

Pharmacists' support in pain management across genders

Report from a FIP insight board

2023



Colophon

Copyright 2022 International Pharmaceutical Federation (FIP)

International Pharmaceutical Federation (FIP)
Andries Bickerweg 5
2517 JP The Hague
The Netherlands
www.fip.org

All rights reserved. No part of this publication may be stored in any retrieval system or transcribed by any form or means – electronic, mechanical, recording, or otherwise without citation of the source. FIP shall not be held liable for any damages incurred resulting from the use of any data and information from this report. All measures have been taken to ensure accuracy of the data and information presented in this report.

Authors:

Nour Eltahla, FIP projects coordinator for equity, sustainability policy and development
Ruben Viegas, FIP practice development and transformation projects coordinator

Editor:

Catherine Duggan, FIP CEO

Recommended citation:

International Pharmaceutical Federation (FIP). Pharmacists' support to pain management across genders: Report from an international insight board. The Hague: International Pharmaceutical Federation, 2023.

Cover image:

iStock | [istockphoto.com](https://www.istockphoto.com) | Anut21ng

Contents

Acknowledgements.....	3
Introduction.....	4
Participants.....	5
1 General approaches and differences in practice in gender pain identification.....	6
2 Types of training tools and materials to understand pain management.....	8
3 Challenges and opportunities in pain management between genders in pharmacy	10
4 Conclusions	12

Acknowledgements

FIP acknowledges the expert participants, moderators, staff and interns who contributed to the delivery of this international roundtable report.

FIP also acknowledges that this insight board was supported through unrestricted funds from Reckitt.



Introduction

This report outlines the main insights captured during a roundtable discussion that took place during the 81st FIP World Congress of Pharmacy and Pharmaceutical Sciences in Brisbane, Australia, in 2023. It builds on the lessons learned regarding gender pain gap insight board discussions held at the FIP Congress 2022 in Seville, Spain, presented in the publication [“The role of pharmacists in closing the gender pain gap: Report from an international insight board”](#).

Pain is a common condition that affects millions of people globally, independent of gender. Since the ultimate goal of pain management is to provide optimal patient-centred treatment, gender-specific treatment may be warranted and needed for specific situations. Although there have been suggestions for the biological and psychosocial factors underlying differences between the responses to pain of men and women, the knowledge gap remains.

This insight board sought to explore how pharmacists can be further involved in pain management in both men and women, including screening for pain-related condition, opportunities for interventions and training needs for pharmacists.

Questions asked in this insight board aimed to capture differences in practice models, training and education preferences and future challenges:

1. What are the general approaches you conduct in your practice regarding the identification of pain in men and women? What are the main differences and similarities?
2. What types of training materials could be useful to further understand the topic of pain management in both men and women? Would you have any specific preferences on learning formats or contents?
3. What are the challenges and opportunities for pharmacies to manage pain conditions in both men and women? How would this topic look five or 10 years from now?

Pharmacists play a key role in pain management, including medication counselling and referrals, and thus they must be unbiased but also be gender-responsive in pain management during their practice. Gathered insights highlight the presence of gender differences in pain experiences and pain management across pharmacy practice settings around the world. Insights from the participants and any quotes published in this report remain non-attributable and anonymous.

It should be noted that the views expressed during the insight board are those of the individuals based on their expertise and experience. They do not represent FIP policy or positions, although they may build on existing positions and statements. Reports from FIP insight boards seek to provide qualitative viewpoints and descriptive observations, not generalisable or global or fully evidenced reports. These findings can inform further policy development or confirm positions already held but they do not occupy the status of a full FIP report. FIP will use the insights in this report to consider what further support will be required by pharmacists to support evidence-based decision making and appropriate patient-centred care.

