

Study reveals disparities in use of evidencebased integrative pain management modalities among adults with chronic pain

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A recent study from researchers at University Hospitals (UH) Connor Whole Health has examined variables associated with engagement in integrative health and medicine (IHM) and nonpharmacologic modalities rather than opioids among United States adults with chronic pain.

The study, <u>published</u> in the *Journal of Pain Research*, uncovered disparities in access to these modalities, particularly among <u>older adults</u>, Black/African American individuals, and those with higher depressive symptoms and lower education and income levels, who are more likely to have <u>chronic pain</u>.

The researchers used data from the 2019 National Health Interview Survey, which captured data on whether participants had chronic pain; engaged in IHM modalities including chiropractic care, yoga, Tai Chi, massage, meditation, guided imagery, or other relaxation techniques; or engaged in other nonpharmacologic pain management modalities including chronic pain self-management programs, <u>support groups</u>, or physical, rehabilitative, occupational, or talk therapy.

The analysis examined over 7,000 U.S. adults reporting pain on most days or every day during the most recent three months. The authors found that metropolitan residence, higher income, and higher education levels were linked to greater use of IHM for chronic pain. Having more pain locations and reporting an increased frequency of pain limiting life or work activities was also associated with higher IHM use. In contrast, older age, male sex, daily opioid use, and non-Hispanic Black/African American race/ethnicity were associated with lower IHM engagement.

Additionally, metropolitan residence, higher income, and more education increased the likelihood of using nonpharmacologic therapies exclusively instead of opioids. However, older individuals and those with more pain-related limitations were less likely to engage solely in nonpharmacologic modalities.



"Despite guidelines from major institutions like the Centers for Disease Control and American College of Physicians, which recommend evidence-based integrative and nonpharmacologic approaches, our findings reveal gaps in utilization among vulnerable patient groups," said Robert J. Trager, DC, Chiropractic researcher and co-author of the study.

The findings reveal disparities between populations more affected by chronic pain and factors associated with accessing IHM and nonpharmacologic therapies. This highlights the importance of addressing barriers to these therapies, especially among vulnerable subgroups like older adults, Black individuals, rural residents, and those with less education and income.

"Understanding which populations face barriers to accessing integrative modalities helps us develop solutions. At Connor Whole Health, we are proud to lead multiple efforts to expand access to our services through advocating for improved insurance coverage, partnering with community wellness centers, and engaging in research with minority health populations such as individuals with <u>sickle cell disease</u>," said Francoise Adan, MD, Chief Whole Health and Well-being Officer at UH and Director of UH Connor Whole Health.

Sam Rodgers-Melnick, the lead author, added "Given these findings, the prevalence and burden of chronic pain in the U.S., and the persistence of the opioid epidemic, our findings point to the need for policy changes to promote equitable access to these evidence-based integrative pain management modalities."

More information: Samuel Rodgers-Melnick et al, Engagement in Integrative and Nonpharmacologic Pain Management Modalities Among Adults with Chronic Pain: Analysis of the 2019 National Health Interview Survey, *Journal of Pain Research* (2024). <u>DOI:</u>



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