2.7 SPECIAL POPULATIONS

Painful conditions and pain management are complex in part because various populations have unique issues that affect acute and chronic pain. Special populations in pain management that the Task Force identified include children, older adults, women, pregnant women, individuals with SCD, individuals with other chronic relapsing pain conditions, racial and ethnic minority populations, active-duty service members and Veterans, and patients with cancer and those in palliative care. The special populations section in this report was included to highlight several special populations' considerations for pain management. The populations highlighted here are non-exhaustive and the special populations section on chronic relapsing conditions is intended to serve as a general category that applies to many painful conditions not specifically mentioned. No special population was purposefully excluded from the Report.

2.7.1 UNIQUE ISSUES RELATED TO PEDIATRIC PAIN MANAGEMENT

Chronic pain is estimated to affect 5% to 38% of children and adolescents.[340–342] These pain conditions can be from congenital diseases (e.g. sickle cell disease [SCD]), where pain begins in the infant or toddler age period, chronic non-congenital diseases (e.g., juvenile idiopathic arthritis, fibromyalgia, inflammatory bowel disease), or primary chronic pain conditions (e.g., headaches, chronic abdominal pain, chronic musculoskeletal pain, CRPS). The origin of pain conditions (u)-5.9 s,t0.011ndi46 0 Td5c (pa)-0.9 (t)-1-4 (r)(

- **Recommendation 3a:** Encourage and assist pain physicians in obtaining the necessary training for credentialing in pediatric pain. This is a significant step toward improving pediatric patient access.

Gap 4: Many current CBPs do not address pediatric opioid prescribing best practices. Further, RCTs and real-world evidence of non-opioid pharmacologic therapies in pediatric patients for chronic pain are lacking.

- **Recommendation 4a:** Develop pediatric pain management guidelines that address appropriate indications for opioids and responsible opioid prescribing.
- **Recommendation 4b:** Conduct pediatric pain research to inform national guidelines using multimodal approaches to optimize pain management for children and adolescents.

2.7.2 OLDER ADULTS

Chronic pain is one of the most common, costly, and incapacitating conditions in older adults.[348] Managing pain in older adults can be complex because of age-related physiologic changes, associated medical and mental health3hmo(b)-0.7 (i)0.5 (d)-0.8 iltes, polyp

- **Recommendation 1b:** Counsel women of childbearing age on the risks of opioids and non-opioid medications in

2.7.7 SICKLE CELL DISEASE

Sickle cell disease (SCD) is a gr1 Tf-04 (e)9 gps e ihs(

2.7.8 HEALTH DISPARITIES IN RACIAL AND ETHNIC POPULATIONS, INCLUDING AFRICAN-AMERICANS, HISPANICS/LATINOS, AMERICAN INDIANS, AND ALASKA NATIVES

Considerable evidence exists documenting health disparities in racial and ethnic minority populations, particularly substantial disparities in the prevalence, treatment, progression, and outcomes of pain-related conditions.[384] These disparities in care are attributed to factors related to social disadvantage as well as factors within health systems.[385] Health disparities contributing to suboptimal pain management in these special populations may be related to such factors as barriers to accessing health care, lack of insurance, discrimination, lack of a PCP, lack of child care, a lower likelihood to be screened or receive pain treatment, and environmental barriers that impede effective self-management. Effective strategies and plans to address these issues specifically in these disparate communities are necessary to address these gaps to improve patient outcomes.

GAPS AND RECOMMENDATIONS

Gap 1: Socioeconomic and cultural barriers may impede patient access to effective multidisciplinary care. Evidence exists of racial and ethnic disparities in pain treatment and treatment outcomes in the United States, yet few interventions have been designed to address these disparities. Lower quality pain care may be related to many factors, including barriers to accessing health care, lack of insurance, discrimination, lack of a PCP, lack of child care, lower likelihood to be screened or receive treatment, and environmental barriers that impede self-management.

- **Recommendation 1a:** Develop intervention programs informed by the biopsychosocial model to reduce racial and ethnic disparities in pain.

Gap 2: Research shows that ethnic minorities may have greater pain sensitivity and are at increased risk for chronic pain, yet they remain underserved.

- **Recommendation 2a:** Develop biopsychosocial interventions for pain that are scalable and culturally enhanced.

2.7.9 MILITARY ACTIVE DUTY, RESERVE SERVICE MEMBERS AND VETERANS

The experience of pain is prevalent in military and Veteran populations.[386] Pain management can be complex in military populations, who experience combat-related injuries (e.g., ballistic wounds, burns, over-pressurization, blunt trauma) in addition to complications from accompanying conditions such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), both of which are more prevalent in Veterans than in the civilian population.[48,387,388] Delayed pain treatment following injury can increase the likelihood of acute pain becoming chronic pain in service members and Veterans.[48]

- **Recommendation 1b:** Physicians and clinical health care providers should work collaboratively to deliver comprehensive pain care that is consistent with the biopsychosocial model of pain.
- **Recommendation 1c:** Conduct research to better understand the biopsychosocial factors that contribute to acute and chronic pain in active