



## PAIN & CANCER

### WHO WE ARE

We are among either the over 50 million Americans suffering from persistent pain, or the 25 million experiencing acute pain as a result of injury or surgery. [1] More specifically, we are among the more than 1 million individuals diagnosed with cancer each year and among the 9 million Americans that are cancer survivors.[2] About one in three, and more than 70% of us with advanced cancers experience pain, yet less than half of us receive adequate pain treatment.[2]

While acute pain is usually the result of illness or injury and has a beginning and endpoint, persistent pain lasts beyond the usual recovery period for an illness or injury. It is often intractable, that is, its cause cannot be treated or removed. As such, it is the number one cause of adult disability in the United States. [3] Persistent pain affects nearly every aspect of our daily life as well as that of our families because of its economic and social consequences.

Although most pain can be managed or greatly eased with proper pain management, the tragedy is that most of our pain goes untreated, undertreated, or is improperly treated. In fact, 65% of minority patients with pain (compared to 30% of non-minority patients) do not receive the World Health Organization's recommended analgesics for pain. [4]

### ACCESS

- ◆ African American and Hispanic patients with severe pain are less likely than White patients to be able to obtain commonly prescribed pain medicines, because pharmacies in non-white communities do not carry adequate stocks of opioids.[5]



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- ◆ A study of 281 Hispanic and non-white outpatients with recurrent or metastatic cancer showed that 65% of the patients with pain did not receive analgesic medication as recommended by World Health Organization guidelines. [4]
- ◆ The percentage of patients with inadequate pain treatment is significantly higher in community clinical oncology programs that treat predominantly African American and Hispanic patients than in other settings. Thus, pain treatment among minorities is also influenced by the type of treatment facility. [4, 6]
- ◆ Differences in treatment patterns, pain management, and the use of hospice care exist between African American women and women in other ethnic groups. [7]

### CLINICAL ASSESSMENT

- ◆ Anderson et al. report that 28% of Hispanics and 31% of African Americans with metastatic or recurrent cancer receive analgesics of insufficient strength to manage their pain. [8]
- ◆ Accurate appraisal of pain and pain interference may be more difficult for patients who are not of the same gender or ethnic background as the treating physicians. [8]
- ◆ Although health care providers recognize that poor pain assessment is a major barrier to optimal pain treatment, they often underestimate pain severity in African American and Hispanic cancer patients. [8]
- ◆ Increasingly, studies report that minorities are significantly less likely than White patients to receive prescriptions for analgesic agents, are at risk for inadequate pain control, undertreatment of pain, and that unrelieved pain among minority groups is highly prevalent. [5, 6, 9-13]
- ◆ Metastatic cancer patients at centers that treat predominantly minorities are three times more likely than those treated elsewhere to have inadequate pain management. [6]

- ◆ Hispanics with isolated long bone fractures are twice as likely as similar non-Hispanic whites to receive no pain medication in the emergency department. Fifty-five percent of Hispanics receive no analgesic medication, as compared with 26% of non-Hispanic whites. [14]
- ◆ A patient's ethnicity has a greater impact on the amount of opioid prescribed by the clinician than on the amount of opioid self-administered by the patient. [15]
- ◆ Although many patients receiving therapy for cancer and advanced malignancies receive "inadequate palliative therapy," the problem is more severe for minorities than for the average patient. [16]
- ◆ White patients are significantly more likely than African American patients to receive analgesics (74% versus 57%) despite similar records of pain complaints. [14]
- ◆ Minority patients with cancer in nursing homes are more likely not to have received any analgesic medication. [17]
- ◆ African American and Hispanic patients are less likely to have their pain recorded compared to non-Hispanic whites. [17]

### DISPARITIES

- ◆ Minority patients, including African Americans, Hispanics, and underserved patients of lower socioeconomic status are at risk for the development of pain that often is associated with metastatic or recurrent disease. [8]
  - ◆ Racial and ethnic differences do exist when comparing the effects on pharmacokinetics between Asians and Whites. However, only a limited number of studies compare differences between African Americans and Whites. [7, 9, 18, 19]
  - ◆ African Americans with chronic illness use more pain coping techniques that employ distraction, praying, or hoping, while Whites use more pain techniques that involve ignoring pain. [9]
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- ◆ As reported by Anderson et al., 25% of African American and 12% of Hispanic patients have received an analgesic prescription they have never filled while 42% of African American and 18% of Hispanic patients admitted they had filled a prescription for pain medication but had not taken it.<sup>[13]</sup>
- ◆ Research in cultural quality-of-life issues, including pain symptom management, has been neglected. Most pain literature acknowledges that culture influences cancer pain management, yet little empirical work has been conducted in this area.<sup>[18]</sup>
- ◆ Religion and faith are important ways in which Hispanic patients cope with cancer and pain.<sup>[18]</sup>

### PATIENT / PROVIDER COMMUNICATION

- ◆ Two factors that increase the risk of under management of cancer pain are 1) administration of treatment at institutions that serve primarily African American and Hispanic patients and 2) a patient-physician discrepancy in the estimate of pain severity.<sup>[6]</sup>
- ◆ African American and Hispanic cancer patients do discuss their pain with their physicians. However, the majority of African American patients and more than one-third of Hispanic patients indicate that they have to bring up the issue of pain management themselves.<sup>[4]</sup>
- ◆ African American and Hispanic cancer patients are more likely than non-minority cancer patients to report a need for stronger pain medication, and to take more of their current analgesic medication than prescribed.<sup>[4, 7]</sup>
- ◆ Poor postoperative pain relief is often more prevalent when patients are passive in their relationship with health professionals.<sup>[12, 20]</sup>
- ◆ Inadequate education of patients in pain and analgesia expectations may contribute to poor postoperative pain relief in the Asian population.<sup>[12, 20]</sup>
- ◆ More than 80% of African American and Hispanic cancer patients wait until their pain severity is a 10 on a 10-point scale before calling their health care provider or oncology clinic for assistance with pain management.<sup>[13]</sup>
- ◆ Few minority patients are told in advance about the possible side effects of pain medicines or how to manage them.<sup>[13]</sup>
- ◆ Patients who are less educated or who have lower incomes are significantly more likely to hold beliefs that may be barriers to effective pain management.<sup>[13, 21]</sup>
- ◆ The meaning of cancer-related pain differs somewhat between African American and Hispanic cancer patients. Hispanic patients are more likely to describe pain as “suffering,” whereas African American patients describe it as “hurt.” When defining what pain means to them, Hispanic patients tend to focus more on the emotional component of pain, whereas African American patients talk more about the sensory component.<sup>[13]</sup>
- ◆ Over 40% of Hispanic and 30% of African American patients report they do not take analgesic medications as prescribed by their physician.<sup>[13]</sup>
- ◆ Attitudes and cultural beliefs about coping with pain may explain why Asian patients are less likely to request an opioid or cease its use prematurely even when there is some pain relief.<sup>[22]</sup>
- ◆ Physicians often do not understand a patient’s expression of his or her pain symptoms because of language barriers, low health literacy, and lack of education.<sup>[23]</sup>

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