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Pain in Community-Dwelling Adults: Public Health Problem

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Abstract

Studies have found that women are more likely not to take their analgesics, are more concerned about addiction and tolerance than men, and have excessive concerns about the side-effects of opioids. This combination of factors may increase the likelihood of women choosing to live with their pain rather than experience side effects that could interfere with their abilities to work or care for their families.

Keywords: Educational interventions; Severe pain; Community based populations; Respondents rank; Intestinal conditions; Pain medication

Introduction

In addition, studies have documented that women are at increased risk for inadequate side effect management if providers treat their medical complaints less seriously than men, as has been seen with the under treatment of pain. Another possible explanation is that women may be less willing to report pain or take analgesics if they believe their providers will not effectively manage their side effects or will ignore their concerns about using analgesics [1]. Further investigation would help to assess the reasons for women's attitudes toward analgesic use, the frequency and types of side effects experienced, and the outcomes of side effect management. Previous experience with fewer side effects was also found to be a significant predictor of conservatism toward analgesic use. One explanation is that the subjects' conservative attitudes may be based on the negative experiences of their family members or friends or on hearsay from other sources such as television or printed articles [2]. It is critical to acknowledge the important role of the caregivers' or family members' own experiences with side effects. Contributing to this problem is the fact that many people are not well informed about side effects resulting from medications in general, which may increase their reluctance to use analgesics. The sources of patient, caregiver, and family attitudes are poorly documented and warrant further research [3]. The willingness of Liberals to take analgesics may reflect their positive experiences with side effect management. These individuals may have had competent providers and the knowledge or economic resources needed to access the prescribed treatment options. For example, the Liberal subjects in our sample who received effective side-effect management may have been warned or educated about the possibility of side effects from medications, or have had the economic means to obtain adjuvant treatment [4].

Methodology

Further research examining the characteristics of people willing to take analgesics should be conducted. This type of information could be corporated into educational interventions targeting those who are less willing to use analgesics. In general, the majority of subjects in both clusters reported that they would stop their daily activities if they were experiencing severe pain. One reason for this finding may be that when subjects had a severe pain experience, their pain was not well managed [5]. When severe pain is effectively treated, patients generally achieve relief quickly with minimal side effects and nominal interference with their functional abilities as shown in (Figure 1). Stoicism may bolster people's resolve not to let pain of this intensity interfere with their lives. The desire to continue with a normal routine despite severe pain may stem from economic need or the belief that stopping routine activities means that pain has control over the individual's life. Further studies in this area would help us understand what types of factors contribute to people's stoicism and their desire to continue with daily activities in spite of severe pain. The most significant physical pain experience reported by almost half of the subjects was an acute and severe pain episode [6]. These results were similar to those reported in the Mayday Fund Survey on the public's attitudes toward general pain. Subjects who experienced chronic pain reported their pain by condition or location. The chronic pain conditions most commonly reported were arthritis and migraines. These findings were similar to those reported in other epidemiologic studies assessing the prevalence and types of chronic pain reported by community residents. Additional studies examining not only the prevalence of pain but also the attitudes of non-hospitalized, community-based populations toward pain and symptom management are critically needed [7]. This information would give clinicians and researchers better insight into a patient's willingness to request relief for any type of side effect or symptom when needed

Figure 1: Patients achieve relief with minimal side effects and nominal interference.

