

## Introduction

- Chronic pain is a major cause of morbidity in people living with HIV
- While women living with HIV (WLWH) are twice as likely to report severe or undertreated pain compared to men<sup>1,2</sup>, few studies have examined the specific correlates of pain in among women
- Study objective:** to characterize the **prevalence, psychosocial and social-structural correlates**, and **functional outcomes** of major or persistent pain in WLWH in Metro Vancouver

## Methods

- The *Sexual Health and HIV/AIDS Women's Longitudinal Needs Assessment* (SHAWNA) is a community-based open longitudinal study of cis or trans WLWH ≥ 14 years old living and/or accessing HIV/AIDS services in Metro Vancouver, Canada
- Participants completed baseline and semi-annual questionnaires with experienced and trained community interviewers from September 2014 – August 2019
- Descriptive statistics were calculated at baseline and bivariate and multivariable logistic regression with generalized estimating equations (GEE) was performed to identify correlates and outcomes of major or persistent pain

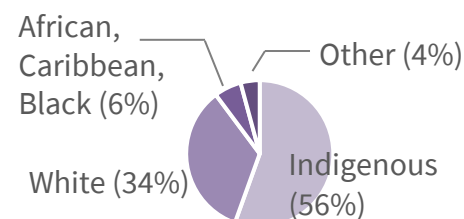
## Results

### Meet the cohort

1632 observations were made among 335 participants.

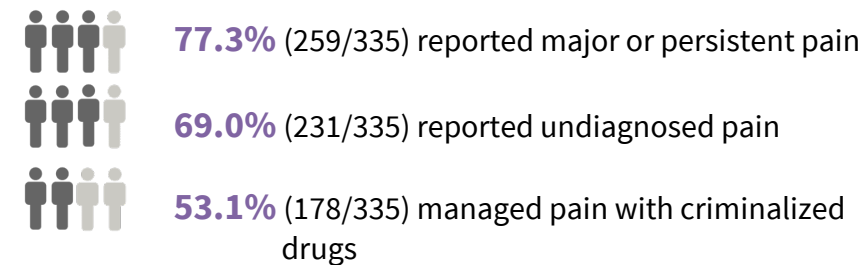
Baseline characteristics:

- Median age **45 years old**
- 40.6%** sexual minority identity
- 6.6%** trans gender identity



### How common is major or persistent pain (last 6 months)?

Across all study visits:



### What are the correlates of major or persistent pain?

**Table 1. Correlates associated with major or persistent pain for cohort of WLWH in Metro Vancouver, 2014-2019.**

Variable	Adjusted Odds Ratio [95% CI]	P-value
<b>Age</b> ( <i>per year older</i> )	1.04 [1.02-1.06]	<0.0001
<b>Food and housing insecurity*</b> ( <i>vs. no food or housing insecurity</i> )	1.54 [1.08-2.19]	0.017
<b>Depression*</b>	1.34 [1.03-1.75]	0.030
<b>Suicidal ideation*</b>	1.71 [1.21-2.42]	0.003
<b>Non-injection opioid use, non-daily*</b> ( <i>vs. no opioid use</i> )	1.53 [1.07-2.17]	0.019
<b>Non-injection opioid use, daily*</b> ( <i>vs. no opioid use</i> )	0.46 [0.22-0.96]	0.039
<b>Access to health services*</b>	0.63 [0.44-0.91]	0.015

\* last 6 months

Of factors included as potential explanatory variables in the multivariable model, no association was observed between major or persistent pain and: viral load, injection opioid use, unintentional overdose, sexual/physical violence, HIV stigma, or discrimination.

### What outcomes are associated with major or persistent pain?

**Table 2. Outcome measures associated with major or persistent pain for cohort of WLWH in Metro Vancouver, 2014-2019.**

Variable	Adjusted Odds Ratio (AOR) [95% CI]	P-value
Good self-rated health* <sup>†</sup>	0.61 [0.47-0.79]	<0.001
Health interfered with social activities <sup>‡</sup>	2.49 [1.90-3.26]	<0.0001
Health associated with accomplishing less than would have liked <sup>‡</sup>	3.48 [2.74-4.41]	<0.0001

\* last 6 months; <sup>†</sup>confounders: suicidal ideation (AOR 0.47 [0.35-0.64], p < 0.0001), depression (AOR 0.65 [0.51-0.84], p < 0.01); <sup>‡</sup>last 4 weeks

## Conclusion

- Our study suggests a high prevalence of major or persistent pain among WLWH associated with key psychosocial and social-structural correlates and negative functional outcomes
- These findings reinforce the need for low-barrier, trauma-informed, and harm reduction-based primary care and pain services, particularly as British Columbia's opioid epidemic is currently the major driver of mortality for people with HIV/AIDS in the province<sup>3</sup>

## References

- Joseph V et al. BMC Public Health; 2020;20:1424. [PMID 32948167](#).
- Gray G, Berger P. Pain; 2007;132(Suppl 1):S13–S21. [PMID 17959310](#).
- Salter KA et al. BMC Public Health; 2021;21:680. [PMID 33832472](#).

## Acknowledgements

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