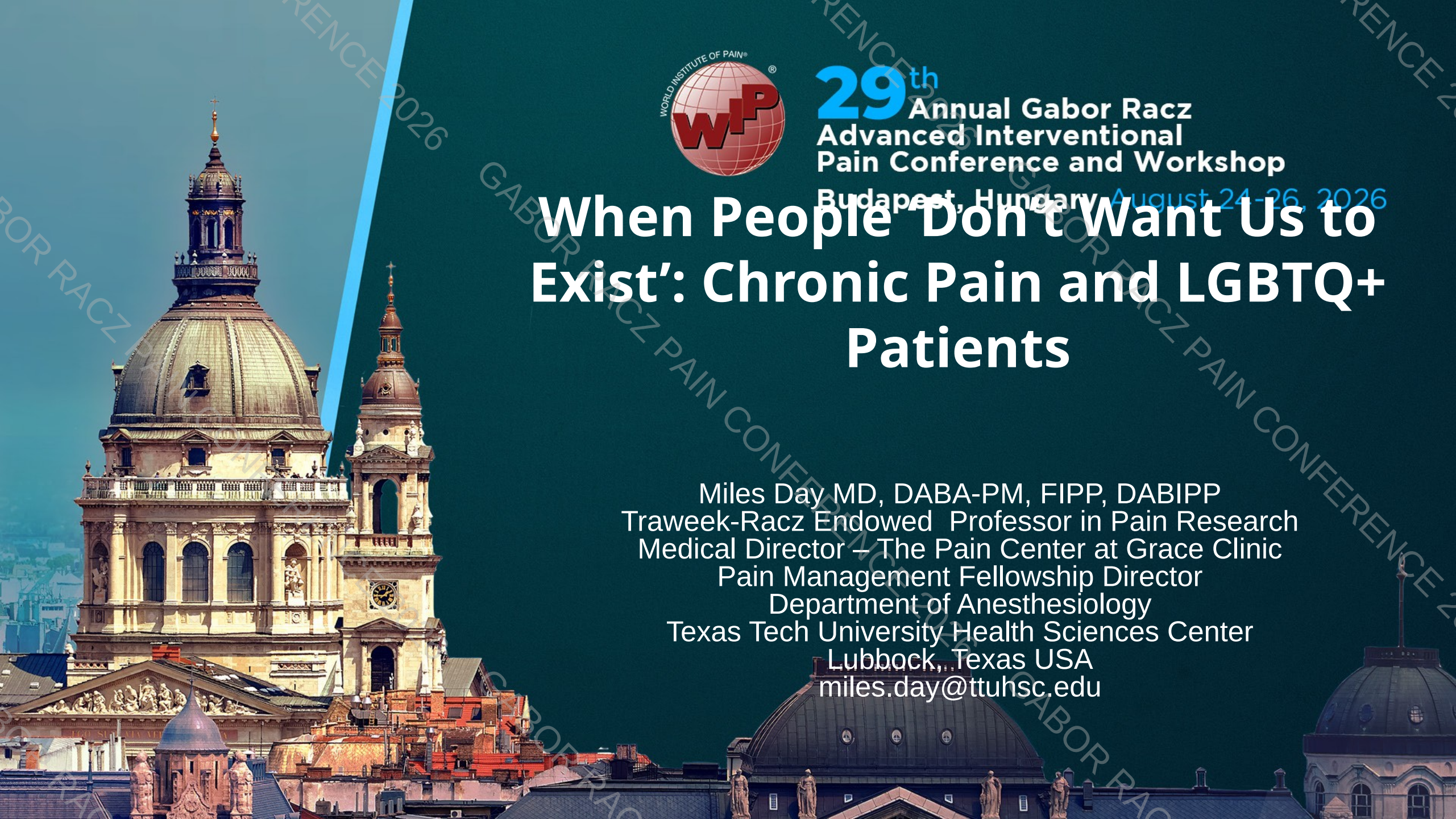

29th Annual Gabor Racz Advanced Interventional Pain Conference and Workshop

Budapest, Hungary, August 24-26, 2026

When People Don't Want Us to Exist': Chronic Pain and LGBTQ+ Patients

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Conflict of Interest

President World Institute of Pain

Inclusivity, Pain, and the LGBTQ+ / Transgender Patient

A review of clinical guidance, epidemiologic findings, and research-equity recommendations in pain medicine

