



## Care Disparities in Chronic Pain

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Health care disparities associated with ethnicity have been deeply researched in recent years. It has been revealed that high-impact chronic pain is more common in African Americans than white adults and more common in households with a lower socioeconomic standing [1]. It has also been found that there are disparities in access to health care related to ethnicity and race [2]. The literature for these ethnicity-related care disparities has been a hot topic for research in recent years. However, there is little, if any, research on care disparities related to gender, sexuality, and age specific to pain medicine.

Ageism is defined as the discrimination or prejudice based on a person's age. In the medical setting, the way patients are cared for is not consistent with varying age. This difference may seem inert when a child is being treated when compared to an adult, but treatment differences with age can be highly relevant. A study conducted in 2003 found that both Latina and older patients with breast carcinoma were given less "interactive informational support" than younger patients [3]. Beyond patient interaction, there have also been disparities found for patients considering clinical trials. A recent study found that older patients were enrolled in non-surgical clinical trials for breast, lung, colorectal, and prostate cancers less than younger patients. [4] Being enrolled in clinical trials less often offers reduced opportunity for older patients to help contribute to medical research along with lessening their opportunity to receive all medical options to treat their cancers. Health care disparities related to age needs to be researched in more depth. When searching for health care disparities in pain medicine related to age, our investigation did not reveal any relevant papers.

Disparities associated with gender have historically been an issue in many areas; recently, there has been some research

evaluating health care disparities associated with gender. There have been several specific situations where either men or women receive better or worse care depending on the clinical setting. The Center for Medicine and Medicaid Services found that women received worse care for 12% of measures, better care for 12% of measures, and the same level of care for 76%. (<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/2018-National-Level-Results-by-Race-Ethnicity-and-Gender.pdf>) Our investigation did not identify research on gender-related health care disparities in pain medicine.

In recent years, the LGBTQ community in health care has received a lot of attention in the medical community. A study presented at the American Society of Regional Anesthesia found that there is a larger awareness of LGBTQ patient experience in physicians that had graduated more recently from medical school. (<https://www.newswise.com/articles/pain-physicians-are-ill-equipped-to-manage-lgbtq-patients'-pain-issues>) The same study also found that pain physicians underestimate the amount of negative experiences from patients which are a part of the LGBTQ community. (<https://www.newswise.com/articles/pain-physicians-are-ill-equipped-to-manage-lgbtq-patients'-pain-issues>) This is an extremely important issue. In this regard, it has been found that bisexuals were more likely to report joint and muscle pain, along with gay males being more likely to report headache [5]. There is a larger amount of pain conditions being reported from the LGBTQ community, while pain medicine physicians underestimate the amount of negative experiences that need to be addressed. This is a set up for a constant cycle of negative experiences for these patients. Every patient is entitled to a good experience when perusing treatment for conditions.

Health care disparities are an extremely important issue. A survey sent out in 2012 found that only 16% of participants reported having "comprehensive LGBT-competency training", and a little over half reported having no training at all [6]. In summary, all physicians need to take strides in educating health care professionals in treating all patients the same way. Also, further research looking into health care disparities

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related to gender, sexuality, and age needs to be performed in order to identify specifically what measures must be taken to educate physicians to lessen these disparities.

### Compliance with Ethical Standards

**Conflict of Interest** Alaa Abd-Elseyed and Kenneth Fiala declare no conflict of interest. Dr. Abd-Elseyed is a consultant for Medtronic, Halyard, Sollis, SpineLoop, and StimWave.

**Human and Animal Rights and Informed Consent** This article does not contain any studies with human or animal subjects performed by any of the authors.

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