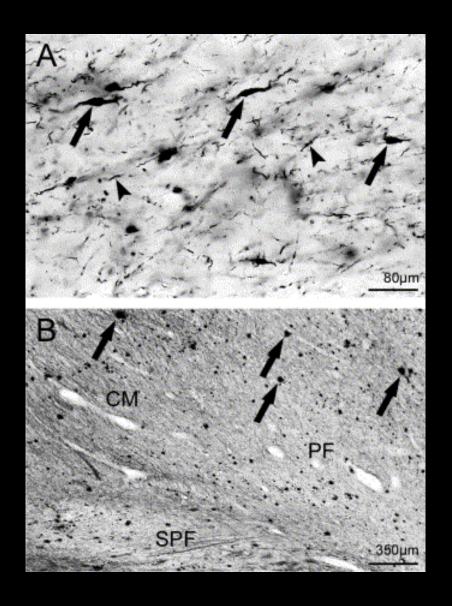


Integrative Centres









Medial Thalamic Nuclei in AD

"Anatomical" Hypotheses

• Sensory/discriminitive processes of pain are preserved in people with Alzheimer's disease

• Affective/motivational processes of pain are altered in people with Alzheimer's disease

"Cognitive" Hypothesis

• Impairments of memory and cognition decrease the capacity of people with Alzheimer's disease to appraise the meaning and consequences of pain

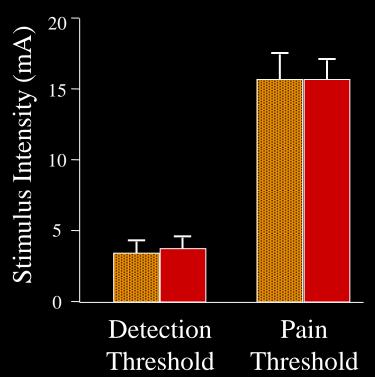
Psychophysical Responses



Control Participants

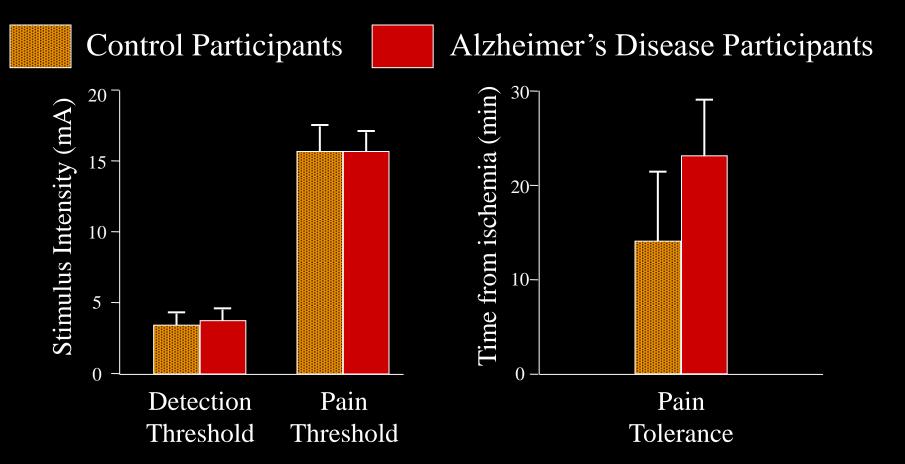


Alzheimer's Disease Participants

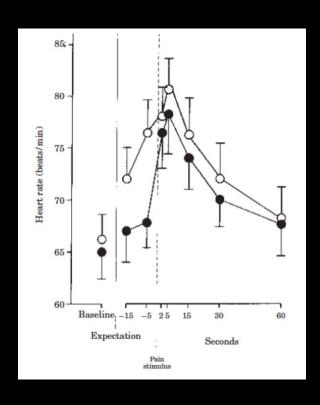


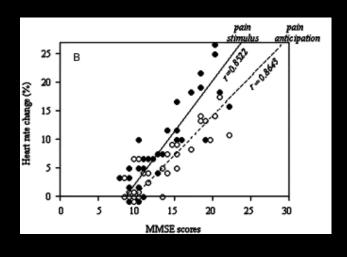
Benedetti, F et al. (1999) Pain 80:377-382

Psychophysical Responses



Acute Pain - Autonomic Responses





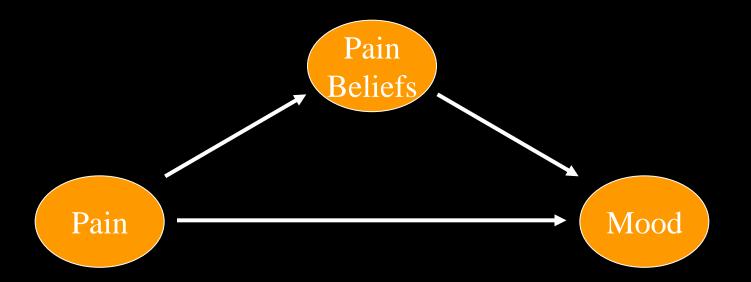
Persistent Pain:

Do thoughts about pain mediate emotional responses to ongoing pain in people with cognitive impairment?

