

Critical Review

The Pain Experience of Hispanic Americans: A Critical Literature Review and Conceptual Model

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Abstract: Although the Hispanic population is a burgeoning ethnic group in the United States, little is known about their pain-related experience. To address this gap, we critically reviewed the existing literature on pain experience and management among Hispanic Americans (HAs). We focused our review on the literature on nonmalignant pain, pain behaviors, and pain treatment seeking among HAs. Pain management experiences were examined from HA patients' and health care providers' perspectives. Our literature search included variations of the term "Hispanic" with "AND pain" in PubMed, Embase, Web of Science, ScienceDirect, and PsycINFO databases. A total of 117 studies met our inclusion criteria. We organized the results into a conceptual model with separate categories for biological and/or psychological and sociocultural and/or systems-level influences on HAs' pain experience, response to pain, and seeking and receiving pain care. We also included information on health care providers' experience of treating HA patients with pain. For each category, we identified future areas of research. We conclude with a discussion of limitations and clinical implications.
Perspective: *In this critical review of the literature we examined the pain and management experiences of the HA population. We propose a conceptual model, which highlights findings from the existing literature and future areas of research.*

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Key words: *Hispanic Americans, non-malignant pain, pain management, critical review, pain disparities, ethnic differences.*

All persons experience acute pain in their lifetime, and it is estimated that 100 million individuals experience chronic pain in the United States.⁷² Racial and/or ethnic minorities report more pain and have a higher prevalence of pain conditions compared with non-Hispanic white individuals (NHWs).⁷² Reviews suggest that these racial and/or ethnic differences in pain experience might be due to differences in pain processing, pain coping strategies, and cultural factors.^{6,40,122} Moreover, although pain accounts for 80% of all physician visits,⁵⁵ many patients—particularly racial

and/or ethnic minority individuals^{6,94,127}—receive inadequate management for nonmalignant pain.¹⁷

To date, the pain literature has focused largely on racial differences. Racial categories, such as black and white, are used to differentiate groups that are related by blood, descendants, and ancestry as well as groups that share distinctive physical characteristics.⁴⁰ Reviews of this literature have found that black and white individuals report different clinical and experimental pain experiences,⁴⁰ and that black patients frequently receive unequal pain care relative to white patients.^{58,94,127}

Ethnic categories often include race (eg, NHW) but further distinguish between groups of people who share similar behaviors, beliefs, and culture.⁴⁰ The U.S. Census Bureau and National Institutes of Health currently recognize 2 ethnic groups: 1) Hispanic or Latino, and 2) not Hispanic or Latino.^{44,102} Hispanic ethnicity is defined as the heritage, nationality group, lineage, or country of birth of a person or person's relatives and/or ancestors before arriving to the United States; more specifically, "Hispanic or Latino" refers to a person of Cuban,

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Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.⁴⁴ Relatively little is known about ethnic differences in the pain experience. This knowledge gap is striking especially because Hispanic Americans (HAs) represent 16% of the US population and are one of the fastest growing demographic groups in the United States.⁴⁴ Furthermore, HAs have the highest rates of being uninsured and face the greatest barriers to obtaining health insurance of all racial and ethnic groups in the United States.^{18,73}

Using previous reviews of racial differences in pain as a framework, our aim was to examine the pain and pain management experiences of HA patients, as well as the experience of providers who manage HA patients' pain. Important differences in pain experience and management between HAs and other racial and/or ethnic groups (eg, NHW, non-Hispanic black [NHB]) are highlighted. We proposed a conceptual model to frame this review and guide future research on this understudied but rapidly growing population. We conclude with a discussion of limitations and clinical implications.

Methods

Search Strategy

Specified terms were used in combinations to search for articles on PubMed, Embase, Web of Science, ScienceDirect, and PsycINFO. The search terms for Hispanic (ie, "Latino," "Latina," "Hispanic," "Ethnic," and "Ethnicity") were combined with "AND Pain" for each search. We also examined the reference lists of relevant articles for additional studies.

Inclusion and Exclusion Criteria

Abstracts and articles were examined to determine the eligibility of each record. Records were excluded if the article solely examined: 1) a nonadult population (younger than 18 years of age), 2) malignant pain, 3) a non-Hispanic sample, or 4) Hispanic individuals outside of the United States. Records were further excluded if the article: 5) did not report results on HAs, specifically, 6) was a case report, 7) was a review article, 8) was not written in English and an English translation could not be located, or 9) was a conference presentation and no published article could be located. Articles on a specific HA subgroup (eg, Mexican Americans [MAs]) were included, and group membership is specified in the review. For this review, we did not impose unitary definitions of race, ethnicity, or HA; rather, we used the definitions adopted in each article. Aside from excluding case reports and review articles, we did not prioritize particular study designs for this review.

Results

Across all databases and keyword searches, we identified 418 unique records. After review, 309 records were excluded for the following reasons: 1) nonadult sample (n = 46), 2) malignant pain (n = 56), 3) non-Hispanic sample (n = 105), 4) failed to report on HAs, specifically (n = 47), 5)

Hispanic individuals outside of the United States (n = 11), 6) case report (n = 14), 7) review article (n = 17), 8) non-English study (n = 1), and 9) conference presentation (n = 12). The electronic database search yielded 109 articles that met inclusion criteria. Examination of reference lists yielded an additional 8 relevant articles. A total of 117 articles were included in this review.

Conceptual Model

The organization of our results was guided by a conceptual model. Our model was adapted from "the social communication model of pain."³³ This model, as well as the model proposed herein, explicitly acknowledges patient, provider, and contextual factors that influence the experience and management of pain. Such a multi-level perspective is critical to understanding the pain experience of different ethnic groups.

In Fig 1 our proposed model is presented, which incorporates the existing evidence base and identifies future areas of research (shown in italics). Organization of the model was on the basis of study results, theory, and/or coauthor consensus; factor placement within the arrows was organized according to quality and level of evidence. The conceptual model also guided our examination and interpretation of the literature. Thus, the model informed and was informed by our examination of the micro level (biological and psychological; top portion of the model) and macro level (sociocultural and systems level; bottom portion of the model) factors that influence HAs' experience of pain, response to pain, decision to seek pain care, and experience of receipt of pain care. We also examined the psychological and systems level factors that influence healthcare providers' care for HA pain patients. Although some of the factors in our model could be considered as micro and/or macro level factors, we placed them in the model according to how they had been conceptualized and measured in the relevant literature. For example, acculturation could be considered at the micro and/or macro level, however, we included it as a micro level factor in the model because it had been measured as an individual level variable in the reviewed articles.

Prevalence of Pain

Most national surveys found that HA respondents report fewer pain conditions compared with NHW and NHB respondents (Table 1). Compared with NHWs, HAs reported significantly lower rates of chronic pain,¹⁰⁹ neck pain,^{107,126} acute and chronic back pain,^{24,79,107,126} temporomandibular joint and muscle disorder-type pain,¹⁰⁷ lower and upper extremity pain,¹⁰⁹ and diagnosed arthritis.²⁶ A few studies found the converse or no differences. One survey found HAs reported higher rates of chronic head and/or neck and abdominal pain than NHW and NHB respondents.¹⁰⁹ Other studies found that HAs reported statistically similar rates of chronic chest pain,¹⁰⁹ back pain,¹⁰⁹ chronic neck pain,²⁴ and headache and/or migraine pain¹⁰⁷ relative to NHWs. Two examinations of the National Health and Nutrition Examination Survey found that MAs had significantly

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