Author’s response to reviews

Title: Exploring the experience of chronic pain among female Survival Sex Workers: a qualitative study

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Cover Letter

Dear Carolyn Chew-Graham,

Thank you so very much to your team of editorial staff and reviewers at BMC Family Practice. I am especially grateful to the two reviewers who took a lot of time to sit down and evaluate the manuscript I submitted. I have addressed their concerns in red, italicized font and have highlighted the changes in yellow highlighter in the manuscript.

Thanks again for the time and effort spent reviewing this manuscript.

Warmly,

Stephanie VandenBerg, MD CCFP-EM
Clinical Lecturer, University of Calgary
Alberta Health Services - Calgary Zone Emergency Physician
This paper presents findings from an exploratory qualitative analysis of in-depth interviews with 11 female survival sex workers who report chronic pain; to elucidate the complex interplay between real and or perceived pain in a marginalized population, illicit substance use, and the problems they face in attempting to access treatment from physicians and hospitals for chronic pain.

1. The first sentence of second paragraph in the Background section: suggest changing the word ‘initiatives’ to ‘initiates’. Thank you. I have corrected this error.

2. The authors state that there is a gap in social science and health literature on the experience of chronic pain among female survival sex workers. However, there is a well-developed body of literature on chronic pain among opiate users, and the homeless and marginally-housed, and the complexities of treating these populations in primary care settings that are precisely relevant to the paper. Including these in the background section would greatly help to frame the paper overall. Thanks! I have gone back to and re-run a literature search, specifically focusing on opiate users AND homeless AND marginally housed AND primary care experiences (see detailed search below) I have chosen to include these three articles which directly deal with these topics. I have incorporated a summary of these results in background paragraph 2, last 2 sentences.


Primary care providers' views on chronic pain management among high-risk patients in safety net settings.

Vijayaraghavan M1, Penko J, Guzman D, Miaskowski C, Kushel MB.

Author information

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Abstract

OBJECTIVE:

We examined chronic pain management practices and confidence and satisfaction levels in treating chronic pain among primary care providers (PCPs) who cared for high-risk patients in safety net health settings.
DESIGN:
We recruited PCPs (N = 61) through their HIV-infected patients who were enrolled in a longitudinal study on pain, use, and misuse of opioid analgesics (Pain Study). We asked PCPs to complete a questionnaire about all of their patients in their practice on the prevalence of chronic pain and illicit substance use, use of opioid analgesics, confidence and satisfaction levels in treating chronic pain, and likelihood of prescribing opioid analgesics in response to clinical vignettes.

RESULTS:
All PCPs cared for at least some patients with chronic pain, and the majority prescribed opioid analgesics for its treatment. All PCPs cared for at least some patients who used illicit substances. PCPs reported low confidence and satisfaction levels in treating chronic pain. The majority (73.8%) of PCPs were highly likely to prescribe opioid analgesics to a patient without a history of substance use who had chronic pain. The majority (88.5%) were somewhat to highly likely to prescribe opioid analgesics to a patient with a prior history of substance use but not active use. Most (67.2%) were somewhat to highly likely to prescribe opioids to a patient with active substance use.

CONCLUSION:
In order to improve PCPs' confidence and satisfaction in managing chronic pain, further work should explore the root causes of low confidence and satisfaction and also explore possible remedies.

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Is primary care providers' trust in socially marginalized patients affected by race?

Moskowitz D1, Thom DH, Guzman D, Penko J, Miaskowski C, Kushel M.
Abstract

BACKGROUND:

Interpersonal trust plays an important role in the clinic visit. Clinician trust in the patient may be especially important when prescribing opioid analgesics because of concerns about misuse. Previous studies have found that non-white patients are perceived negatively by clinicians.

OBJECTIVE:

To examine whether clinicians' trust in patients differed by patients' race/ethnicity in a socially marginalized cohort.

DESIGN:

Cross-sectional study of patient-clinician dyads.

