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Journal Title: Rehabilitation Oncology
Volume: Volume 34, Number 4
Publisher: American Physical Therapy Association (APTA) | 2016-10-01, Pages 158-159
Type of Work: Article | Final Publisher PDF
Publisher DOI: 10.1097/01.REO.0000000000000037
Permanent URL: https://pid.emory.edu/ark:/25593/rtf0r

Final published version:
http://journals.lww.com/rehabonc/Fulltext/2016/10000/HIV,_Chronic_Pain,_and_Health_Disparities__The_Increasing_Role_of_Physical_Therapy_in_a_National_Public_Health_Priority.7.aspx

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Accessed January 27, 2020 1:24 AM EST
HIV, Chronic Pain, and Health Disparities: The Increasing Role of Physical Therapy in a National Public Health Priority

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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

The HIV SIG of the Oncology Section is dedicated to raising awareness of the role of physical therapy in the management of HIV-related impairments, connecting physical therapists who treat a wide range of HIV-related impairments, improving physical therapy access for people living with HIV (PLH), and increasing scientific literature on the topic of physical therapy and HIV.

Over the past 30 years, the development of antiretroviral therapy has drastically extended the lifespan of PLH.1 With proper access and adherence to antiretroviral drug regimens, PLH can now have an equal life expectancy to their HIV-negative peers.2 Despite these advances in HIV treatment, PLH often bear a significant burden of HIV-related impairments such as chronic pain and neuromuscular and musculoskeletal issues.3 In addition, enormous racial and socioeconomic disparities remain in HIV-related treatment, morbidity, and mortality.4 Although HIV does not exclusively occur in racial minorities or those living below the federal poverty level, the health disparities associated with HIV make it more prevalent and less survivable in these populations.5

Chronic pain is estimated to affect more than 100 million people in the United States.6 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 PLH and can have a deleterious effect on quality of life.7 Pain is undertreated and more complex to manage in the HIV patient population for a number of reasons, including complex antiretroviral drug regimens, higher risks of side effects, and higher rates of comorbid psychiatric illness and substance abuse.8 Current research indicates that even when PLH receive pharmaceutical pain treatment, they are still likely to persistently report high levels of pain.9 Even in an era of increased HIV life expectancy, current strategies to manage pain in the HIV patient population are
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.6 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.10 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.11 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


