

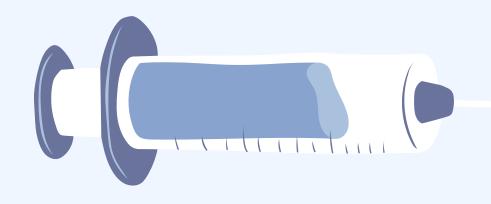
- This presentation covers the differences in how men and women experience and manage pain.
- It explains that hormones, brain responses, and social expectations play a role in these differences. Women often report more severe pain and are more likely to have chronic pain conditions than men.
 - We will also discuss how pain treatment can vary by gender, with women sometimes receiving less effective care and reacting differently to pain medications.
 - Finally, we will also offer ideas on how to improve pain management for everyone.



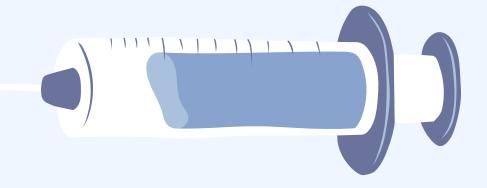
Target Audience

Medical Professionals & Why They Need This Info:

- Enhanced Patient Care: Understanding the gender pain gap helps medical professionals tailor pain management strategies to better address the specific needs of male and female patients.
- <u>Diagnostic Accuracy</u>: Awareness of gender differences in pain perception and reporting can improve diagnostic accuracy and avoid misdiagnoses based on gender biases.
- <u>Treatment Protocols:</u> By recognizing how gender can affect pain responses and medication efficacy, professionals can adjust treatment protocols for more effective management.



Factors



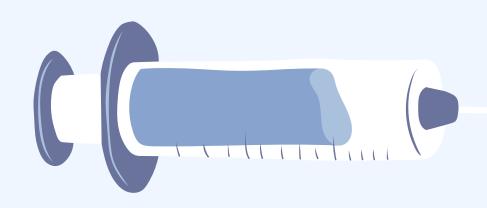
Men and women experience pain differently due to a mix of biological, neurological, and social factors. For example, hormonal changes can make women more sensitive to pain, especially at certain times in their menstrual cycle. Also, studies show that women's brains react more strongly to the emotional side of pain, which can make it feel more intense. On top of that, social expectations play a role—men are often taught to tough it out, while women tend to seek help and talk about their pain more openly. All these factors mean that men and women may need different approaches to pain management, which is something we need to consider more in research and treatment.



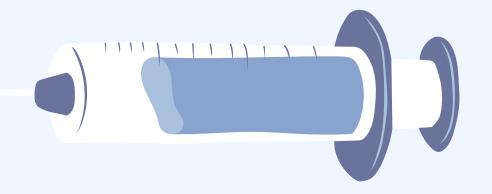
Pain treatment differs by gender, with women often receiving less effective care due to differences in pain perception, reporting, and medication responses, highlighting the need for gender-specific approaches to ensure equitable management.

Case Studies on the Gender Pain Gap

- 1. <u>Hospital Pain Assessment Disparities:</u> Women are 10% less likely than men to have their pain levels assessed upon hospital arrival and wait about 30 minutes longer for medical attention. They are also less frequently given pain medication, partly due to bias that minimizes women's pain.
- 2. <u>Delayed Diagnosis of Heart Attacks in Women:</u> Women in the UK are about 33% less likely to receive a coronary angiogram after a severe heart attack, leading to higher mortality rates and more frequent misdiagnoses compared to men.
- 3. Endometriosis Underdiagnosis: Affecting about 10% of women globally, endometriosis is often underdiagnosed, with only 20% of cases identified in the U.S. and diagnoses taking over seven years, particularly among Black women.
- 4. <u>Autism Diagnosis Differences</u>: Autism is diagnosed three times more frequently in boys than girls. Girls often receive a diagnosis later or not at all due to differing symptom presentations and societal expectations.
- 5.<u>ADHD Misdiagnosis in Women:</u> ADHD diagnoses in women have increased significantly between 2020 and 2022, but women are still diagnosed less frequently than men. Their symptoms often differ, leading to delayed diagnoses.
- 6. <u>Autoimmune Diseases</u>: Women, who make up 80% of autoimmune disease patients, often face a lengthy diagnostic process averaging five years, partly due to unique biological factors.
- 7. <u>Antimicrobial Resistance (AMR) and Women:</u> Women face higher exposure to antimicrobial resistance due to higher antibiotic use, healthcare work, and childbirth conditions, highlighting the need for gender-sensitive monitoring.