Sources: Mayo Clinic Proceedings (2024) • Journal of Pain Research (2021) • Pain Medicine (2024) • The Journal of Pain (2023)

Disparities in LGBTQ Chronic Pain Management

- LGBTQ identification rose from 4.5% (2017) to 5.6% (2020) of U.S. adults; 1 in 6 Gen Z adults identify as LGBTQ.
- This population reports more functional limitations from pain and more multi-site pain — headaches, back/joint pain, and digestive complaints — than heterosexual adults.
- Depression and chronic pain are strongly linked, and LGBTQ adults experience markedly higher rates of depression, anxiety, and suicidality driven by stigma and minority stress.
- A study of medical students demonstrated that approximately half of the students reported having negative attitudes toward lesbian and gay people.
    - — average LGBTQ-specific content in medical schools is just ~5 hours.
- Discrimination and fear of incompetent care lead many to delay or avoid treatment
- Education and cultural competency can improve outcomes for the LGBTQ population.

JOURNAL OF PAIN RESEARCH, 2021

> *Our failure to acknowledge these unique challenges would represent a violation of the bioethical principle of justice.*
>
> — Abd-Elsayed, Heyer & Schatman, 2021

The PRIDE Study: Measuring Chronic Pain in SGM Adults

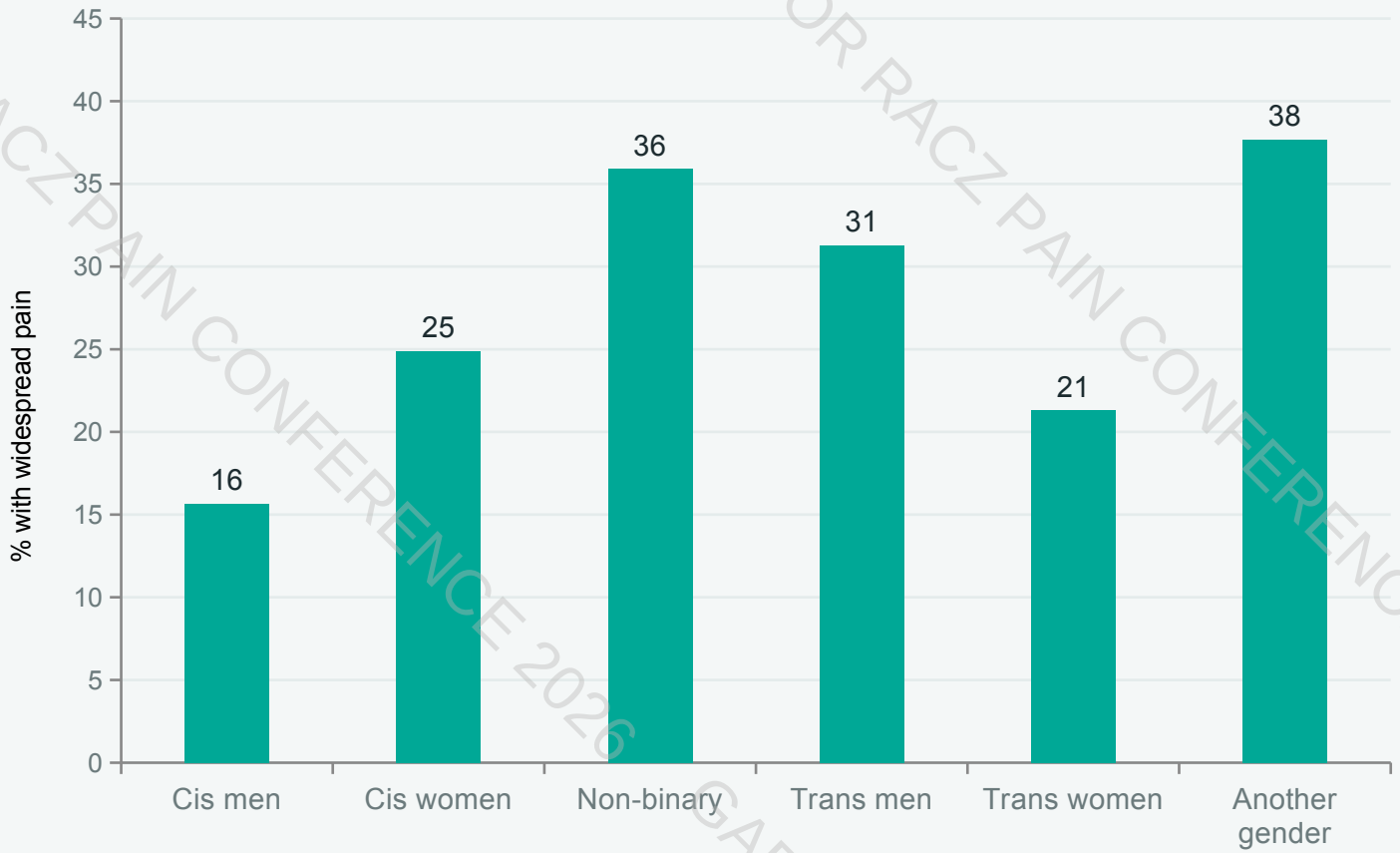
- A national longitudinal cohort study of sexual and gender minority (SGM) adults, drawing on the 2022 PRIDE Study Annual Questionnaire.
- 5,397 participants self-mapped chronic pain across 7 body regions using the validated Michigan Body Map.
- Gender identity options included cisgender men/women, non-binary, transgender men, transgender women, and another gender identity.
- Widespread pain was defined as chronic pain present in 3 or more body regions — a marker of more severe, systemic pain burden.

