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Researchers Identify Racial Differences in Pain Treatment Outcomes

February 4, 2010, San Antonio, TX—Findings from a retrospective analysis of a three-week treatment program for chronic pain revealed African Americans experienced worse outcomes compared to a matched group of Caucasians. The research was presented today at the American Academy of Pain Medicine’s 26th Annual Meeting in San Antonio.

“Our research showed important differences in treatment outcomes exist among African Americans with chronic pain,” said Michael Hooten, MD and assistant professor of anesthesiology at the Mayo Clinic College of Medicine in Rochester, Minnesota. “The next step in this line of research will be to determine how treatment of chronic pain can be modified and targeted to achieve equal outcomes regardless of culture or race.”

Previous research in chronic pain has shown cultural differences exist—African Americans are more likely to report greater impairments performing the activities of daily living (physical functioning) and increased distress and depression (emotional functioning) along with suffering pain. But to date no analyses have looked at differences in treatment outcomes.

Dr. Hooten and second-year medical student Miranda Knight-Brown, a student from the University of Minnesota-Duluth, examined the outcomes from a multi-disciplinary pain rehabilitation (MDPR) program to see if there were racial differences. They looked at the self-reported scores at admission and dismissal for 40 African Americans and 120 Caucasians who participated in a three-week MDPR program at Mayo Clinic between June 2003 and June 2009. Measurements reported included depression, physical-functioning, affective distress, and pain severity.

At admission to the program, African Americans reported greater pain severity and difficulty with physical function than Caucasians, as well as more depression and affective distress. Upon dismissal from the program, the mean pain severity score of the Multidimensional Pain Inventory was eight points greater among African Americans, and the mean score of the Center for Epidemiologic Studies Depression-Scale was nearly twice as high among African Americans compared to Caucasians (20.9 vs. 12.5). In fact, on all assessed outcomes measures, African American patients reported worse scores.

“Our hope is that these preliminary observations will lead to the development of research protocols aimed at reducing disparities in treatment outcomes among African Americans with chronic pain,” Dr. Hooten concluded.

About AAPMedicine

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