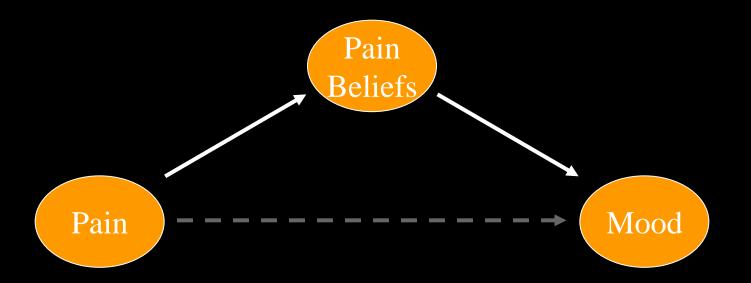
Persistent Pain:



Persistent Pain:



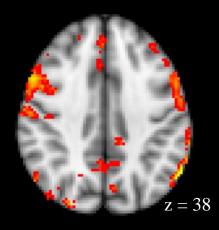
Persistent Pain:

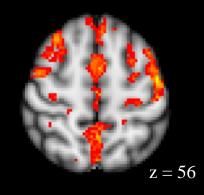


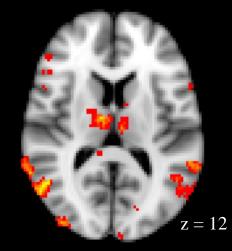
Cognitive Status	Independent Variable		R ²	F change	Beta
Impaired	PPI		0.080	*6.4	*0.26
	PBQ Control		0.074	*6.3	**0.30
	MMSE		0.051	*4.5	*-0.23
	7	Total	0.207		
Intact	PPI		0.000	0.0	-0.01
	PBQ Control		0.099	*6.3	*0.32
		Total	0.099		

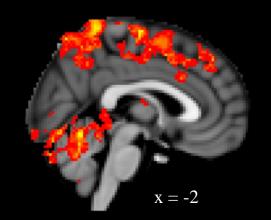
Pain in the Brain in People with Alzheimer's Disease

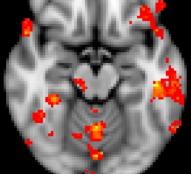
- What happens when we compare brain responses to noxious stimulation in people with Alzheimer's disease (AD) and age-matched controls?
 - Does the lateral pathway activate equally in both groups?
 - Does the medial pathway show decreased activation in people with AD?
 - Are integration centres less activated in people with AD?



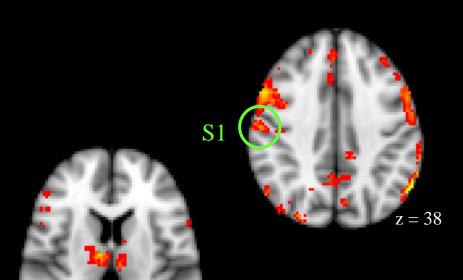




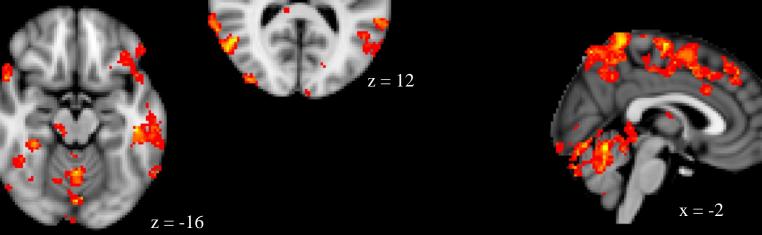


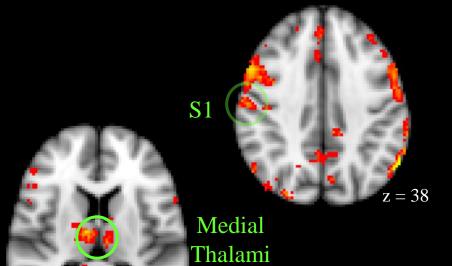


z = -16

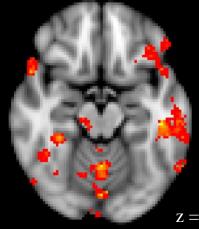


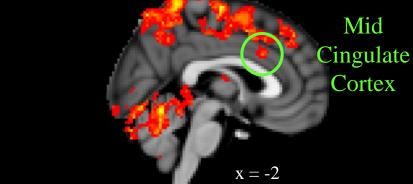
z = 56



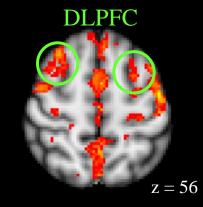


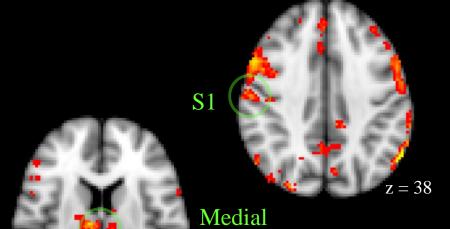
z = 12



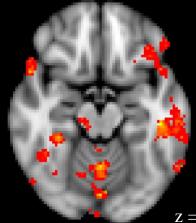


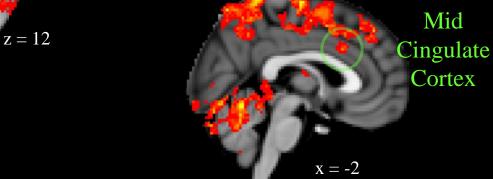
z = 56

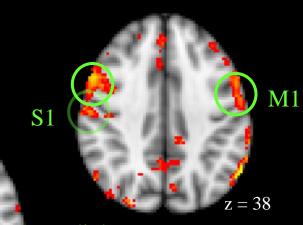




Thalami







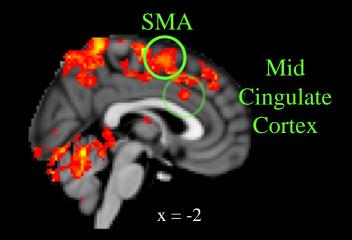
DLPFC z = 56

Medial Thalami

z = 12

Cerebellum

z = -16



Conclusion

- Primary pain processing is preserved in people with mild dementia
- Integrating experiences of pain into meaningful contexts may be more challenging for people with dementia
- Predicting interactions between pain and cognitive impairment in individual cases is unlikely to be informed by anatomically inspired theories