

PAIN FACTS

DIVERSITY AND THE UNDERTREATMENT OF PAIN

BACKGROUND: *The undertreatment of pain is a major public health problem and has enormous costs—to the individual, the health care system and society. Undertreatment is complex and many studies have clarified the factors that may contribute. Clinicians who become aware of these factors are better able to assess accurately, treat appropriately, and educate about pain. Among other factors, undertreatment of pain has been associated with race, sex, ethnicity, and culture.¹*

WHAT ARE THE FACTS?

In studies:

- ◆ *217 patients (127 black, 90 white) discharged from an ED with diagnosis of long bone fracture: Blacks were less likely than Whites to receive analgesics despite similar pain complaints, and Blacks had a 66% greater risk of receiving no analgesics.²*
- ◆ *454 patients (74 Hispanic, 314 White, 37 Asian, 30 Black) treated with patient-controlled analgesia (PCA) for postoperative pain: pain scores did not differ across groups but Whites were prescribed more opioid than Hispanics, and Blacks were prescribed more than Hispanics and Asians.³*
- ◆ *13,625 elderly cancer patients discharged to nursing homes (Hispanic 163, White 12,038, Black 1041, Asian 107): minority patients were less likely to have pain recorded and more likely to receive no analgesics, and Blacks had a 63% greater likelihood of being untreated than Whites.⁴*
- ◆ *108 socioeconomically disadvantaged cancer patients (44 Black, 64 Hispanic) treated in four oncology clinics: physicians underestimated pain severity and impact in a majority of patients, and were more likely to underestimate these concerns in female patients than in male patients.⁵*
- ◆ *1308 outpatients with metastatic cancer treated at 54 treatment locations: patients from centers that primarily treated minorities were 3 times more likely to have inadequate pain management; older age and female sex also predicted undertreatment.⁶*
- ◆ *347 New York City pharmacies: those pharmacies in predominantly non-White neighborhoods did not stock sufficient medications to adequately treat patients with severe pain.⁷*

WHAT COULD ACCOUNT FOR THESE FINDINGS?

- ◆ Communication and language barriers
- ◆ Absence of the continuous relationship needed to overcome distrust
- ◆ Lack of knowledge of cultural variation and its relationship to pain
- ◆ Practitioner bias
- ◆ Inequity and inadequate financing of health care for the poor
- ◆ Lack of use of pain measurement tools in appropriate languages

SO WHAT'S THE CLINICIAN TO DO?

Pain specialists suggest the following:

FOCUS ON THE PRACTICAL

- **ASK** what language is most comfortable for the patient when discussing pain.
- **ARRANGE** for translators---other than family members---when language differences exist. Use the translator to assist with pain assessment, teach use of pain assessment tools, and establish initial goals of pain management.
- **USE** pain measurement scales appropriate for various languages.
- **ASK** the patient or family for help in understanding beliefs and practices. Encourage them to integrate their cultural/religious/healing practices into pain management plan.

FOCUS ON SELF-AWARENESS

- **RECOGNIZE** that clinicians have values, beliefs, and behaviors that influence pain assessment and treatment decisions.
- **LEARN** the core cultural values of the different populations served and be aware that culture can influence pain expression and response to treatment. Allow this knowledge to be expanded, corrected or validated by the patient's individual pain experience.

RESOURCES

Locating Translators:

1. Request assistance from bi-lingual staff
2. Refer to the Staff Translator List located on the floors
3. **King Highway:** Call PATIENT REPRESENTATIVE (718 951-3005 Mon-Fri, 9AM-5PM).
Afterhours, call the Hospital Operator.
Singer: Call PATIENT REPRESENTATIVE (212 870-9888 Mon-Fri, 8:30AM - 4:30PM). After hours, call the Nursing Supervisor.
Petrie: CALL Telecom (EXT 4262) for help in accessing translators and accessing the AT&T Language Line.
4. Contact the Russian Health Service (PACC) (Mon-Fri, 9AM-5PM)

EDUCATIONAL MATERIAL

Lipson JC et al: Culture and nursing care: a pocket guide. UCSF Nursing Press, 2000.
Nursing 2000 Drug Handbook: Cultural aspects of drug therapy. 1265-1270.
Nursing 2002 Drug Handbook: English-Spanish drug phrase translator. 1324-1332.

REFERENCES

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2. Todd KH et al: Ethnicity and analgesic practice. Annals of Emergency Medicine 35:11-16, 2000.
3. Ng B et al: The effect of ethnicity on prescriptions for patient-controlled analgesia for post-operative pain. Pain 66:9-12, 1996.
4. Bernabei R et al: Management of pain in elderly patients with cancer. JAMA 279(23): 1877-1882, 1998.
5. Anderson KO et al: Minority cancer patients and their providers: pain management attitudes and practices. Cancer 88(8): 1929-38 2000.
6. Cleland CS et al: Pain and its treatment in outpatients with metastatic cancer. NEngl.J.Med. 330: 592-596, 1994.
7. Morrison RS et al: "We don't carry that" - Failure of pharmacies in predominantly nonwhite neighborhoods to stock opioid analgesics. N.Eng.J.Med. 342: 1023-1026, 2000.

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