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Introduction

Analgesics are used most often for pain and infections and may be taken either daily or as needed. Studies examining public attitudes toward chronic pain and its management have found that pain medications may be over-the-counter, prescribed, or a combination of both types, and may be over-utilized by women and underutilized by those with less education. Although underutilization and noncompliance with analgesics prescribed for pain have not been well studied in the general public, a 1999 study estimated noncompliance rates for opioid use among cancer patients to be between 62% and 72%. More recently, a growing body of research suggests that noncompliance

moderate, and severe pain as shown in (Figure 2). These attitudes were expected to be related to socio-demographic characteristics and a clinical factor [8]. Based on prior research, we hypothesized that subjects who were Hispanic, male, less educated, or less affluent would be more conservative. We also hypothesized that subjects who had experience with adverse side effects such as constipation, dry mouth, confusion, nausea, and vomiting would be less willing to take analgesics [9]. The study sample consisted of 302 community members living in a large metropolitan area with an ethnically diverse population. A community member was defined as any individual who was representative of the general population living in a particular ZIP code. Eligibility criteria for the respondents included, being at least 18 years old and speaking English or Spanish, residing in selected ZIP codes, and, being willing to participate in a telephone interview. Persons who previously or currently experienced cancer-related pain or other painful conditions were not excluded from the study [10]. According to the U.S. Post Office, the Harris County area encompasses 140 ZIP codes; however, for this study we used only 101 codes [11]. We excluded 39 codes because their populations were not ethnically diverse or because they crossed into another county. A professional survey group was used to identify households in the county area and to collect data. To collect study data, we used a computer-assisted telephone interview system.

This system assisted interviewers in conducting telephone surveys by means of such useful features as random-digit dialling; a facility for programming survey questions into a logical, response-based order, real-time data entry via the computer screen, and the scheduling and monitoring of interviews. The interviewer obtained verbal informed consent from the respondent before proceeding with the telephone survey. Subjects chose whether to be interviewed in English, Spanish, or both languages [12]. Interviewers assured potential subjects that they could withdraw from the study at any time during the interview. All interviewers had previous experience in survey research, were bilingual, and had participated in a 3-hour training session on the study instrument. The University of Texas M. D. Anderson Cancer Centre Institutional Review Board approved all study procedures [13].

Discussion

A group that included the authors, individuals from the community, patients, and professionals with experience in pain management developed a 52-item survey instrument entitled the Community Preferences Survey, which was tested and piloted before national administration. The survey focused on four areas, recall of a significant experience with physical pain, its pain intensity, willingness to take pain medications and actions taken to obtain pain relief, and

Conflict of Interest

None

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Birnesser H, Oberbaum M, Klein P, Weiser M (2004)
Preparation Traumeel® S Compared With NSAIDs For Symptomatic Treatment

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and other analgesic adjuvants for acute pain management