



Progress in Pain Assessment - The Cognitively Compromised Patient (German Edition)

Kerstin Schatzig, Christina Linda Köfeler

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Studienarbeit aus dem Jahr 2011 im Fachbereich Psychologie - Klinische u. Gesundheitspsychologie, Psychopathologie, Note: 1, Alpen-Adria-Universität Klagenfurt (Institut für Psychologie), Veranstaltung: Gesundheitspsychologische Forschung, Sprache: Deutsch, Abstract: Die Erfassung und Bewertung von Schmerz stellt für den klinischen Alltag und die Berufsgruppen, die ihn regelmäßig bewältigen, eine äußerst wichtige Aufgabe dar. Ethische, juristische - vor allem aber menschliche Prinzipien (Herr, Coyne, Key et al. 2006a) besagen, dass jede Patientin und jeder Patient das Recht auf eine adäquate Schmerzbehandlung hat.

Wird dieses wichtige Element in der Arbeit mit PatientInnengruppen nicht fachgerecht durchgeführt, ergeben sich häufig schwerwiegende Konsequenzen: neben der Gefahr für klinische Praktiker, neue Erkrankungen zu übersehen, verbleiben betroffene Menschen in häufig sehr leidvollen Zuständen, die wahrscheinlich verhindert hätten werden können. Vor allem also großes menschliches Leid, aber auch explodierende Kosten im Gesundheits- und Pflegesystem, zählen zu den gravierenden Folgen vernachlässigter und / oder fehlerhafter Schmerzbeurteilung (Chapman 2009).

Es muss aber auch angeführt werden, dass Schmerzerfassung häufig ein recht schwieriges Unterfangen ist, das selbst Fachleute vor sehr große Hindernisse zu stellen vermag. Dies erklärt sich aus der Eigenschaft des Schmerzes, in erster Linie ein sehr subjektives Erlebnis zu sein (Herr et. al 2006a). Aus diesem Grund ist es auch kaum oder nur sehr schwer möglich, dieses Phänomen mit Hilfe eines objektiven Tests zu erfassen. Die Methode der Wahl ist demnach wohl, den Patienten selbst zu Wort kommen zu lassen, um sein individuelles Schmerzerlebnis in eigenen Worten zu umschreiben (ebd.). Doch was, wenn der Patient dazu aus bestimmten Gründen nicht in der Lage ist? Was, wenn er oder sie wegen einer fortschreitenden dementiellen Entwicklung eine schwere kognitive Beeinträchtigung aufweist?

Bekannt ist, dass die Fähigkeit, Schmerzempfinden zu beschreiben, bei dementen Patienten eingeschränkt ist (Kunz et al. 2007). Zudem beschweren sie sich seltener über Schmerz. Ihnen werden deshalb auch weniger Schmerzmittel verabreicht. Verändert sich also bei diesen Patienten die Schmerzverarbeitung durch ihre Erkrankung (Lautenbacher et al. 2007)?

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