



# Cancer Facts

## Pain and Cancer

### WHO WE ARE

We are among the over 50 million Americans suffering from persistent pain, or the 25 million experiencing acute pain as a result of injury or surgery.<sup>(1)</sup> One-quarter of us (26%) have had a problem with pain of some sort that has persisted more than 24 hours. An estimated one in five American adults, or about 42 million people, report that pain or physical discomfort disrupts their sleep a few nights a week or more.<sup>(2)</sup> Further, more than half of all terminally ill patients experience pain in the last days of their lives.<sup>(3)</sup> In fact, pain affects more Americans than diabetes, cancer, and heart disease combined. The annual cost of chronic

pain in the United States, including healthcare expenses, lost income, and lost productivity, is estimated to be \$100 billion.<sup>(4)</sup>

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.<sup>(5)</sup> 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.<sup>(6,7)</sup> 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.<sup>(8)</sup> 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, under-treated, or improperly treated. In fact, 65% of minority patients with pain (compared to 30% of nonminority patients) do not receive the World Health Organization's recommended analgesics for pain.<sup>(9)</sup>

### Causes/Etiology

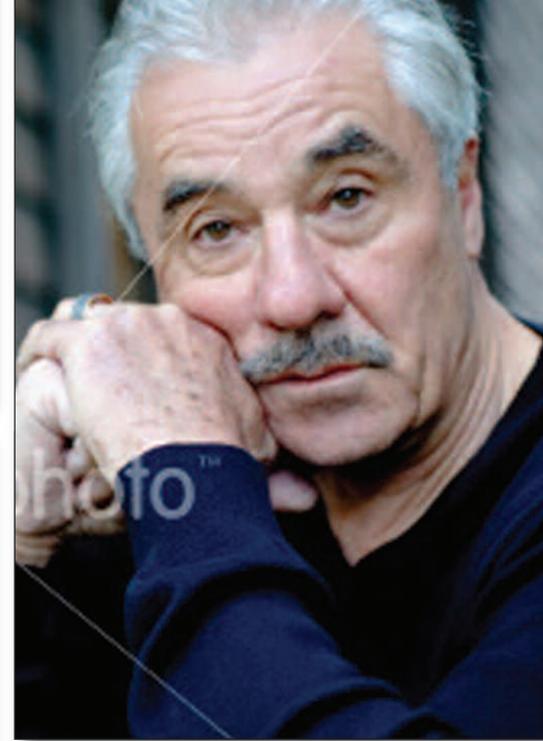
- African American/black and Hispanic/Latino patients with severe pain are less likely than non-Hispanic/Latino white patients to be able to obtain commonly prescribed pain medicines, because pharmacies in non-white communities do not carry adequate stocks of opioids.<sup>(10)</sup>
- A study of 281 Hispanic/Latino and non-Hispanic/Latino 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.<sup>(11)</sup>
- The percentage of patients with inadequate pain treatment is significantly higher in community clinical oncology programs that treat predominantly African American/black and Hispanic/ Latino patients than in other settings. Thus, pain treatment among minorities is also influenced by the type of treatment facility.<sup>(12)</sup>
- Two factors that increase the risk of under-management of cancer pain are 1) administration of treatment at institutions that serve primarily African American/black and Hispanic/ Latino patients and 2) a patient-physician discrepancy in the estimate of pain severity.<sup>(12)</sup>
- Differences in treatment patterns, pain management, and the use of hospice care exist between African American/black women and women in other ethnic groups.<sup>(13)</sup>
- Although pain medications are effective in treating cancer pain in more than 80% of patients, many people (32%) do not realize that it is unnecessary for patients to endure inadequately controlled cancer pain.<sup>(14)</sup>
- Anderson et al. report that 28% of Hispanics/Latinos and 31% of African American/blacks with metastatic or recurrent cancer receive analgesics of insufficient strength to manage their pain.<sup>(15)</sup>
- More than 80% of African American/black and Hispanic/Latino 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>(16)</sup>
- Few minority patients are told in advance about the possible side effects of pain medicines or how to manage them.<sup>(16)</sup>



