

can result in ineffective treatment. Doctors should develop cultural awareness to avoid potential biases and use structured assessments to limit misdiagnosis.

Source: *Ethnic/Racial Differences in Psychiatric Disorders: A Test of Four Hypotheses*  
Arthur L. Whaley, PhD, DrPH; Pamela A. Geller, PhD

## EXPLORING FACTORS TO AID IN PAIN AND ARTHRITIS MANAGEMENT

Arthritis is one of the most common chronic diseases in the United States, and is the leading cause of pain and physical disability, particularly among adults 65 years of age and older. Approximately 355 million people worldwide and nearly 43 million, or one out of six, Americans have arthritis. By the year 2020, approximately 7 million African Americans are expected to have some form of arthritis. The prevalence of arthritis among African Americans is greater than heart disease, chronic bronchitis, asthma, and diabetes.

Pain is the primary symptom of arthritis, which is often chronic, severe, and unpredictable. Defined as an unpleasant sensory and emotional experience, pain is not only a major health concern for individuals with arthritis, but is an important sign of physical disability and future pain experiences.

The level of the pain that comes with arthritis changes from person to person and is often a combination of the history of the illness, the duration of the medical condition, the location of the pain, the variability of daily pain, the number of painful days, the number of joints affected, physical changes, side effects of medications, and the racial and ethnic background of the affected individual.

Although the sensations of pain are universal, the meaning, attitudes, and responses to the pain experience differ across racial and ethnic groups. Many racial and ethnic groups have specific "rituals" that shape an individual's expectations and beliefs about pain, as well as ways to deal with the pain. For

example, differences in language, ways of understanding and expressing health and disease, preferred methods of healthcare management, the expression of pain, and the use of specific coping strategies are among the many factors that affect the experience of pain.

To understand the relationship between pain and arthritis, a study was conducted to examine the relationship of arthritis symptoms, pain intensity, age, gender, education, income, and various physical and mental health factors among a sample of 176 African Americans (50+ years of age). We found that joint pain, joint stiffness, joint swelling, limited joint movement, and muscle weakness were the most frequently reported arthritis symptoms. Pain was located most often in the knees, shoulders, hands, lower back, and hips. Greater pain intensity was also significantly related to reporting more depressive symptoms, pain locations, and chronic diseases.

Exploring the factors associated with arthritis and pain will help to identify the historical, social, economic, mental and physical health, and cultural factors that influence an individual's experience of the disease, as well as the coping strategies individuals use to fight its often crippling outcomes. Knowing these factors will help us understand more about the arthritis and pain experience, particularly among African Americans.

Source: *Arthritis Symptoms as Indicators of Pain in Older African Americans*  
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## DOES DISCRIMINATION AFFECT THE MENTAL HEALTH OF SUBSTANCE ABUSERS?

Studies over the past 10 years have shown that people who are mistreated have worse mental and physical health than people who have not experienced discrimination. Also, high-risk populations are at even more danger of discrimination.

In our study, we wanted to see if Black and Latino substance users had different experiences of discrimination and we wanted find out how they dealt with the discrimination. We recruited 500 Black and 419 Latino active substance users for the study. We asked all participants questions about the different types of discrimination they had experienced, such as discrimination about race, gender or substance use. We asked about where and with whom the discrimination occurred and what they did to deal with the discrimination.

We found that discrimination due to drug use happened

the most often for both Blacks and Latinos. Blacks said they experienced more discrimination due to not only drug use, but also due to race, poverty, gender, or sexual orientation than did Latinos. However, among the participants who reported discrimination due to drug use, Latinos said their family, friends, police, employers, and medical care professionals rejected them more often than reported by the Black participants.

It seemed that Blacks in this study actively responded to discrimination by trying to educate others about drug use, becoming angry, talking to the person mistreating them, or talking to others. Latinos, however, were more likely to not talk about the experiences and, instead, felt ashamed, avoided people, or did nothing about it.

This study showed that there are large differences in the

## FOR THE PATIENT

discrimination experienced by Black and Latino substance users and in how substance users dealt with mistreatment. These differences may help explain some of the ethnic differences in health among high-risk populations. They also suggest that programs that try to reduce the impact of discrimination may have to be different for different ethnic groups.

*Source: Racial Differences in Discrimination Experiences and Responses Among Minority Substance Users*

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## TREATING PAIN WITHOUT CAUSING COMPLICATIONS

As every rose is born in the lap of thorns, so are the non-steroidal anti-inflammatory drugs (NSAID), including aspirin. These drugs are among the most common medications used worldwide for the relief of pain and to control the disease process, particularly in diseases of muscles and joints. The benefits of these medications may be clouded by their complications, which may be severe enough to cause significant disease and even death especially in the elderly patients. Most available information in the literature is obtained from the general population, with little or no mention about African-American and Hispanic patients.

In this study, the authors reviewed the records of 304 African-American and 248 Hispanic patients, ages 65 to 101 years. Patients were classified according to age, race/ethnicity, gender, and use of these NSAID.

The most common complaints included abdominal pain, bleeding, abdominal discomfort, and difficulty in swallowing food. Some patients had no complaints until bleeding occurred. Bruises or ulcers of stomach and/or the intestine were found often among these patients. For patients with bleeding from the stomach, injecting medication during the examination of the stomach was successful in stopping the bleeding in about three quarters of the patients.

The main message from this study is that the elderly pa-

tients are at higher danger of serious complications from NSAID. However, increased awareness of the complications of these drugs, their proper use, and preventive measures may result in decreasing unfavorable complications and increasing favorable health outcomes.

Based on study findings, the authors recommend:

- Avoid the use of NSAID if possible. Ask your doctor for less toxic medications instead or supplemental preventive therapy. Avoid over-the-counter medications without first discussing their use with your doctor.
- Use NSAID in the smallest effective dose for the shortest time possible.
- If long-term treatment is required, ask your doctor to test you for the "ulcer-bug." If found, discuss its treatment with your doctor.
- Regular followup with your doctor. Report to your doctor immediately if you develop bleeding from the stomach, stomach pain, fainting, or any other unusual complaint while taking these drugs.

*Source: Upper Gastrointestinal Toxicity of Nonsteroidal Anti-Inflammatory Drugs in African-American and Hispanic Elderly Patients*

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