PARTICIPANTS:

169 HIV infected indigent patients recruited from the community and their 61 primary care providers (PCPs.)

MAIN MEASURES:

The Physician Trust in Patients Scale (PTPS), a validated scale that measures PCPs’ trust in patients.

KEY RESULTS:

The mean PTPS score was 43.2 (SD 10.8) out of a possible 60. Reported current illicit drug use and prescription opioid misuse were similar across patients' race or ethnicity. However, both patient illicit drug use and patient non-white race/ethnicity were associated with lower PTPS scores. In a multivariate model, non-white race/ethnicity was independently associated with PTPS scores 6.3 points lower than whites (95% CI: -9.9, -2.7). Current illicit drug use was associated with PTPS scores 5.5 lower than no drug use (95% CI -8.5, -2.5).

CONCLUSION:

In a socially marginalized cohort, non-white patients were trusted less than white patients by their PCPs, despite similar rates of illicit drug use and opioid analgesic misuse. The effect was independent of illicit drug use. This finding may reflect unconscious stereotypes by PCPs and may underlie disparities in chronic pain management.
Primary care providers’ judgments of opioid analgesic misuse in a community-based cohort of HIV-infected indigent adults.

Vijayaraghavan M1, Penko J, Guzman D, Miaskowski C, Kushel MB.

Author information

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Abstract

BACKGROUND:

Primary care providers (PCPs) must balance treatment of chronic non-cancer pain with opioid analgesics with concerns about opioid misuse.

OBJECTIVE:

We co-enrolled community-based indigent adults and their PCPs to determine PCPs’ accuracy of estimating opioid analgesic misuse and illicit substance use.

DESIGN:

Patient-provider dyad study.

PARTICIPANTS:

HIV-infected, community-based indigent adults (‘patients’) and their PCPs.
MAIN MEASURES:

Using structured interviews, we queried patients on use and misuse of opioid analgesics and illicit substances. PCPs completed patient- and provider-specific questionnaires. We calculated the sensitivity, specificity, and measures of agreement between PCPs’ judgments and patients’ reports of opioid misuse and illicit substance use. We examined factors associated with PCPs’ thinking that their patients had misused opioid analgesics and determined factors associated with patients’ misuse.

KEY RESULTS:

We had 105 patient-provider dyads. Of the patients, 21 had misused opioids and 45 had used illicit substances in the past year. The sensitivity of PCPs’ judgments of opioid analgesic misuse was 61.9% and specificity, 53.6% (Kappa score 0.09, p=0.10). The sensitivity of PCPs’ judgments of illicit substance use was 71.1% and specificity, 66.7% (Kappa score 0.37, p<0.001). PCPs were more likely to think that younger patients (Adjusted odds ratio (AOR) 0.89, 95% CI 0.84-0.97), African American patients (AOR 2.53, 95% CI 1.05-6.07) and those who had used illicit substances in the past year (AOR 3.33, 95% CI 1.35-8.20) had misused opioids. Younger (AOR 0.94, 95% CI 0.86-1.02) and African American (AOR 0.71, 95% CI 0.25-1.97) patients were not more likely to report misuse, whereas persons who had used illicit substances were (AOR 3.01, 95% CI 1.04-8.76).

CONCLUSION:

PCPs’ impressions of misuse were discordant with patients’ self-reports of opioid analgesic misuse. PCPs incorrectly used age and race as predictors of misuse in this high-risk cohort.

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Database: Ovid Healthstar <1966 to September 2015>, Ovid MEDLINE(R) <1946 to November Week 1 2015>, Ovid OLDMEDLINE(R) <1946 to 1965>, Ovid MEDLINE(R) Daily Update <November 13, 2015>, Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations <November 13, 2015>
1. Search Strategy:

2. "Chronic Pain/ (10305)

3. (chronic adj3 pain).ab,ot,ti. (72310)

4. exp Opioid-Related Disorders/ (34874)

5. (primary adj3 care).ab,ot,ti. (188787)

6. Primary Health Care/ (120751)

7. "homeless*".ab,ot,ti. (14384)

