



Global Year Against Pain in Women

real women, real pain

Pain in Women in Human Immunodeficiency Virus (HIV/AIDS)

- Pain in HIV/AIDS is highly prevalent, diverse and varied in syndromal presentation and it is associated with significant psychological and functional morbidity.
- Pain, in general, is more prevalent in women and is known to be more severe, frequent, widespread and of longer duration.
- Pain syndromes in HIV/AIDS may be related directly to HIV infection or immunosuppression, HIV therapies and those unrelated to AIDS or AIDS therapies and include peripheral neuropathy, extensive Kaposi's sarcoma, headache, oral, pharyngeal, abdominal and chest pain, arthralgias, myalgias, and painful dermatologic conditions.
- As there are more women with HIV, more women will experience pain and this includes unique pain syndromes of a gynecologic nature specifically related to opportunistic infectious processes and cancers of the pelvis and genitourinary tract.

Epidemiology

- Women represent the largest percentage of newly infected HIV-positive individuals throughout the world.
- The AIDS epidemic is worst in sub-Saharan Africa where on average three women are infected for every two men; among young people (15-24 years), the ratio widens to three young women for every young man.
- 80% of AIDS pain is under-treated. This is even more so in women who are often also under-diagnosed. In poor resource countries such as Africa, South America and Asia, there may be limited access to antiretroviral therapy (ART) and palliative care.

Barriers

- Barriers that interfere with pain management by clinicians are lack of knowledge about pain management and access to pain specialists, reluctance to prescribe opioids, concern about drug addiction or abuse, lack of psychological support and drug treatment services.
- Women experience barriers to accessing treatment programs due to prejudice and inequality in the treatment of women and children (especially female) and this may include poverty, abuse, conflict due to war and violence.
- Women often experience lack of information and may have limited understanding, especially in developing countries, that their painful conditions may be part of their HIV disease and that it is recognizable as such and treatable.
- Women often accept their pain experience and may not complain of pain or may accept under-treatment as the norm due to cultural expectations and therefore may dismiss pain and other symptoms as being normal.
- Women with, or without HIV/AIDS, are the ones who provide all the care. Most of the family resources are often devoted to caring for the husband or children.
- Stigma and discrimination is far stronger against women who risk violence, abandonment, ostracism, destitution and neglect from family and community. They may be blamed for the spread of disease even though the majority of them were infected by their only partner/husband.
- Clinical management is based on research on men and more knowledge and education on clinical management of HIV/ AIDS and pain in women is required.

Predisposing factors

- Women's sexual rights are often violated, predisposing them to contracting HIV/AIDS due to poverty and male control over women's lives.
- A history of physical, sexual/childhood abuse is common with HIV infection, with up to two thirds of patients reporting a lifetime experience of abuse.
- Women experience poor reproductive, sexual and other health needs, nutrition and medical care.

Co-morbidities

- HIV-positive women were four times more likely (19.4%) to meet clinical criteria for current major depressive disorder than HIV-negative women (4.8%), with significantly more anxiety symptoms.

- All forms of coerced sex increases risk of micro-lesions and therefore of sexually transmitted diseases; this includes harmful cultural practices such as genital mutilation and practices such as "dry" sex.

Treatment and support

- Opioid analgesics may be required for the management of severe pain and can be used in these patients, including the substance abusers, by following appropriate guidelines.
- Symptom management in HIV palliative care includes pain management and addressing fatigue, stress, depression and anemia.
- The nature of the disease, weak public health infrastructure and other factors mandate improved community-based palliative and end-of-life care. This includes increased government funding and support, higher standards of clinical training, improved pain control through drug policy advocacy, orphan care, income generation and food security
- Reduce the vulnerability of women by improving their education; change social norms that perpetuate male attitudes and violence against women; increase the availability of treatment that will improve women's conditions and reduce suffering; change attitudes and negative assumptions about women's roles; improve their ability to own property and become economically independent; challenge discrimination against them and then women will become empowered to help themselves.

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