

Letter to the Editor

Comment on “Pain in people living with HIV/AIDS: a systematic review (Parker *et al.* 2014)”

Richard Harding^{§,1} and Lorraine Sherr²

[§]**Corresponding author:** Richard Harding, Director of Global Research Programmes and Partnerships, Cicely Saunders Institute, King's College London, London, United Kingdom. (richard.harding@kcl.ac.uk)

Received 28 February 2014; Revised 23 April 2014; Accepted 23 April 2014; Published 27 May 2014

Copyright: © 2014 Harding R and Sherr L; licensee International AIDS Society. This is an Open Access article distributed under the terms of the Creative Commons Attribution 3.0 Unported (CC BY 3.0) License (<http://creativecommons.org/licenses/by/3.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Dear Editors,

We were pleased to see the systematic review of pain prevalence and management in the *Journal of the International AIDS Society* [1]. The clinical and research neglect of pain among people living with HIV is a cause of great concern [2], especially as evidence demonstrates that it can be effectively controlled [3]. There are a number of important reasons as to why pain among people living with HIV should be a central clinical and public health concern, an aspect that was not elaborated in the recent review. There is evidence that pain and symptom burden are associated first with sexual risk taking [4], second with poor adherence to antiretroviral therapy (ART) [5], third with treatment switching [6], fourth with viral rebound [7], fifth with poor quality of life [8] and sixth with suicidal ideation [9].

There are several reasons for this lack of attention to pain, including patients' belief that pain must be endured with an HIV diagnosis, physicians' lack of recognition of pain and their reluctance to enquire, document, monitor and treat pain symptoms [10]. Evidence suggests that HIV physicians detect only a third of patients' problems during clinical encounters [11,12]. In low- and middle-income countries, recent evidence has revealed poor availability of analgesics in pharmacies of HIV care facilities, not just with opioids but also with “step 1” analgesics such as paracetamol, with stockouts of analgesics being common [13].

The authors suggest that broader concepts of pain might be useful in this population. New evidence has identified the constituent components of self-reported pain, which reflect the physical, psychological and social dimensions of pain experienced by people living with HIV, especially in low- and middle-income countries [14].

We would also like to note that the search strategy employed by the authors in the March 2012 review fell short of retrieving and reporting some key data [1]. Specifically, data on pain among ART patients in South Africa found a seven-day period prevalence of 51.2% [15]; a study of newly diagnosed people in Uganda reported a seven-day period prevalence of 76% [16]; a study of HIV outpatients in Tanzania reported 41.4% point prevalence [17]; a UK community sample of men found a seven-day period prevalence of 42.6% [18],

whereas a UK outpatient sample reported a seven-day period prevalence of 53.2% [19].

These data that were missed in the review go some way in addressing the focus of studies on high-income countries, and also a number of these additional papers address the issue of pain for those on ART, which has been a concern since the advent of new treatments [20]. Given the agreement across studies of high pain prevalence, we call for intervention studies to improve assessment and control of pain. We also call for studies to address the issue of pain among children, which was beyond the objectives of the present review, but has been noted as an area of great need but little evidence in a review of pediatric palliative care in sub-Saharan Africa [21].

Authors' affiliations

¹Global Research Programmes and Partnerships, Department of Palliative Care, Policy & Rehabilitation, Cicely Saunders Institute, King's College London, London, United Kingdom; ²Clinical and Health Psychology, Department of Infection and Population Health, University College London, London, United Kingdom

