Pain Management Bias in African Americans with Sickle Cell Disease

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Background

African Americans and other minorities often suffer from health disparities related to race, socioeconomic status, and medical condition. These disparities can have profound affects on minority patient outcomes and may lead to moral distress among minority nurses. According to the Centers for Disease Control (2018), SCD primarily affects African Americans, with one in every 13 being a carrier for the trait and one in every 365 live births having SCD. Research shows that African Americans' pain is more likely to be underestimated and undertreated compared to their Caucasian counterparts (Hoffman et al., 2016).

Purpose

Racial bias in pain management of African Americans (AA) contributes to the health disparities related to race and socioeconomics. Clinicians should consider if implicit/direct bias negatively impacts treatment plans while increasing their understanding of SCD.

Methods

This review aimed to identify factors that contribute to the bias in the pain management of African Americans with SCD. A literature review was conducted utilizing CINAHL and PubMed databases. The inclusion criteria were articles published between 2015 and 2020, discussed biases related to pain management and sickle cell disease, and were written in English.

Results

The following factors could play a role in pain management bias in African Americans with sickle cell disease (SCD):

Longer wait times: Patients with SCD experience longer wait times in emergency departments compared to the general population. Wait times were longer for Blacks, younger patients, women, and those who frequently utilized the emergency department. Patients with SCD may be judged to be of lower acuity than others with similar pain (Pulte et al., 2016).

Escalation to psuedoaddiction: Those that suffer from SCD can experience acute and chronic pain that is not always adequately treated. As a result, the patient's response to under treatment, such as moaning, grimacing, or crying is marginalized as evidence of drug addiction. African Americans with SCD often suffer from inadequate pain control and thus resort to behaviors resembling pseudoaddiction, further perpetuating the stigma of the patients with SCD (Kotila et al., 2015).

Perception of healthcare providers: The healthcare provider's perception can also be a barrier to adequate pain management in patients with SCD. Some healthcare providers use language such as "frequent flyers" and "sickler" to describe patients with SCD. Up to 41% of healthcare providers surveyed reported concerns that patients with SCD may be drug-seeking, and that perception influenced the care they provided (Masese et al., 2019).

Implications for Practice

Exploring implicit bias among healthcare providers

- Identify attitudes and behaviors that might impact care.
- Examine the perspective of minority nurses for moral distress associated with marginalization of this population.

Adopting updated guidelines for pain management of patients with SCD

- American Society of Hematology provides guidelines specific to acute and chronic pain and emphasizes interdisciplinary care.

Future research should focus on assessing the stigma associated with this specific population.

- Currently, there is no validated measure to assess stigma towards patients with SCD who present to the emergency department.

References

Centers for Disease Control and Prevention. (2018). *Data and statistics: Sickle cell disease.* U.S. Department of Health and Human Services. https://www.cdc.gov/ncbddd/sicklecell/data.html

Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America, 113*(16), 4296–4301.

Kotila, T. R., Busari, O. E., Makanjuola, V., & Eyelade, O. R. (2015). Addiction or pseduoaddiction in sickle cell disease patients: Time to decide- a case series. *Annals of Ibadan Postgraduate Medicine, 13(1)*, 44–47.

Masese, R., Bulgin, D., Douglas, C., Shah, N., & Tanabe, P. (2019). Barriers and facilitators to care for individuals with sickle cell disease in central North Carolina: The emergency department providers' perspective. *PloS One, 14*(5), e0216414.

Pulte, D., Lovett, P., Axelrod, D., Crawford, A., Mcana, J., & Powell, R. (2016). Comparison of emergency department wait times in adults with sickle cell disease versus other painful etiologies. *Hemoglobin, 40*(5), 330–334.

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