



ESTABLISHING A NATIONAL
WOMEN'S HEALTH STRATEGY FOR
2020 TO 2030

November 2018

About Painaustralia

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain. Members include pain and other specialists, health practitioners, health groups, consumers and researchers. Painaustralia works with our network to inform practical and strategic solutions to address this complex and widespread issue.

Executive Summary

Painaustralia welcomes the opportunity to provide input to the Department of Health consultation on the Draft National Women's Health Strategy for 2020 to 2030 (the Draft).

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain. Members include pain and other specialists, health practitioners, health groups, consumers and researchers. Painaustralia works with our network to inform practical and strategic solutions to address this complex and widespread issue. The issue of advancing the health of Australian women is of significant interest to us and our membership.

Painaustralia has been involved in the ongoing consultation on this subject, participating in the National Women's Health Forum held on 8 August 2018 to identify actions that could be implemented to help address the issues that affect women and girls (from pre-conception to end of life).

As noted in the Draft Strategy, many women remain disadvantaged, with greater health needs, lower access to quality health care and poorer health outcomes. Forty four percent of the burden of disease in females is from cancer, musculoskeletal conditions, and cardiovascular disease, with pain a common element across these conditions.

Along with an overrepresentation across chronic conditions, there are other significant issues that have an impact on women's health including the prevalence and their experience of pain, the impact of the carer role as well as social and economic exclusion.

It is important that the Women's Health Strategy explicitly acknowledge the role chronic pain plays in poor health outcomes for women. It is also important to advance the National Strategic Action Plan on Pain Management as a critical vehicle to improve the quality of life of millions of women living with pain, their families and carers and to minimise the social and economic burden of pain on individuals and the community.

Understanding Pain

One in five Australian adults are estimated to live with chronic pain (defined as daily pain for more than three months, experienced in the last three months).¹ This is consistent with global estimates.²

Pain is common, with 67% of Australians reporting experiencing bodily pain in the last four weeks of 2007- 08. Around one in ten Australians experience severe or very severe levels of pain.³

The rates of chronic pain are on a par with the prevalence of mental illness in Australia,⁴ yet pain remains neglected and misunderstood as a public health issue.⁵

Pain conditions are widespread, with 30% of the population or 6.9 million Australians reporting arthritis in 2014 -15, back pain was the third leading cause of disease burden in 2011 and one in 11 Australians reported osteoarthritis in 2011.⁶

Almost one in five of all general practitioner (GP) consultations involved patients who had arthritis, chronic back pain or both conditions, irrespective of whether the condition was managed.⁷

Key Issues

Prevalence and Experience of Pain

Psychosocial factors, such as gender roles, pain coping strategies and mood may influence how pain is perceived and communicated.⁸

There is still a lack of awareness/recognition of pain issues affecting women. Chronic pain affects a higher proportion of women than men; however, women are less likely to receive treatment.⁹ Research has shown that women generally experience more recurrent pain, more severe pain and longer lasting pain than men.¹⁰

Many people are unaware that certain pain conditions are more prevalent in women than in men. For example, fibromyalgia, a condition characterised by chronic widespread pain, is significantly more prevalent in women (80-90% of diagnosed cases are women). Other pain-related conditions that disproportionately affect women include irritable bowel syndrome (IBS), rheumatoid arthritis, osteoarthritis, temporomandibular joint disorder (TMJ), chronic pelvic pain and migraine headache.¹¹

Impact of Caring Roles

In 2015, there were 2.7 million unpaid carers in Australia, with more than two thirds of primary carers being female. While there are many positive aspects of caring, many of the negative impacts of caring are also more pronounced for female carers.

Research indicates that female carers experience higher rates of depression, anxiety and distress than male carers and report lower overall quality of life.¹² Female carers are also less likely than male carers to report positive aspects of their caring role. One key reason for this is unmet support needs. Female carers often report putting the needs of the person they care for above their own and, as a result, have less time for relaxation, socialising or focusing on their own health needs. It has also been suggested that this is exacerbated among women due to social expectations that make female carers feel inadequate in their role.¹³

Chronic pain is a leading cause of economic and social exclusion

Pain, particularly chronic or recurrent pain, deeply impacts on women's ability to participate in work, education or the life of their community. In addition, providing personal care can be a demanding task that is incompatible with a full-time job or with any type of paid employment.

