Factors that Influence Providers' Pain Treatment Decisions Charnelle A. Free¹, Nicole A. Hollingshead¹, and Adam T. Hirsh¹ Department of Psychology, Purdue School of Science

Medical and non-medical factors influence providers' pain treatment decisions. Among these, patient demographic characteristics and substance use have received particular attention. However, few empirical studies have examined the specific factors providers rely on for their pain treatment decisions. This study employed lens model methodology to examine the factors that providers reportedly used, actually used, and would have used (if available) to make pain treatment decisions. We hypothesized that: (1) providers would rate patients' pain history and description of pain as the most influential factors provided in the clinical vignettes, and (2) providers would rate patients' substance use history as the most important factor not provided in the vignettes. 100 providers viewed 16 computer-simulated patients; each included a picture with accompanying text describing the patient's medical condition. After making multi-modal treatment ratings for each patient, providers indicated the factors they used to make treatment decisions and the factors they would have used (if available) to make decisions. Results indicated that most providers reported being influenced by patients' pain histories (98%) and descriptions (96%), whereas fewer reported using patients' movement (75%) or demographic characteristics (62%). Providers reported that they wanted additional information on patients' treatment histories (98%), current/average pain (96%), and drug use (94%) to guide their decisions. Exploratory analyses indicated that, compared to providers who were not statistically influenced by patient demographics, a slightly greater proportion of providers who were statistically influenced by patient demographics wanted additional information about patients' alcohol use to inform their decisions, $\chi^2(1) = 3.09$, p = .08. These results suggest that providers prioritize both objective and subjective information about patients' pain conditions, as well as patients' substance use behaviors, when making treatment decisions. These findings have important implications for pain management and may lead to improved patient safety and care.

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