**Case Study: Dysphagia and Pain Assessment in an Older Adult with Dementia**

**Patient Background:** Mr. James B., an 82-year-old male with moderate-to-severe Alzheimer’s disease, resides in a skilled nursing facility. He has a history of hypertension, osteoarthritis, and a prior cerebrovascular accident (CVA) with residual left-sided weakness. Over the past two weeks, nursing staff have observed increased agitation, grimacing, and food refusal during meals. Given his cognitive impairment, Mr. B. is a poor verbal communicator, making it difficult to determine the cause of his distress.

**SLP Assessment:** An SLP was consulted to assess Mr. B.’s swallowing function due to concerns about dysphagia. At bedside, the SLP noted that Mr. B. exhibited labored mastication, prolonged oral transit time, and occasional pocketing of food. His agitation escalated during oral intake, with notable facial grimacing and moaning, suggesting discomfort. Concerned that pain might be a contributing factor, the SLP implemented the **PAIN-AD Scale** to assess non-verbal indicators of pain.

**PAIN-AD Assessment Findings:**

* **Breathing (independent of vocalization):** Normal
* **Negative vocalization:** Moaning noted intermittently during meals
* **Facial expression:** Grimacing observed frequently
* **Body language:** Tense, guarding movements
* **Consolability:** Difficult to console when eating Total PAIN-AD Score: 7 (indicating moderate pain)

**Interdisciplinary Collaboration:**

**Outcome:**

**Conclusion:** This case highlights the importance of assessing pain as a confounding factor in dysphagia evaluations, particularly in older adults with dementia who struggle with communication. The PAIN-AD Scale served as a valuable tool in identifying pain-related distress, guiding interdisciplinary interventions that improved Mr. B.’s quality of life.