Participants

Co-chairs		
Parisa Aslani	FIP vice president and FIPWiSE executive sponsor at FIP Bureau	Australia
Raj Vadja	FIP Community Pharmacy Section executive committee member	India
Sham Moodley	FIP Community Pharmacy Section executive committee member	South Africa

Facilitators		
Nour El Tahla	FIP projects coordinator for equity, sustainability policy and development	FIP team
Ruben Viegas	FIP practice development and transformation projects coordinator	FIP team

Note takers		
Jorge Schlotke	FIP Community Pharmacy Section executive committee member	Argentina
Masha Pouranayatihosseinebad	FIP Congress volunteer	Australia
Souhayel Hedfi	FIP Congress volunteer	Tunisia

Insight board participants		
Andrew McLachlan	Head of school and dean of pharmacy at the Sydney Pharmacy School	Australia
Certina Ho	Assistant professor at the Leslie Dan Faculty of Pharmacy, University of Toronto	Canada
Dermot Twomey	President of the Irish Pharmacy Union	Ireland
Gonzalo Miguel Adsuar-Meseguer	Community pharmacist, FIP Early Career Pharmacist Group representative	Spain
Jack Collins	Community pharmacist and executive committee member of FIP Social and Administrative Pharmacy section	Australia
Jonathan Penm	Pharmacist and senior lecturer at the University of Sydney; secretary, FIP Hospital Pharmacy Section	Australia
Joyce McSwan	President of the Australian Pain Society/PainWiSE Founder	Australia
Leticia Caligaris	Community pharmacist lead; executive committee member of FIP Community Pharmacy Section; member of Pharmacist Association of Uruguay	Uruguay
Linas Bertasius	Pharmacist at Gintarine pharmacy	Lithuania
Melissa Gannon	National pharmacy support manager, Priceline pharmacy	Australia
Rula Darwish	Dean and professor, Faculty of Pharmacy, University of Jordan	Jordan
Simone Eksteen	Pharmacist, Eksteen Pharmacy	South Africa
Steve D'Silva	Pharmacist, Hume City Pharmacy	Australia
Tammy Chetty	Head of compliance and responsible pharmacist, Adcock Ingram	South Africa

Observers (Reckitt representative)		
Adrian Shephard	Global medical marketing director, Reckitt Benckiser	UK
Bana Moussa	Medical affairs and registered pharmacist	Australia
Bill Laughy	Senior medical scientist	UK
Catherine Panwar	Director, medical copywriter & creative, Panwar Health	Australia
Claire Johnston	ANZ HCP marketing manager	Australia

1 General approaches and differences in practice in gender pain identification

Patients are generally different in the way they approach pain and express the pain they feel. It seems that there are different approaches on how women and men express what they feel, besides factors such as age and comorbidities. Men might be less precise in expressing the pain they feel while women might be perceived as overexpressing the pain they feel. Women might be more likely to suffer chronic pain such as osteoarthritis. Furthermore, women might go more regularly to a pharmacy in some countries, for example for endometriosis, while men go to a GP at first instance, as they might perceive pain situations as more severe.

"I see a lot in my practice from pain clinic where there are a lot of women, and they are more open to accept us. Pharmacists see women as the highest buyers for things such as supplements for pain for themselves and their families."

"Women in pain are taken less seriously than men. For example, I see community pharmacists giving higher doses to women than men."

"Male patients seem keener to get rid of the pain as soon as possible while women are more conversational trying to understand where the pain comes from."

There might be additional layers of bias inside gender due to ethnicity or race. This can create an additional problem for healthcare professionals as this bias might also not be very obvious to most of them when dealing with patients with these characteristics.

"Race within gender impacts as black people are not taken seriously when describing their pain, especially in hospitals."

Pharmacists themselves might also provide advice differently depending on their gender. This can be further detailed as we can have multiple options depending on the gender of the pharmacist and the patient, posing even more questions on what these different interactions could mean in terms of individual bias.

"A male pharmacist would give more options and a broad care while women would be more detail oriented and ask more thorough questions."

