Racial and Ethnic Disparities Continue for Pain Care in U.S. Emergency Departments

Pletcher MJ, Kertesz SG, Kohn MA, Gonzales R. Trends in opioid prescribing by race/ethnicity for patients seeking care in US emergency departments. JAMA 2008;299:70–8.

Study Overview

Objective. To determine if opioid prescribing has increased and if racial/ethnic disparities continue to exist in opioid administration in U.S. emergency departments (EDs) after national pain-related quality of care initiatives were implemented in 2000.

Design. Observational study using National Hospital Ambulatory Medical Care Survey (NHAMCS) ED visit data from 1993–2005.

Setting and participants. NHAMCS data are collected from a national sample of visits to EDs and outpatient departments of noninstitutional general and short-stay hospitals. Staff at participating hospitals complete surveys for a random sample of patient visits during a randomly assigned 4-week reporting period each year. ED visits with ≥ 1 pain-related reason for visit classification, including pain, soreness, discomfort, ache, cramps, spasms, burning, or stinging, were evaluated. The primary predictor variables were race (white, black, Asian/Pacific Islander, Native American, other, multiple) and ethnicity (Hispanic or non-Hispanic).

Main outcome measure. Any opioid administered or prescribed in the ED.

Main results. From 1993–2005, NHAMCS collected data on 374,891 ED visits; 42% of these visits had pain-related reason for visit classification codes. An opioid analgesic was prescribed in 29% of these pain-related visits. Opioid prescribing increased from 23% in 1993 to 37% in 2005 ($P < 0.001$ for trend), with the most pronounced increase from 2001–2005. Opioid prescribing was more frequent in patients who were white versus black, Hispanic, or Asian/other (31% vs. 23%, 24%, and 28%, respectively; $P < 0.001$ for trend), with no evidence to suggest that differential prescribing decreased during the study period.

Conclusion. Opioid prescribing in U.S. EDs has increased significantly since the implementation of national quality improvement initiatives. White patients continue to receive more opioid analgesia than any other race or ethnic group in the ED for pain-related visits.

Commentary

Pain is now considered the "fifth vital sign" and is one of the most common complaints of patients presenting to the ED [1,2]. Pain management has been targeted as an area for quality improvement since the mid-1990s, with several organizations issuing standards regarding timely, tailored, and adequate pain assessment and treatment, including the Joint Commission on Accreditation of Healthcare Organizations, the Institute of Medicine, the American Pain Society, the Veterans Health Administration, and the Agency for Healthcare Research and Quality [3–7]. These guidelines acknowledge that patients have a right to appropriate assessment and effective pain treatment and underscore the importance of effective pain management as a component of quality patient care.

Disparities in pain care have been documented in the health care setting secondary to gender, race/ethnicity, comorbidity, cognitive impairment, and even characteristics of the treating clinician. Inadequate pain control is a problem in the ED setting for all types of patients, regardless of demographic or clinical characteristics [8]. Although surveys of ED patients indicate that they expect complete relief of their pain [9], barriers such as racial and ethnic disparities can preclude the ability to achieve this. Studies undertaken in the ED setting prior to the implementation of national pain care improvement initiatives have shown that black and Hispanic patients were less likely to receive opioid analgesic compared with white patients.

This study by Pletcher et al demonstrates that while national initiatives to improve pain care appear to have changed physician behavior and resulted in increased use of opioid analgesia in the ED, these efforts have not translated into a narrowing of racial/ethnic disparities in pain care. When compared with white patients, all other racial and ethnic groups were at risk for undertreatment of pain, with black and Hispanic patients having the most pronounced disparities in opioid administration and prescribing.

Applications for Clinical Practice

Current pain care initiatives have been effective for increas-

ing opioid prescribing in the ED. To achieve equitable pain care in EDs across the United States, however, these efforts need to be supplemented with strategies targeted at decreasing racial and ethnic disparities.

—Review by Ula Hwang, MD, MPH

References

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