

Case Report

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Plans

Personal Influence on Individual's Willingenesstored of one of the property invariant of the pro between willingness to use analgesics and socio-demographic factors such as sex, ethnicity, income, and educational di erences are needed to determine which factors contribute to analgesic use or non-use in the general population [6].

Most treatment options for pain management include the use of analgesics and adjuvant medications such as antidepressants or corticosteroids that may lead to adverse side efects. Nonetheless, the National Ambulatory Medical Care Survey reported that pain-relief drugs were among the top 5 therapeutic drugs requested of o f ce-

Keywords: Analgesics; Ambulatory patients; Hispanic patients; General population; Pain medications; Marginal association

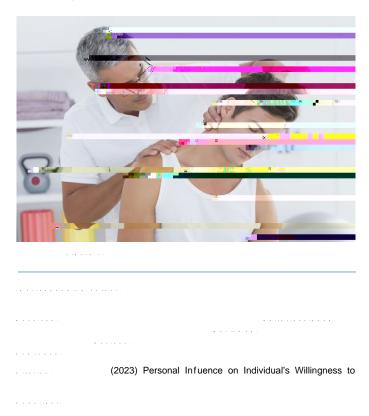
Introduction

Analgesics are used most o en 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 patients, Hispanic cancer patients had greater concerns about taking too much pain medication and having problems with side e ects related to the analgesics [3]. A review of the literature on pain management shows a controversy surrounding sex variation. e majority of studies report that women tend to be at greater risk for the under treatment of acute and chronic pain. However, others suggest that men may receive less potent analgesics, placing them at a greater disadvantage than women as shown in (Figure 1). Researchers suggest that these ndings may stem from health care providers' cultural beliefs that men

should tolerate greater pain than women [4]. Unruh's review on sex variation in clinical pain, however, reported that there was no clear pattern of di erences in analgesic use by sex. Studies conducted among the general public have found that a person's willingness to follow prescribed analgesic treatment plans may be hindered by fear of adverse side e ects and concerns about addiction. e Mayday Fund Survey reported that 46% of respondents would wait until the pain gets bad before taking their analgesics [5]. Eggen's study of 19,137 community-

Methodology

If we can gain better insight into the public's pre-existing perceptions and practices associated with pain and analgesic regimens, we may improve pain treatment outcomes. In this article we report on a large metropolitan-county study that examined the attitudes of community members toward the use of opioid and non-opioid analgesics for pain [7]. We hypothesized that community members would vary in their willingness to take di erent types of pain medications for mild,



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moderate, and severe pain as shown in (Figure 2). ese 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 a uent would be more conservative. We also hypothesized that subjects who had experience with adverse side e ects such as constipation, dry mouth, confusion, nausea, and vomiting would be less willing to take analgesics [9]. study sample consisted of 302 community members living in a large metropolitan area with an ethnically diverse population. A community member was de ned 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 O ce, the Harris County area encompasses 140 ZIP codes; how- ever, 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.

is 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. e 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. e 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 nal administration. e survey focused on four areas, recall of a signi cant experience with physical pain, its pain intensity, willingness to take pain medications and actions taken to obtain pain relief, and

Con ict 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

Ozgoli G, Goli M, Moattar F (2009) Comparison of efects of ginger, mefenamic

Clinical application of glucocorticoids, antineuropathics, and other analgesic adjuvants for acute pain management

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