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- 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>(16)</sup>
- Over 40% of Hispanic/Latino and 30% of African American/black patients report they do not take analgesic medications as prescribed by their physician.<sup>(16)</sup>
- Weisse et al. report that pain treatment decisions do not always vary by patient gender or race despite extensive literature suggesting that women and minorities are treated less aggressively for pain. They suggest that their findings may reflect decreasing disparities perhaps due to increased physician awareness and media coverage of these issues.<sup>(17)</sup>
- Attitudes and cultural beliefs about coping with pain may explain why Asian American patients are less likely to request an opioid or cease its use prematurely even when there is some pain relief.<sup>(18,19)</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>(16, 20)</sup>

## Screening

- African American/black and Hispanic/Latino cancer patients do discuss their pain with their physicians. However, the majority of African American/black patients and more than one-third of Hispanic patients indicate that they have to bring up the issue of pain management.<sup>(11)</sup>
- 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.<sup>(15)</sup>
- 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/black and Hispanic/Latino cancer patients.<sup>(21)</sup>
- Minority patients are more likely to have their pain underestimated by providers and less likely to have pain scores documented in their medical record compared to non-Hispanic/Latino whites.<sup>(22)</sup>
- 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 their patient.<sup>(23)</sup>

## Disparities

- Studies report that minorities are significantly less likely than non-Hispanic/Latino white patients to receive prescriptions for analgesic agents. They are also at risk for inadequate pain control and under-treatment of pain, and that unrelieved pain among minority groups is highly prevalent.<sup>(10, 12, 26)</sup>
- African American/black and Hispanic/Latino cancer patients are more likely than non-minority cancer patients to report a need for stronger pain medication and take more of their current analgesic medication than prescribed.<sup>(13)</sup>
- Racial and ethnic differences exist when comparing the effects on pharmacokinetics between Asian Americans and non-Hispanic/Latino whites. However, only a limited number of studies compare differences between African American/blacks and non-Hispanic/Latino whites.<sup>(13, 18)</sup>
- As reported by Anderson et al., 25% of African American/black and 12% of Hispanic/Latino patients have received an analgesic prescription they have never filled, while 42% of African American/black and 18% of Hispanic/Latino patients admitted they had filled a prescription for pain medication but had not taken it.<sup>(16)</sup>
- The meaning of cancer-related pain differs somewhat between African American/black and Hispanic/Latino cancer patients. Hispanic/Latino patients are more likely to describe pain as "suffering," whereas African American/black patients describe it as "hurt." When defining what pain means to them, Hispanic/Latino patients tend to focus more on the emotional component of pain, whereas African American/black patients talk more about the sensory component.<sup>(16)</sup>
- African American/blacks with chronic illness use more pain coping techniques that employ distraction, praying, or hoping, while non-Hispanic/Latino whites use more pain techniques that involve ignoring pain.<sup>(18)</sup>



- Minority patients, including African American/blacks, Hispanics/Latinos, and underserved patients of lower socioeconomic status are at risk for the development of pain that often is associated with metastatic or recurrent disease.<sup>(21)</sup>
- In a study of women who experienced treatment for breast cancer, African American/black women and Latinas reported increased rates of pain and increased numbers of symptoms.<sup>(24)</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>(25)</sup>
- Religion and faith are important ways in which Hispanic/Latino patients cope with cancer and pain.<sup>(26)</sup>

## Outcomes

- Metastatic cancer patients at centers that treat predominantly minorities are three times more likely than those treated elsewhere to have inadequate pain management.<sup>(12)</sup>
- African American/black pain sufferers see themselves as more functionally disabled relative to non-Hispanic/Latino respondents as reflected in their ratings of pain's interference with common activities of daily living.<sup>(15)</sup>
- African American/black and Hispanic/Latino patients are less likely to have their pain recorded compared to non-Hispanic/Latino whites.<sup>(22)</sup>
- 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.<sup>(27)</sup>
- Minority patients are more likely to have negative pain management index (PMI) scored compared to non-Hispanic/Latino whites.<sup>(28)</sup>
- Minority patients with cancer in nursing homes are more likely not to have received any analgesic medication.<sup>(22, 28)</sup>

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