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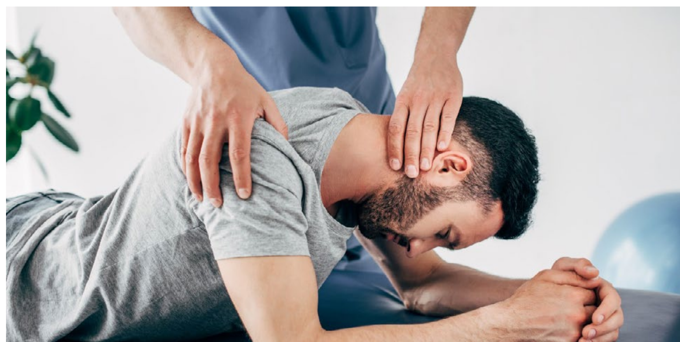

Figure 2: Patient's willingness to relief for side effect or symptom.

as shown in (Figure 2). We found willingness to use analgesics also differed by previous experience with certain types of side effects. The 3 side effects that respondents ranked as the worst were vomiting, confusion, and nausea, yet subjects reported the least experience with vomiting and confusion. These results, though not significant, may indicate that respondents had prior experience with vomiting and nausea for reasons not related to analgesic use, such as gastrointestinal conditions [8]. Another explanation for these results may be that subjects developed these attitudes from watching an elderly relative or friend deal with these conditions, particularly confusion. Alternatively, it may be that subjects considered a side effect like nausea or vomiting to be much more distressing intrinsically than one such as dry mouth, even though they experienced it less frequently [9]. Future studies could further examine which types of side effects are considered the most bothersome and whether an individual has altered their treatment regimen because of their fear of a bothersome side effect. Increased knowledge of a person's preferences would inform educational interventions and treatment plans targeting the most feared side effects whenever an analgesic is prescribed. One-third of our study sample was currently using some type of pain medication [10]. Of those taking medications, the majority were taking over-the-counter medications, yet a small proportion was taking prescribed analgesics. These findings are contradictory to those found in the Mayday Fund Survey and other studies, which suggested that analgesics prescribed or over the counter are a part of everyday life in the general population [11]. The low reported use of analgesics could result from underreporting or reluctance of respondents to share this information over the telephone. Future research into the attitudes of the general population toward analgesics would clarify those factors that impede or facilitate analgesic use and potentially lead to better treatment outcomes. Because certain limitations are inherent in this study, caution must be exercised in generalizing our findings. Recall bias is a major limitation of this study. We did not assign a time period when we asked respondents to recall a painful event. Respondents may have had a difficult time recalling a painful experience, may have exaggerated the experience, or may even have minimized their pain experience [12]. Additionally, the content addressed in the questionnaire actions taken to manage personal pain and reactions to adverse side effects could have invited socially desirable responses reflecting a more liberal approach to pain and analgesic side effects. Finally, an overrepresentation of women and better-educated, white non-Hispanic people participated in the study. Despite these limitations, the results of the present study suggest people living in the community have pre-existing attitudes and practices toward pain and analgesic use. Future longitudinal studies should examine the origins of these attitudes, whether changes occur over time, and the types of factors that influence these changes. More specific information for certain populations, such as the underserved or racially/culturally diverse community-dwelling adults, is also greatly needed. Increased knowledge in these areas would assist educators in planning public and patient education programs that focus on barriers to analgesic use for pain. Clinicians could use such information to educate patients about pain, side effects, and other concerns [13]. These discussions could facilitate shared decision making between physician and patients about analgesic use and side effects. Combined efforts such as these may lead to changes in clinical practice and, ultimately, better pain treatment outcomes. The findings from the 2 clusters in this community sample demonstrate that personal attitudes toward analgesics used for pain may influence an individual's willingness to follow pain treatment plans. Women and those who had previous experience with side effects reported a greater reluctance to use analgesics for pain. Replication of these clusters across other community samples, particularly among the underserved or culturally diverse, are needed so we may gain a better understanding of the relationship between attitudes and analgesic use [14]. One-fourth of the group would be willing to take weak opioids for severe pain and only 5% would request morphine for severe pain. Respondents who were in the Conservative cluster tended to be white non-Hispanics, women, lower income, better educated, older than age 40, and English speaking, Liberals constituted 59% of the sample. The majority of this community sample seemed to be more willing to take analgesics for pain relief. Sixty-four percentages reported that they would be willing to take over the counter medications for mild pain, although fewer would be willing to request over-the-counter medications for moderate pain. One hundred percentages of the subjects in this cluster would be willing to request or take weak opioids for moderate pain and 93% would request strong opioids like morphine for moderate pain. When participants were asked about the use of opioids for severe pain, 75% would request weak opioids and 95% would request strong opioids. Members of Cluster II were predominantly white non-Hispanic, women, wealthier, better educated, older than age 40, and English speaking [15]. Thirty-seven percentages of the respondents in Cluster I reported current use of some type of pain medication, compared to 38% in Cluster II. Subjects were asked about the type of pain medication they were taking to relieve pain. A majority of the Liberals were taking over-the-counter medications, followed by weak opioids and strong opioids.

