

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Pain-Related Medication in Adults with Intellectual Disability: a systematic review

Priority 1 (Research Category)

Pain management

Presenters

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Abstract

Context: Adults with intellectual disabilities (ID) experience multiple chronic conditions (MCCs) and polypharmacy at a younger age than those without ID. Objective: To synthesize literature on pain-related medication in adults with ID and examine how it relates to MLTCs and polypharmacy and explore the views of adults with ID, caregivers and healthcare providers on pain medication use. Study Design and Analysis: Systematic review (PROSPERO CRD42023415051). Search strategy developed for six medical databases (2000-March 2023), key terms of ID, pain, analgesia, medication. Narrative synthesis of findings. Setting or Dataset: All health/community settings. Study designs: observational, qualitative, mixed methods. Population Studied: Adults (≥ 18 years old) with ID. Intervention/Instrument: No intervention; study included if reported any analgesic or non-analgesic medication used to manage pain or treat a painful condition. Outcome: Analgesic medication or medication for painful conditions, pain and pain-related MCCs, views/experience of pain medication. Measures: Varied by study design; self/carer-report or electronic health records (EHR). Results: 21,603 articles identified. Following removal of duplicates 20,425 titles, 2,716 abstracts, 341 full-text articles were screened; 28 articles were eligible for inclusion. Screening completed by two independent reviewers; conflicts resolved through consensus. Of the 28 included studies, 24 were observational (14 EHR), 4 qualitative; from 13 high-income countries and a mix of settings. Severity and etiology of ID was not reported in all studies. Four studies included a specific type of ID (e.g. Down's Syndrome). There was a lower prevalence of analgesics prescribed/reported in adults with ID than those without ID and medication profiles did not always correspond to MCC reporting. There was over-prescribing of antipsychotic medication without an associated diagnosis. Self/carer reports of pain medication varied and concerns were expressed by carers and healthcare professionals about recognizing pain. Conclusions: Adults with ID are not receiving pain medication appropriate to their MCC profile. We have demonstrated a clear health inequity for this vulnerable group; recognizing and prescribing for pain and painful conditions in adults with ID requires better understanding and training for carers and healthcare professionals.

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