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The Impact of Chronic Pain on the Health of Black and White Men

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Persistent pain, disability, and depression are hallmarks for chronic pain. While disparities based upon race, gender, and class are documented, little is known about pain disparities in minority men. This investigation examines black (6.2%) and white (93.8%) men (N = 1650) presenting for initial assessment at a tertiary care pain center. Racial comparisons utilized analysis of variance; all variables of interest were then placed in a theoretical model using path analysis. The model included race, age, education, neighborhood income, marital status, litigation, substance use, and high blood pressure as predictors and pain, depression, affective distress, posttraumatic stress disorder (PTSD), and disability as outcomes. Black race was associated with lower neighborhood income, education and marriage rates, and higher rates of litigation and high blood pressure. Black men also had higher pain (affective and miscellaneous), disability, and depression. Path analysis found black race was a direct predictor of greater pain, and through pain, was an indirect predictor of depression, affective distress, PTSD, and disability. Path analysis confirmed the complexity of relationships and supported using techniques to understand these relationships. Our data highlight disparities in the pain experience for black men. They also elucidate potential mechanisms through which disparities work in vulnerable and understudied populations.

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Keywords

race/ethnicity; minority health; men's health; pain; health disparities

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