

ASSOCIATION OF NURSES IN AIDS CARE

POSITION STATEMENT

Pain Management for Persons Living with HIV/AIDS

Adopted by the ANAC Board of Directors January 2005
Reviewed and Revised by the ANAC Board January 2007

Position:

It is the position of the Association of Nurses in AIDS Care that:

- ***All persons with HIV/AIDS, including those with substance abuse problems past or present, have the right to receive expert, compassionate assessment and treatment of their pain, based on evidence based practice.***
- ***Nurses must advocate for pain management for HIV infected persons and should serve as integral members of multidisciplinary pain management teams.***
- ***HIV infected persons, including substance abusing persons, should be included in pain management research.***

Statement of Concern:

Since the advent of highly active antiretroviral therapy and prophylactic treatment for opportunistic infections, the natural history of HIV has transformed to a chronic illness often resulting in long term somatic and neuropathic pain, as well as other types of pain that accompany aging (Peretti-Watel, et. al., 2004). Pain has an impact on quality of life and health; therefore it is essential that individualized, comprehensive treatment of pain be included in the treatment plan for each person living with HIV/AIDS (Dobalian, Tsao, and Duncan, 2004).

Background:

Pain management is one of the specific components of palliative care for the person with HIV/AIDS and is needed for quality of life (HIV/AIDS Bureau, HRSA, 2005). Disadvantaged populations, including intravenous drug users and other substance abusers, the less educated, persons of ethnic minorities, the unemployed, and women may report more pain, but face more barriers to adequate pain management (Dobalian, Tsao, and Duncan, 2004; Passik, Kirsh, Donaghy and Portenoy, 2006). A study by Passik (2006) and colleagues found that in comparing AIDS patients to cancer patients, patients with AIDS and pain and histories of substance abuse had higher global distress, higher rates of depression and anxiety, greater pain interference in daily functioning and lower pain relief from analgesics. Lower percentage of pain relief correlated with taking higher doses than prescribed, possible street drug use and using opioids to relieve other symptoms. This reinforces past data that documents the under treatment of pain in persons living with HIV/AIDS. All health care providers providing HIV/AIDS treatment should utilize tools such the Chronic Pain Toolkit (National Resource Center, AETC, 2006), palliative care and primary care guides for HIV nurses and clinicians such as those available from US Department of Health and Human Services HIV/AIDS Bureau (2005). More research for pain in HIV/AIDS is needed.

References:

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- Peretti-Watel, P., Bendiane, M. K., Galinier, A., Lapiana, J. M., Favre, R., Pegliasco, H., Obadia, Y., and the South Eastern France Palliative Care Group. (2004). Opinions toward pain management and palliative care: comparison between HIV specialists and oncologists. *AIDS Care*, 16, (5), pp. 619-627.