Globally, the median period that a person lives with chronic pain is seven years,¹⁴ which presents a significant barrier to social and economic participation, particularly when there is often no known cure.¹⁵

Most women of working age (15–64) with disability and chronic back problems experience employment restrictions, with a substantial proportion permanently unable to work. International and Australian studies show that low back pain is a leading cause of work absence, inability to work and premature exit from the workforce, lost productive life years and receipt of disability benefit.¹⁶

Chronic pain and arthritis are two of the most common health conditions that cause premature retirement for people between the ages of 45 and 64, accounting for about 40% of cases - both associated with chronic pain.¹⁷

The daily challenges of chronic pain include decreased enjoyment of normal activities, loss of function and relationship difficulties.¹⁸ The vast majority (90%) of people with severe/very severe pain reported some level of interference with their normal work (both outside the home and housework) in the previous four weeks.¹⁹

The daily challenges of chronic pain that are commonly described include decreased enjoyment of normal activities, loss of function, role change and relationship difficulties.²⁰

As chronic pain is largely invisible, people living with pain can feel misunderstood and stigmatised by co-workers, friends, family, and even the medical profession.²¹ If their condition cannot be explained in the typical framework of biomedicine, women with chronic pain can find their personal legitimacy is compromised, and they can experience barriers to accessing income support, health care and other support services.

What Can Be Done To Reduce The Pain Burden?

As outlined above, women's health and pain conditions and their management is closely intertwined. It is important to ensure that both the National Women's Health Strategy and the National Pain Strategy have clear linkages to common goals.

The National Strategic Action Plan for Pain Management provides a roadmap to implement the National Pain Strategy through measures that can be implemented in the next three years by supporting:

- Empowered and resilient consumers;
- Knowledgeable practitioners, with effective pain management plans coordinated at the primary health level;
- A reduction in the prescribing of pain medications; and
- Better access to interdisciplinary care by harnessing technology and emerging research.

It is vital that this plan be implemented to support the objectives of the Women's Health Strategy.

Conclusion

Women in Australia are overrepresented across poor outcomes in health, and across several significant areas such as experience of pain, impact of their carer role and social and economic exclusion. Much more needs to be done to integrate these areas into the Women's Health Strategy to ensure better outcomes for women.

Pain management is at the intersection of merging and contemporary challenges in health including improving access to better healthcare for women. Pain is a growing health issue facing Australian women and as the population ages and the prevalence of chronic conditions increase, causing will result in greater social and economic exclusion.

Action is required to implement the National Strategic Action Plan on Pain Management that supports consumers, health practitioners and the wider community to improve health outcomes for millions of women living with pain and complementing the work and objectives of the National Women's Health Strategy.

References

- 1 <https://www.ncbi.nlm.nih.gov/pubmed/11166468>
- 2 <https://www.ncbi.nlm.nih.gov/pubmed/27537761>
- 3 <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4841.0Chapter12011>
- 4 <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-fifth-national-mental-health-plan>
- 5 <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-11-770>
- 6 <https://www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/chronic-musculoskeletal-conditions/overview>
- 7 <https://www.myhealthycommunities.gov.au/our-reports/gp-care-patients-chronic-conditions/december-2014/report/key-findings-gp-care-for-patients-with-arthritis-and-chronic-back-pain>
- 8 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3690315/>
- 9 <http://www.iasp-pain.org/GlobalYear/PaininWomen>
- 10 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2677686/>
- 11 <http://www.iasp-pain.org/GlobalYear/PaininWomen>
- 12 O'Dwyer, S., Moyle, W., Pachana, N. Sung, B. and Barrett, S. (2014), 'Feeling that life is not worth living (death thoughts) among middle-aged, Australian women providing unpaid care', *Maturitas*, pp. 1-5; Perz, J., Ussher, J., Butow, P. and Wain, G. (2011), 'Gender differences in cancer carer psychological distress: an analysis of moderators and mediators', *European Journal of Cancer Care*, vol. 20, pp. 610-619; Edwards, B., Higgins, D., Gray, M. Zmijewski, N. and Kingston, M. (2008), *The nature and impact of caring for family members with a disability in Australia*, Research report no. 16, Australian Institute of Family Studies
- 13 <https://www.carersnsw.org.au/Assets/Files/Female%20Carers.pdf>
- 14 <http://www.iasp-pain.org/AM/Template.cfm?Section=Home&Template=/CM/ContentDisplay.cfm&ContentID=2908>
- 15 https://www.huffingtonpost.com.au/2017/10/12/pain-disorder-chronic-pain-with-no-explanation_a_23240605/
- 16 https://www.apsoc.org.au/PDF/Publications/20160816_AIHW_Impacts_of_Chronic_Back_Pain.pdf
- 17 <https://www.mja.com.au/journal/2015/203/6/lost-productive-life-years-caused-chronic-conditions-australians-aged-45-64>
- 18 <https://www.mja.com.au/journal/2013/199/6/depression-and-chronic-pain>
- 19 <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4841.0Chapter12011>
- 20 <https://www.mja.com.au/open/2012/1/4/depression-and-chronic-pain>
- 21 <https://www.ncbi.nlm.nih.gov/pubmed/22054062>

painaustralia

Mailing address: PO Box 9406 DEAKIN ACT 2600

Phone: 02 6232 5588

Email: admin@painaustalia.org.au

Website: www.painaustalia.org.au