"Some communities might be more comfortable speaking toward a specific gender."

Pharmacists usually have good relationships with patients based on a solid foundation of trust and partnership. Using these relationships, pharmacists can highlight a need that patients have for confidentiality, and this can lead to further conversations about pain and ultimately better outcomes in pain management. Correct wording of key messages can be an important step in ensuring patients receive the information needed in the most amenable way possible for them.

"There are more similarities than differences concerning the interactions and how we communicate as we are starting to have this conversation. It is only now that we are realising that there are differences to be understood."

"Ask patients about previous experiences with pain, they will most likely explain you their experiences. You can ask if it is as bad as dental pain or birth pain as they will want some kind of association."

Other specific insights focused on how pharmacists explore pain conditions together with patients. Some pharmacists might ask some exploratory questions from a comprehensive approach on how the pain is affecting their daily routine (in bio-psycho-social levels) and this might lead to increased confidence in getting a better grasp of the patient's situation. Furthermore, some pharmacists might be familiar with some tools such as pain scales where a patient self-reports the pain felt at that moment.

"We need to use different approaches and tools for different types of pain."

“Men and women use different phrases and terminology; it is up to interpretation.”

Inequalities in access to care and services for pain management was another insight discussed by participants. Whereas in more urban areas patients might have easier access to pain relief medicines, in more rural areas the limited access to some options might mean patients living more with pain or seeking alternative options for pain relief, such as natural products that are more accessible.

“There is inequality in access to care. People that are farmers have no time to go to the city, it’s just a very different lifestyle.”

Generally, pharmacists in this discussion identified differences in the management of pain across genders and identified how pharmacists can be aware of some of these situations in a practical context. Further points on gender differences in pain management are pointed out in Chapter 2.

2 Types of training tools and materials to understand pain management

One of the most common approaches to assessing a patient's pain in a direct consultation is to use a scale. These scales can be of different types but are usually a visual scale where patients can indicate their pain at a certain moment (e.g., from 1 to 10). This approach is useful as it can be used in different moments, and pharmacists can compare the pain before and after a treatment. For example, a score of 7 before analgesic treatment may have changed to a 4. A barrier that was pointed out is that pharmacists might be quite busy or not remember to use such tools.

"You can use the pain scale (0–10) better after treating the pain and see how the pain improved rather than identifying the pain at first glance and initiate the pain killer."

"There is a designated time to use the scale. Pre-treatment, before and after treatment."

Another common way to assess pain is using open-ended questions that allow patients to explain their pain in a more detailed way and in their own words. This can be followed with a support diagram that contains a human silhouette and individuals can clearly point to the specific area where the pain is affecting them. Since pain is a subjective experience, these methods can help pharmacists explore aspects that might be contributing to the pain, and therefore treat the pain as a whole, leading to a process of shifting between a subjective and objective pain assessment.

"What about identifying underlying causes and undercover links related to pain and what can be behind it, what other symptoms. not focus on the pain itself."

Further, questions that are focused on the individual aspects of daily life might pose a simple way to understand if the pain is hindering a patient's life. These questions might also be targeted from a gender perspective as there are occupational roles and responsibilities that are often more attributed to one specific gender (e.g., working in a construction setting).

"More comprehensive questions are better to ask. Identifying contributing factors is the most important."

"Are we using different tools/questions to differentiate pain in men and women? Maybe not."

Pictograms can also be useful tools to help explain a simple concept and therefore support pain management through clear indications. These can be especially useful in cases of low health literacy or when language might be a barrier.

"You can produce materials thought to avoid language barriers, for example through colours and images."

Another relevant insight shared by participants focused on the lack of assessment from pharmacists in some situations. Due to other conflicting tasks in the pharmacy, it can be sometimes difficult to proceed to a long assessment of a situation that can take several minutes, and pharmacists might opt to do a shorter conversation and provide a medicine as a tool for pain relief. Sometimes patients might also be more keen to get out of the pharmacy quickly and not be receptive to information given by the pharmacist.

