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facts about sex and gender disparities in pain



1

Pain prevalence is affected by sex

Research has shown sex-based differences in pain distribution. For example:

- girls have a higher prevalence of pain than boys, which increases into adolescence
- certain conditions only occur in one sex—eg, endometriosis, dysmenorrhoea, menstrual migraines and menopausal pain.



2

Pain biology and physiology differ between the sexes

Biological factors influence pain sensation, sensitivity and tolerability:

- differences exist between men and women in the effects of hormones, neurotransmitters and immunology on pain
- sex differences have been seen in the affective processing of pain.



3

Gender norms affect pain

Gender norms can influence the expression, interpretation and treatment of pain:

- men are expected to repress or ignore pain and have higher rates of suicide and opioid use
- women are more likely to experience invalidation and to be given antidepressants rather than analgesia.

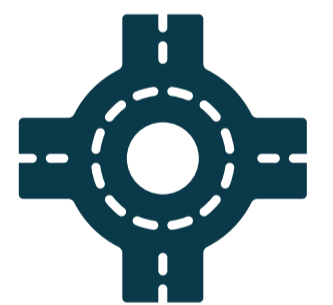


4

An intersectional approach can help address sex and gender disparity in pain

For optimal pain management, a culturally safe, patient-centred approach requires:

- validating every person's pain, regardless of the underlying condition
- viewing gender as a social determinant interacting with a range of factors
- exercising care when emphasising the differences between men and women.



5

Pain research has been male-biased from the start

Male experiences of pain and responses to treatment have long been considered the norm.

This could be overcome by:

- factoring in sex or gender influences on efficacy or application in therapeutic interventions
- factoring in sex/gender differences during studies to help extrapolate data from clinical populations to the broader population.



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