

More women than men veterans with chronic pain use therapies like yoga and acupuncture

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A paper by epidemiologist Elizabeth Evans at UMass Amherst and others featured as the "Editor's Choice" in the September/October issue of Women's Health Issues reports that more women than men veterans with chronic pain use therapies like yoga and acupuncture. Credit: UMass Amherst

A recent major shift in practice by the Veterans Health Administration

(VA) now means that complementary and integrative health (CIH) therapies such as meditation, yoga and acupuncture are increasingly being offered to VA patients as non-drug approaches for pain management and related conditions, says Elizabeth Evans, an epidemiology researcher in the School of Public Health and Health Sciences at the University of Massachusetts Amherst.

CIH therapies offer a non-pharmacological approach to treat chronic [pain](#), but most of what is known about use of these therapies comes from studies of civilians, she adds. Now, Evans and colleagues at VA centers in California, the RAND Corporation, UCLA, and the Stanford School of Medicine report results of their recent study of CIH use by gender among veterans with [chronic musculoskeletal pain](#), and variations in gender differences by race/ethnicity and age.

The paper is featured as the "Editor's Choice" in the September/October issue of *Women's Health Issues*.

Evans and colleagues say U.S. military veterans being treated for chronic pain are at a heightened risk for opioid-related adverse outcomes such as accidental injuries, infectious diseases and premature death, and women veterans may be especially affected. They found that among veterans with chronic musculoskeletal pain, more women, 36 percent, than men, 26 percent, use CIH. Rates range from 25-42 percent among women and 15-29 percent among men, depending on race/ethnicity and age.

Notably, black women are the least likely of all women veterans to use CIH therapies, irrespective of age, Evans says. "This finding suggests that black women veterans may have significant unmet needs for [pain management](#), which could in turn increase their risk for opioid and other substance use disorders." Also striking was the low level of CIH use among younger white and black veterans, she adds.

For this work, the researchers conducted secondary analyses of electronic [health](#) records provided by all 79,537 women and 389,269 men veterans ages 18-54 with chronic musculoskeletal pain who received VA-provided care between 2010-13. They also examined predictors of CIH use using a race/ethnicity-by-age interaction comparison.

Overall, the authors conclude that "Women [veteran](#) patients with chronic musculoskeletal pain are more likely than men to use CIH therapies, with variation in CIH use rates by race/ethnicity and age. Tailoring CIH therapy engagement efforts to be sensitive to gender, race/ethnicity, and age could reduce differential CIH use and thereby help to diminish existing health disparities among veterans."

They add that more [women](#) veterans than men are prescribed opioids for [chronic pain](#) and [women veterans](#) are more likely to have multiple pain condition diagnoses, self-report moderate to severe pain and have co-occurring mental health problems.

For these reasons, differences in CIH therapy use are "important because they might be partially contributing to existing disparities in pain and opioid use," they point out. "Our findings suggest that VA clinicians might want to tailor their CIH engagement efforts to be sensitive to gender, race/ethnicity and age."

More information: Elizabeth A. Evans et al, Gender Differences in Use of Complementary and Integrative Health by U.S. Military Veterans with Chronic Musculoskeletal Pain, *Women's Health Issues* (2018). [DOI: 10.1016/j.whi.2018.07.003](https://doi.org/10.1016/j.whi.2018.07.003)

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