"Pharmacists sometimes do not ask any questions just before supplying any of the painkillers. This can be a problem as the prolonged use of some of the medications can create side effects and harm to patients."

One aspect of pharmacists' education that can support the development of pain assessment skills is the inclusion of role play simulations. These can support the identification of key issues that can also be gender dependent and support pharmacists in being ready for when a real person with a real problem comes to the pharmacy. This can be further strengthened using specific cultural training that can add layers of complexity depending on the national and local needs. FIP and other pharmacy organisations can also provide short pieces of content that pharmacists can use in their continuous professional development.

“A simulation, training the pharmacist about situations that happen daily, can be great. Getting feedback on the role play can also help.”

“The culture and environments in which the pharmacist [practises] impacts the perception of pain. An example is giving birth, as the culture impacts how pain is dealt with.”

“Co-create the training with the patients within the training. We all know the pharmacotherapy, but we need to understand the habits of that community or the culture behind it to customise it.”

Other tools such as emotional intelligence can be important agents that pharmacists can use to understand more than just the pain and how it impacts life. These communication and self-management skills can be an important add to the conversations pharmacists have with the individuals in front of them and might allow them to capture nuances in the speech and other non-verbal cues that can support the decision making (e.g., if the individual shows signs of fear when describing the pain, it could be linked to a violence situation).

“Having more communication skills than just pharmacotherapy can be useful. It is important to identify the barriers regarding gender and sensitive topics that might be delicate to be shared between men or women, or pharmacists.”

“In Australia we ask the patient if they are comfortable talking about their pain.”

A self-care approach using both non-pharmacological and pharmacological education might be a preferred approach for some participants. This can support an individual's pain journey as they will visit multiple healthcare professionals in the management of their pain. Allied professions such as general practitioners and physiotherapists should work collaboratively for the best interests of the patient.

“What about including other health professionals? Asking them for their inputs. Defining a collaboration protocol.”

There is still room to develop more tools for the assessment of pain across genders that can consider the multiple factors described in this chapter. An approach that focuses on social sciences and disciplines can add to these insights and help understand what pieces of information can be useful for pharmacists when assessing pain across genders.

3 Challenges and opportunities in pain management between genders in pharmacy

Patient expectations regarding the management of pain can be a crucial factor to the success of many treatments. One of the aspects patients mentioned was the use of the word “painkiller” as it can create an unreasonable expectation of the effect of those medicines. This can be a challenge on the management of such expectations and might lead to a more difficult pain management.

“The person that has already looked on the internet can be a great barrier.”

Another challenge pointed out by the participants in this discussion was the danger of the overuse of medication. This can be especially important in some specific medicines categories such as opioids. In some countries, there might be a reluctance from patients to go to a doctor, so patients might also look for alternative sources for pain management. Patients with chronic pain might prefer to ask pharmacists by having a quick conversation with them.

“People have to know the pharmacist is prepared to help.”

Further, a challenge to pain management is the lack of time to do a thorough assessment of pain. Financial interests of pharmacy owners can also be a factor that puts pressure on working pharmacists, which may lead to some bias. One participant pointed out that the act of selling does not necessarily need to hinder pain management as there are supplements and devices that might support patients in their pain journey.

“Some pharmacists just want to do it fast as they have more things to do.”

Sometimes patients have different comorbidities, and they might prioritise the management of their other conditions before they tackle their pain. Further, they might base this priority on the cost and accessibility of some of the treatments.

“Create patient loyalty and build rapport. It is an opportunity to make sure patient is safe and is getting better.”

“Sometimes the best treatment is too expensive and patients cannot afford it.”

Some opportunities include advocating for patients to support self-care. This can be done through the availability of resources that can support the implementation of strategies for pain management that can also include non-pharmacological options. The pharmaceutical industry could be a partner in the provision of scientific-based resources to support pharmacists in their practice.

