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Deborah Mack

University of Massachusetts Medical School

Et al.

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BLACK-WHITE DISPARITIES IN PAIN MANAGEMENT AMONG NURSING HOME RESIDENTS WITH CANCER

Deborah Mack, MPH¹, Jacob Hunnicutt, MPH¹, Bill Jesdale, PhD², Christine Ulbricht, PhD², Kate Lapane, PhD²

¹Clinical and Population Health Research Program, Graduate School of Biomedical Sciences,

²Department of Quantitative Health Sciences University of Massachusetts Medical School

Background: Racial disparities in pain management persist across healthcare settings and likely extend into nursing homes. No studies to-date have thoroughly evaluated racial disparities in cancer pain management in this setting.

Methods: Using a cross-sectional study design, we compared reported pain and pharmacological pain management between non-Hispanic White and Black newly admitted nursing home residents with cancer (n=113,765) using the Minimum Data Set version 3.0. Pain management strategies considered included: use of scheduled analgesics, pro re nata analgesics, and non-pharmacological methods. Presence of pain was based on self-report when residents were able to, or by staff. Logistic models provided estimates of odds ratios for pain management strategies adjusted for resident factors.

Results: Among nursing home residents with cancer, nearly one-third reported pain with estimates similar in Black (32.4%) and White (32.8%) residents. Estimates of pain frequency and intensity were also similar by race. While most residents received scheduled pharmacologic pain management, Whites had greater odds of receiving it than Blacks (Whites: 72.8%, Blacks: 69.3%, adjusted odds ratio Black vs. White (aOR): 0.92; 95% confidence interval (CI): 0.88-0.96). Pro re nata analgesic use was more common in Whites than Blacks (Whites: 40.1%, Blacks: 38.5%, aOR: 0.78; 95% CI: 0.75-0.81) as were non-pharmacologic approaches (Whites: 33.1%, Blacks: 25.3%, aOR: 0.70; 95 CI%: 0.67-0.73).

Conclusions: While reporting of pain was similar for Black and White nursing home residents, White residents received more frequent pain management at admission. The extent to which unequal management of pain persists in nursing homes should be further explored.

Contact:

Deborah Mack

University of Massachusetts Medical School

Deborah.Mack@umassmed.edu