Racial and Ethnic Disparities in Pain Assessment and Management

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Abstract

Racial and ethnic minorities tend to be undertreated for their pain compared to their Caucasian/non-Hispanic white counterparts. This is supported by a growing amount of literature examining racial and ethnic disparities in access to pain care, pain assessment, pain management, and pain-related outcomes. This review discusses potential causes of disparities in pain management of racial and ethnic minority groups and examines potential solutions for eliminating these disparities. This issue is of paramount importance, as these inequalities remain pervasive in today’s healthcare system in the United States. Racial and ethnic disparities in pain management need to be addressed by public health campaigns, health care policy, and clinical research programs. More awareness and research efforts are required to work towards reducing and eliminating disparities in pain care for individuals from these minority backgrounds.
Thesis Statement

While the field of pain management is rapidly developing and advancing scientifically, there still exist pervasive disparities in delivery of pain care between minority racial and ethnic groups and non-Hispanic whites. Despite educational interventions, quality improvement interventions, national guidelines, and standards designed to optimize the delivery of pain care, an overwhelming amount of literature continues to emphasize the undertreatment of pain among patients who are racial and ethnic minorities.
Introduction

First, this we review the definitions of race, ethnicity, and disparities.

Next, we outline some of the potential causes leading to disparities in pain assessment and pain management among minority racial and ethnic groups.

Lastly, this review suggests potential solutions for eliminating these disparities and discusses future research priorities in this field.

Because pain is a commonly and frequently occurring event of human experience, it is vital that we provide equal and quality treatment to patients experiencing pain, regardless of their racial and ethnic backgrounds.

This goal cannot be achieved by healthcare providers alone but requires the efforts of policy makers, public health officials, researchers, and patients themselves.
Discussion

Race: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The NIH maintains that these racial categories should be considered sociopolitical constructs and not biological constructs.

Ethnicity: Hispanic or Latino vs Not Hispanic or Latino

Disparities: differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States
Some Facts- Disparities in Management of Acute Pain

Black patients and Hispanic patients less likely than non-Hispanic white patients to receive analgesia for acute pain in the emergency department (Lee et al., 2019)

A retrospective review of patients receiving analgesics for long-bone fractures found that Hispanic patients were two times as likely as non-Hispanic white patients to receive no analgesics at all (Todd et al., 1993).

National Hospital Ambulatory Medical Care Services (NHAMCS) study found that non-Hispanic white patients presenting with pain were significantly more likely to receive opioid analgesics for treatment in comparison to Hispanic, Asian or Black patients. (Pletcher et al., 2008).

Retrospective review examined data from patients treated with PCA for postoperative pain in the immediate postoperative period. The researchers controlled for for type of surgery, age, gender, surgical site, and pre-operative narcotic use. They found that while, there were no differences in the amount of narcotic self-administered, non-Hispanic white patients were prescribed significantly more narcotics than Asian, Black and Hispanic patients were prescribed (Ng et al., 1996)
Disparities in Management of Chronic Pain

A prospective study of 1600 of patients with chronic back pain revealed that Black patients were less likely to receive comprehensive diagnostic and treatment approaches as compared to white patients (Carey & Garrett, 2003).

A study of 1,300 patients from minority racial and ethnic groups being treated for metastatic cancer as outpatients revealed that 42% of the patients were prescribed analgesics that were less potent than current guidelines for cancer pain treatment as recommended by the World Health Organization (WHO) (Cleeland et al., 1994).

A retrospective, cross-sectional study of 13,000 elderly patients on Medicare, residing in nursing homes, found that Black, Hispanic and Asian patients with cancer were less likely than non-Hispanic white patients to have a pain score reported. Furthermore, they were less likely to receive any analgesia to treat their pain even if a pain score was recorded. Distinctively, black patients in this group were 63% more likely to receive no pain treatment as compared to non-Hispanic white patients (Bernabei et al., 1998).
Some of the Potential Causes

Deficiencies in Health Care System - Issues with access and coverage (underinsured or uninsured)
Low health literacy rates in minority ethnic groups
Poor availability of analgesics (esp. Opioids) in pharmacies where large populations of minorities live
Implicit bias of providers
Providers do not have thorough education in pain management - not emphasized in medical education/training
Language barriers, transportation barriers, cultural barriers, social barriers
Patient’s have different cultural norms and beliefs about pain, express pain differently and deal with it differently
Patient’s unsure of resources available to them - leading to issues with access
Disparities in Pain Care

Bias in Pain Treatment

Across the lifespan and regardless of socioeconomic status, blacks are less likely than whites to receive adequate treatment for pain. 
- Primary care providers are more likely to underestimate pain intensity in blacks than in other sociodemographic groups.
- Compared with white patients, black patients were more likely to have:
  - more referrals for substance abuse assessment
  - fewer referrals to a pain specialist
  - increased drug urine tests

Socioeconomic Status

People with incomes below poverty level are more likely to report pain.

During ER visits, opioids were prescribed more frequently to patients with the highest socioeconomic status.

Language Barriers

Less than 26% of health professional treating Hispanic pain patients reported Spanish proficiency at an advanced level.

Non-native English speakers may have:
- limited health literacy
- difficulties navigating the healthcare system
- difficulties understanding healthcare providers

Access to Care

Pharmacies located in minority neighborhoods are less likely to carry sufficient prescription analgesics than those located in white neighborhoods.

Impoveryed individuals and minorities are more likely to be uninsured or underinsured than non-minorities and people with greater incomes.

Reduced access to health care in general, and specialty care in particular, contributes to pain disparities, with racial and ethnic minorities and the poor having decreased access to care.

Learn More...

References
Discussion Cont. – How do we solve this?

Empower patients- focus on patient centered interventions so they can actively manage their health

Educating providers on providing culturally competent care and incorporating more pain management techniques into medical training

Implement standardized protocols and guidelines to potentially reduce bias

More public health initiatives to provide education, improve access, and provide resources for pain care

More funding for research and continue research on pain care disparities in minority groups and monitor pain-related outcomes in these groups
Conclusion

Consistently, minority groups have been undertreated for pain in the United States. Poor pain management of these groups can be attributed to flaws in the health care system, provider implicit bias, lack of appropriate training in pain management for healthcare providers, patient-centered problems, and inadequate advocacy to resolve this issue. Therefore, multicomponent interventions are the key to eliminating disparities in pain management across minority racial and ethnic groups. Research regarding disparities in access and quality of pain care for non-White patients’ needs to move in parallel with scientific advances in pain management. Healthcare policy and funding must support these causes, for the increasing prevalence of pain may have dire socioeconomic and public health consequences if not adequately addressed. Pain-related disparities and outcomes need to be consistently reported and monitored to improve and eventually eliminate disparities in pain management of racial and ethnic minorities.
Literature Review


Literature Review Cont.