“There is an opportunity about health literacy, as pharmacists can play a great role in educating the patient.”

Further specialised training might provide tools for pharmacists to be more confident in managing pain across genders. More information on using non-pharmacological methods could also help pharmacists to provide more options to patients on how to manage their pain.

Interprofessional collaboration is another opportunity to provide a more holistic approach to pain management. Collaborative practice models with defined protocols can be useful to ensure a smooth transition between healthcare settings.

“Some patients have an extensive history and we do not know about it, especially the former encounters with other healthcare professionals, making it difficult to assess patients.”

“The best opportunity is to advocate for the pharmacist to be able to orient toward other healthcare professionals with a clear process and criteria, it is a main opportunity to show a good role of the pharmacist.”

“Referral is not that accessible; pharmacists have to be linked to GPs and how it works to ensure a smooth referral programme.”

Pharmacist can also benefit from tools that support them in patient triage and with their own time management. The use of digital health tools and health records could facilitate pain management and ease some of these processes.

“There is a need of more documentation, including an app to monitor pain level. Maybe there is an OTC medication that is also there.”

“It’s essential to have access to the patients’ clinical story.”

Future perspectives include the use of artificial intelligence to support the daily work of pharmacists. Tools such as chatbots and other support systems can support pharmacists in identifying situations for gender pain management.

“In 10 years, what can be the role of pharmacies? Maybe filling the gap between what an AI can do, and a person can do.”

“Would pharmacists have a more important role in pain management in the future? Will we be able to prescribe or have more responsibilities?”

Future perspectives also might include the need for personalised medicine that can be used for specific conditions related to pain in men and women. This might help patients feeling more comfortable in seeking care, that can be especially important to women.

“Patients will see pharmacy as the first option for trusted advice on pain management.”

4 Conclusions

Gender pain is an issue where pharmacists can play a key role. They can support medication advice but also support with referral or support with other options to support pain management. Pharmacists' biases could impact how they deliver care for their patients and impact the options they can offer to both women and men. This report aligns with the FIP Equity Rx workstream, specifically, FIP Development Goal (DG) 10 (Equity and equality), alongside DG18 (Access to medicines, devices and services), DG15 (People-centred care) and DG7 (Advancing integrated services).

There are differences in the way men and women express their pain and this influences how they might seek support from healthcare professionals. Bias can also be found in race, ethnicity, and sociodemographic and other social factors that can deepen the complexity of this topic. The trust patients have in pharmacists can be a lever to enable conversations about pain management and bridge the adequate support for each situation, as inequalities in access to care might hinder people in managing their pain.

There are different tools used by pharmacists, such as pain scales. There is still a lack of tools that assess pain for each gender and that provide further information and support for pharmacists to use in their daily practice. Other tasks and commitments in the community pharmacy might also hinder pharmacists from engaging in adequate assessments for pain and they might not notice some available cues in different situations. Further strengthening of pharmacists' awareness of pain linked to gender might support identification of more situations that are probably going unnoticed.

Patient expectations and use of medication can be other factors that might prove to be a challenge for pain management. These are just a couple of examples that might hinder patients in comfortably navigating their pain journey across multiple healthcare providers. There are opportunities for pharmacists to advocate self-care and strengthen their position as providers of care to patients regardless of their gender. Future perspectives that use advanced technologies may support the contributions pharmacists can make in this area.

While pharmacists are already in place for the provision of self-care strategies, more focus can be added to aspects of pain management with a focus on social determinants, including gender. The provision of care is an essential step towards achieving universal health coverage and ensuring that no one is left behind in access to health care.

International
Pharmaceutical
Federation

Fédération
Internationale
Pharmaceutique

Andries Bickerweg 5
2517 JP The Hague
The Netherlands

-
T +31 (0)70 302 19 70
F +31 (0)70 302 19 99
fip@fip.org

-
www.fip.org