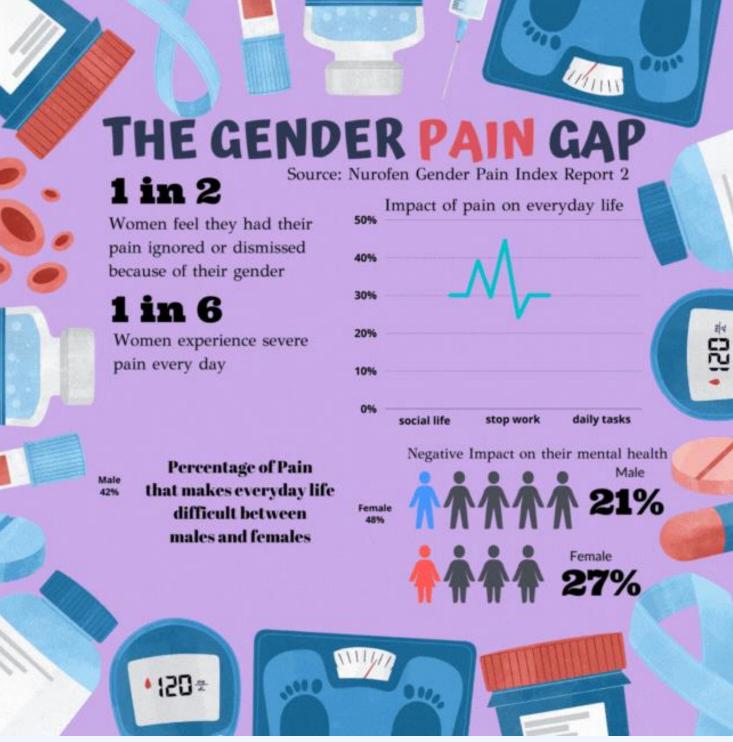
Diagnosis



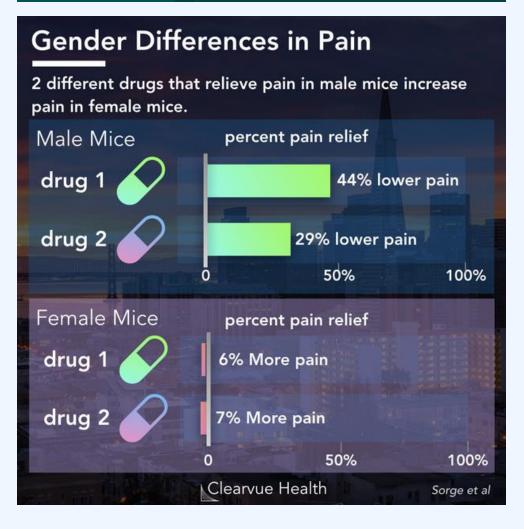


OVER 1 IN 2 WOMEN FEEL THEIR PAIN WAS IGNORED BECAUSE OF THEIR GENDER





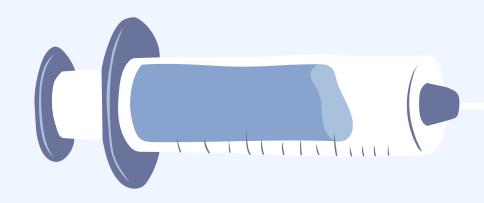
In addition to feeling pain more intensely, women are also at a higher risk for developing chronic pain conditions.



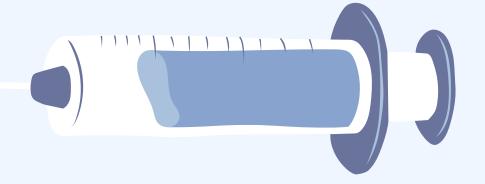
Treatment

- Women in pain are more likely than men to receive sedatives instead of pain medication.
- Women who undergo coronary bypass surgery are half as likely as men to be prescribed painkillers.
- Women wait an average of 65 minutes for analgesics for acute abdominal pain in the ER, while men wait only 49 minutes.
- A 2000 study found that women are seven times more likely than men to be misdiagnosed during a heart attack.
- 70% of people with chronic pain are women, but 80% of pain studies are conducted on male mice or human men.
- Women tend to experience pain more frequently and intensely than men.
- Chronic pain treatment for men is sometimes based on perceptions, such as self-reinforcing pain, while women often require individualized medical treatment for clearly definable conditions (e.g., endometriosis, rheumatoid arthritis, multiple sclerosis).
- Applying blanket pain treatment solutions primarily based on male-focused studies can be harmful to women.





Treatment



1993

women were no longer banned from participating in clinical trials



25%
less
likely

to be prescribed pain
relief than men



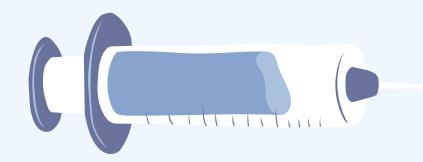
70%

of people who suffer from chronic pain are women, yet 80% of chronic pain study participants are men One study found that women were 1.6 times more likely to receive insufficient care for chronic pain due to gender-related disparities in pain perception and clinician bias.

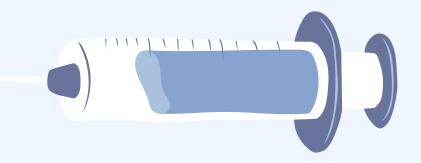
Conclusion



In conclusion, the article underscores the critical need to acknowledge and address the gender disparities in pain management. It highlights that women often experience more severe and chronic pain than men but receive less effective treatment due to biological, psychological, and societal factors. By examining these differences and the current gaps in research and medical practices, the article advocates for more personalized and equitable approaches to pain management that consider the unique needs of both men and women, ultimately improving care and outcomes for all patients.



References



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