

**Discussion** There is a discordance between theoretical knowledge in the area of pain assessment and management and end of life care, and actual practice, which needs addressing.

**Conclusion** More extensive education and training about pain, end of life care and dementia is needed.

## Afternoon Breakout 3—Palliative Care

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### PAIN MANAGEMENT, END-OF-LIFE CARE AND DEMENTIA: ADDRESSING THE GAPS BETWEEN THEORY AND PRACTISE

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**Background** Pain is frequently an undetected cause of agitation and distress in dementia; and thus often a cause of behavioural and psychological symptom of dementia (BPSD). Despite a plethora of tools specifically designed to assess pain in people with dementia, and empirical investigation of pain management protocols, successful pain assessment and management, and end of life care of people with cognitive impairment, particularly in residential care and inpatient facilities, still eludes us.

**Methods** We reviewed the current literature and surveyed staff of residential care and inpatient facilities within the Northern Sydney Local Health District regarding pain assessment and management, and end of life care in people with cognitive impairment.

**Results** We describe some of the barriers to the assessment of pain and end of life symptoms in people with cognitive impairment and identified practical solutions for facilitating assessment and management of these symptoms. We recommend a range of education strategies for addressing this issue.