References

1. Parker R, Stein DJ, Jelsma J. Pain in people living with HIV/AIDS: a systematic review. *J Int AIDS Soc.* 2014;17(1):18719.
2. Harding R, Easterbrook P, Dinat N, Higginson IJ. Pain and symptom control in HIV disease: under-researched and poorly managed. *Clin Infect Dis.* 2005; 40(3):491–2.
3. Harding R, Karus D, Easterbrook P, Raveis V, Higginson I, Marconi K. Does palliative care improve outcomes for patients with HIV/AIDS? A systematic review of the evidence. *Sex Transm Infect.* 2005;81(1):5–14.
4. Harding R, Clucas C, Lampe FC, Norwood S, Leake Date H, Fisher M, et al. Behavioral surveillance study: sexual risk taking behaviour in UK HIV outpatient attendees. *AIDS Behav.* 2012;16(6):1708–15.
5. Sherr L, Lampe F, Norwood S, Date HL, Harding R, Johnson M, et al. Adherence to antiretroviral treatment in patients with HIV in the UK: a study of complexity. *AIDS Care.* 2008;20(4):442–8.
6. Clucas C, Harding R, Lampe FC, Anderson J, Date HL, Johnson M, et al. Doctor-patient concordance during HIV treatment switching decision-making. *HIV Med.* 2011;12(2):87–96.
7. Lampe FC, Harding R, Smith CJ, Phillips AN, Johnson M, Sherr L. Physical and psychological symptoms and risk of virologic rebound among patients with virologic suppression on antiretroviral therapy. *J Acquir Immune Defic Syndr.* 2010;54:500–5.
8. Harding R, Clucas C, Lampe FC, Leake-Date H, Fisher M, Johnson M, et al. What factors are associated with patient self-reported health status among HIV outpatients? A multicentre UK study of biomedical and psychosocial factors. *AIDS Care.* 2012;24:963–71.

9. Sherr L, Lampe F, Fisher M, Arthur G, Anderson J, Zetler S, et al. Suicidal ideation in UK HIV clinic attenders. *AIDS*. 2008;22(13):1651–8.
10. Harding R, Easterbrook P, Higginson IJ, Karus D, Raveis VH, Marconi K. Access and equity in HIV/AIDS palliative care: a review of the evidence and responses. *Palliat Med*. 2005;19(3):251–8.
11. Justice AC, Chang CH, Rabeneck L, Zackin R. Clinical importance of provider-reported HIV symptoms compared with patient-report. *Med Care*. 2001;39(4):397–408.
12. Edelman EJ, Gordon K, Justice AC. Patient and provider-reported symptoms in the post-cART era. *AIDS Behav*. 2011;15(4):853–61.
13. Harding R, Simms V, Penfold S, Downing J, Powell RA, Mwangi-Powell F, et al. Availability of essential drugs for managing HIV-related pain and symptoms within 120 PEPFAR-funded health facilities in East Africa: a cross-sectional survey with onsite verification. *Palliat Med*. 2014;28(4):293–301.
14. Selman L, Simms V, Penfold S, Powell RA, Mwangi-Powell F, Downing J, et al. 'My dreams are shattered down and it hurts lots' - a qualitative study of palliative care needs and their management by HIV outpatient services in Kenya and Uganda. *BMC Palliat Care*. 2013;12(1):35.
15. Farrant L, Gwyther L, Dinat N, Mmoledi K, Hatta N, Harding R. The prevalence and burden of pain and other symptoms among South Africans attending highly active antiretroviral therapy (HAART) clinics. *S Afr Med J*. 2012;102(6):499–500.
16. Wakeham K, Harding R, Bamukama-Namakoola D, Levin J, Kissa J, Parkes-Ratanshi R, et al. Symptom burden in HIV-infected adults at time of HIV diagnosis in rural Uganda. *J Palliat Med*. 2010;13(4):375–80.
17. Collins K, Harding R. Improving HIV management in Sub-Saharan Africa: How much palliative care is needed? *AIDS Care*. 2012;19:1304–6.
18. Harding R, Molloy T, Easterbrook P, Frame K, Higginson IJ. Is antiretroviral therapy associated with symptom prevalence and burden? *Int J STD AIDS*. 2006;17(6):400–5.
19. Harding R, Lampe FC, Norwood S, Date HL, Clucas C, Fisher M, et al. Symptoms are highly prevalent among HIV outpatients and associated with poor adherence and unprotected sexual intercourse. *Sex Transm Infect*. 2010;86(7):520–4.
20. Simms V, Higginson IJ, Harding R. Integration of palliative care throughout HIV disease. *Lancet Infect Dis*. 2012;12(7):571–5.
21. Harding R, Albertyn R, Sherr L, Gwyther L. Pediatric palliative care in sub-Saharan Africa: a systematic review of the evidence for care models, interventions, and outcomes. *J Pain Symptom Manage*. 2014;47(3):642–51.