HIV, Chronic Pain, and Health Disparities: The Increasing Role of Physical Therapy in a National Public Health Priority

Sara D. Pullen, DPT, MPH, CHES
Assistant Professor, Department of Rehabilitation Medicine, Division of Physical Therapy, Emory University School of Medicine, Atlanta, GA

Chronic pain is estimated to affect more than 100 million people in the United States. Recent legislation has called for restrictions of narcotic-based prescriptions to treat chronic pain. HIV-related chronic pain has emerged as a major symptom burden among people living with HIV (PLH) and can have a deleterious effect on quality of life. The overall costs of chronic pain (estimated between $560 billion and $630 billion per year) are especially illuminative when considering the comparatively low costs of physical therapy interventions. The increased chronicity and symptom burden of HIV disease call for an increasing role of physical therapy in the continuum of care for people with HIV and AIDS-related impairments; physical therapy should be an integral part of the multidisciplinary pain intervention recommended by the National Institutes of Health. Identification of improved therapeutic options to treat chronic pain and increasing physical therapy access to PLH in vulnerable communities is consistent with this national public health priority and could greatly improve quality of life in this patient population. (Rehab Oncol 2016;34:158–159) Key words: Chronic Pain, AIDS, HIV
inadequate, and racial and ethnic minorities may bear an even larger burden of chronic pain than their white counterparts.

In a 2014 report, the National Institutes of Health Office of Disease Prevention recommended the development and evaluation of multidisciplinary pain interventions, including cost-benefit analyses. The overall costs of chronic pain (estimated between $560 billion and $630 billion per year) are especially illuminative when considering the comparatively low costs of physical therapy interventions. The increased chronicity and symptom burden of HIV disease call for an increasing role of physical therapy in the continuum of care for people with HIV and AIDS–related impairments; physical therapy should be an integral part of the multidisciplinary pain intervention recommended by the National Institutes of Health. Identification of improved therapeutic options to treat chronic pain and increasing physical therapy access to PLH in vulnerable communities is consistent with this national public health priority and could greatly improve quality of life in this patient population.

REFERENCES