Conclusion

Among the Conservatives, most reported taking over the counter medications, followed by weak opioids; none of the Conservatives were taking strong opioids. Interference with Daily Activities by Cluster After asking respondents about their personal pain experiences and pain severity, interviewers asked subjects whether they would stop usual activities like working, studying, or doing housework because of severe, moderate, or mild pain.

Acknowledgement

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Conflict of Interest

None

References

1. Bidaisee S, Macpherson CNL (2014) Zoonoses and one health: a review of the literature. J Parasitol 2014:1-8.
2. Cooper GS, Parks CG (2004) Occupational and environmental exposures as risk factors for systemic lupus erythematosus. Curr Rheumatol Rep EU 6:367-374.
3. Parks CG, Santos ASE, Barbhaiya M, Costenbader KH (2017) Understanding

the role of environmental factors in the development of systemic lupus erythematosus. Best Pract Res Clin Rheumatol EU 31:306-320.

4. Barbhaiya M, Costenbader KH (2016) Environmental exposures and the development of systemic lupus erythematosus. Curr Opin Rheumatol US 28:497-505.
5. Cohen SP, Mao J (2014) Neuropathic pain: mechanisms and their clinical implications. BMJ UK 348:1-6.
6. Mello RD, Dickenson AH (2008) Spinal cord mechanisms of pain. BJA US 101:8-16.
7. Bliddal H, Rosetzsky A, Schlichting P, Weidner MS, Andersen LA, et al. (2000) A randomized, placebo-controlled, cross-over study of ginger extracts and ibuprofen in osteoarthritis. Osteoarthr Cartil EU 8:9-12.
8. Maroon JC, Bost JW, Borden MK, Lorenz KM, Ross NA, et al. (2006) Natural anti-inflammatory agents for pain relief in athletes. Neurosurg Focus US 21:1-13.
9. Birnesser H, Oberbaum M, Klein P, Weiser M (2004) The Homeopathic Preparation Traumeel® S Compared With NSAIDs For Symptomatic Treatment Of Epicondylitis. J Musculoskelet Res EU 8:119-128.
10. Ozgoli G, Goli M, Moattar F (2009) Comparison of effects of ginger, mefenamic acid, and ibuprofen on pain in women with primary dysmenorrhea. J Altern Complement Med US 15:129-132.
11. Raeder J, Dahl V (2009) Clinical application of glucocorticoids, antineuropathics, and other analgesic adjuvants for acute pain management. CUP UK: 398-731.
12. Świeboda P, Filip R, Prystupa A, Drozd M (2013) Assessment of pain: types, mechanism and treatment. Ann Agric Environ Med EU 1:2-7.
13. Nadler SF, Weingand K, Kruse RJ (2004) The physiologic basis and clinical applications of cryotherapy and thermotherapy for the pain practitioner. Pain Physician US 7:395-399.
14. Trout KK (2004) The neuromatrix theory of pain: implications for selected non-pharmacologic methods of pain relief for labor. J Midwifery Wom Heal US 49:482-488.
15. Slifko TR, Smith HV, Rose JB (2000) Emerging parasite zoonosis associated with water and food. Int J Parasitol EU 30:1379-1393.