Pain Management for Persons Living With HIV/AIDS

Position

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

- All persons with HIV/AIDS, including those with addictive disorders, past or present, have the right to receive expert, compassionate assessment and treatment of 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 people with addictive disorders, 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, & Duncan, 2004).

Background

Pain management is one of the specific components of care for the person with HIV/AIDS and is needed for quality of life (Bartlett, Cheever, Johnson, & Paauw, 2004). Disadvantaged populations, including people with addictive disorders, the less educated, persons of ethnic minorities, the unemployed, and women may report more pain, but face more barriers to adequate pain management (Dobalian et al., 2004; Passik, Kirsh, Donaghy, & Portenoy, 2006). A study by Passik and colleagues (2006) found that in comparing AIDS patients to cancer patients, patients with AIDS and pain and histories of addictive disorders had higher global distress, higher rates of depression and anxiety, greater pain interference in daily functioning, and lower pain relief from analgesics. A lower percentage of pain relief was correlated with taking higher doses than prescribed, possible street drug use, and using opioids to relieve other symptoms. This reinforced data that documented the undertreatment of pain in persons living with HIV/AIDS. All health care providers providing HIV/AIDS treatment should utilize tools such as the Chronic Pain Toolkit (Trimble, 2008), and palliative care and primary care guides for HIV nurses and clinicians such as those available from the U.S. Department of Health and Human Services HIV/AIDS Bureau (Bartlett et al., 2004; O’Neill, Selwyn, & Schietinger, 2003). More research for pain in HIV/AIDS is needed.
References