8. exp Homeless Persons/ (14299)

9. marginally housed.ab,ot,ti. (165)

10. exp physicians, family/ or exp physicians, primary care/ (33283)

11. Opiate Substitution Treatment/ (2850)

12. "opiate* addict*".ab,ot,ti. (2295)

13. "opiate* depend*".ab,ot,ti. (2275)

14. "opioid* depend*".ab,ot,ti. (5473)

15. "opioid* addict*".ab,ot,ti. (1593)

16. 1 or 2 (74761)

17. 4 or 5 or 9 (251249)

18. 3 or 6 or 7 or 8 or 10 or 11 or 12 or 13 or 14 (56970)

19. 15 and 16 and 17 (171)

20. remove duplicates from 18 (75)

21. limit 19 to english (74)

22. limit 20 to last 2 years (26)
3. Although the authors provide an over-arching paradigm for understanding chronic pain, they do not provide the operational definition of chronic pain that is used in the paper or for the analysis. The problem that results from this omission, is a blurring of physical pain with psychological or emotional pain that greatly weakens the paper overall. Chronic pain is defined in the first sentence of the first paragraph in the background. It was part of an opening sentence and I have made the definition much more explicit. This definition allows for the exploration of new paradigms on the experience of chronic pain which I explore in paragraph 2 of the background.

4. The Methods section should include a description of the informational domains or areas of inquiry that were included in the semi-structured interviews they conducted.

Thank you. These have been added in the Methods section, paragraph 1, sentence 4

5. All of the survival sex workers who were interviewed experienced pain and were also polydrug users. It would be most informative to know if in any case, the chronic pain preceded onset of illicit drug use, or to conduct comparative interviews with other survival sex workers with chronic pain who were not illicit drug users as a comparison. I am also intrigued by the concept of what came first, the addiction or the pain experience. However, as this was exploratory and open ended, many participants were unable to map out this timeline. The information they gave portrayed a lifelong history of physical, sexual and emotional abuse, sometimes with direct injuries that they could identify as the start of their chronic pain experience. For most of these women, this happened at an age less than 10 years old. Many had already been exposed to alcohol, nicotine and marijuana by that age. I cannot draw valid conclusions about these inferences based on the information provided by the participants although it would be valuable to study in the future.

6. Overall, because the subjects who were interviewed are such a small sample of homogeneous women, all of whom are already doubly-stigmatized by their occupation and substance abuse, their experience of chronic pain becomes somewhat lost overall and the paper leaves more questions than are answered. I appreciate this comment and know that you understand the complexity of working with a marginalized population. This paper did not seek to provide answers. The purpose was to provide a forum for community-based research, loosely based on participatory action research, but by no means that definition as we were limited by timing and funding. However, the essence of this research was to explore a topic identified by the population in a way that the population wanted to explore it and not to provide a prescription to medical professionals for how to deal with female survival sex workers with chronic pain. This research is merely an attempt to open the door to a discussion between a capable and competent group of women advocating for access to healthcare on their own terms.
Reviewer 2 Comments [Ann Berger]:

Thank you for your time and effort spent reviewing this manuscript. It is greatly appreciated. I have addressed the details of thematic analysis in the methodology section and have included it here as well:

Significant statements were grouped according to common themes using manual analysis techniques generating initial codes by hand and combining codes into overarching themes.

I have defined saturation in the methodology section. Thank you for suggesting this:

Suggestions from the staff resulted in new themes and the transcripts were again reviewed until saturation of these themes was achieved, the point where no new information was obtained from subsequent interviews.

I have attempted to clarify inclusion and exclusion criteria and the population that was finally included in data analysis here:

A purposeful sample of fifteen eligible participants was identified by staff and met inclusion criteria. Two participants did not attend their scheduled interview with the remaining thirteen participants, aged 42 – 56 years old (mean age 50) giving informed consent to participate in qualitative interviews about their chronic pain experience. Two consenting participants demonstrated active psychosis and their interview data was not included in the analysis. A total of eleven interviews were analyzed.