

Examining Gender Differences in Pain Treatment Recommendations

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Understanding how pain treatment decisions are made has important clinical implications for healthcare. Research suggests that men and women receive disparate pain care, however, little is known about the specific treatment recommendations that are differentially made for men and women. The purpose of this study was to examine differences between the types of pain treatments recommended for men and women. Undergraduate psychology students from Indiana University-Purdue University Indianapolis (IUPUI) and the University of North Texas (UNT) (n=621) made treatment recommendations for 8 chronic pain patients after reading a vignette describing the patient's pain and watching a video of each patient completing a pain-inducing task (i.e., transition between sitting and standing). Participants made pain treatment recommendations for each patient using separate 0-100 visual analogue scales (VASs). Dependent samples t-tests indicated that participants were more likely to recommend workplace accommodations ($t(620) = -3.05$, $p = .002$, $d = 0.17$), disability compensation ($t(620) = -7.77$, $p < .001$, $d = 0.44$), and opioid medications ($t(620) = -5.16$, $p < .001$, $d = 0.29$) for men compared to women. Moreover, participants were more likely to recommend psychological therapy ($t(620) = 4.59$, $p < .001$, $d = 0.26$), rest ($t(620) = 7.80$, $p < .001$, $d = 0.44$), and diet/exercise ($t(620) = 2.97$, $p = .003$, $d = 0.17$) for women compared to men. These results are consistent with social psychological theories of gender-based stereotyping and suggest that men's pain was perceived to be more legitimate, severe, and disabling than was women's pain. Future studies are needed to examine how these differences affect pain outcomes and whether knowledge of these factors can improve training for future health care providers.

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