COHORT SNAPSHOT

6,189 total respondents — 792 excluded for incomplete pain surveys, leaving 5,397 analyzed.

PAIN MEDICINE, 2024

Widespread Pain Prevalence by Gender Identity



- Non-binary (35.9%) and “another gender” (37.7%) participants had the highest rates of widespread chronic pain — more than double the cisgender-men rate.
- All gender-minority groups showed significantly higher odds of widespread pain vs. cisgender men (reference group), even after adjustment.
- Neck/upper/lower back was the single most common pain location across every gender identity group.
- Rates exceed prior general-population estimates (~9.6% widespread pain), suggesting SGM-specific risk factors: minority stress, adverse events, and limited affirming care.

PAIN MEDICINE, 2024

Managing Pain in Transgender & Gender-Diverse Patients

- TGD persons face significantly higher rates of chronic pain than cisgender peers, yet clinical research on pain management in this population remains scarce.
- 22–28% of TGD persons report chronic pain — 70–89% of it musculoskeletal — and half of transgender men seeking hysterectomy report preoperative pelvic pain.
- Stigma, minority stress, and discrimination compound adverse mental and physical health outcomes, including higher rates of arthritis, disability, and cardiovascular disease.

MAYO CLINIC PROCEEDINGS, 2024

Clinical Practice & Perioperative Care

1. **Affirming communication** — Use correct name/pronouns throughout the visit; avoid outdated terms like “transsexual” or “biologically male/female.”
2. **Documentation** — Capture sex assigned at birth, gender identity, and organ inventory in the EHR to guide medically appropriate care.
3. **Trauma-informed exams** — Offer chaperones, ask permission before sensitive exams, and use guided-contact techniques.
4. **Chest binding & tucking** — Common and beneficial for dysphoria, but linked to musculoskeletal pain — counsel on risk reduction, don't discourage.
5. **Perioperative care** — Address pregnancy-testing anxiety, binder removal, room assignment, and elevated post-surgical opioid prescribing.

MAYO CLINIC PROCEEDINGS, 2024

Promoting Inclusion, Diversity & Equity in Pain Science

- A joint editorial from eight pain-research journal editors, published concurrently across all eight journals.
- Pain science has a documented history of racist and sexist misconceptions — e.g., beliefs that Black patients have “thicker skin” or that women are more “emotive” and men more “stoic.”
- These biases have driven measurable harms: underestimated pain in women and racial minorities, and historical undertreatment based on false biological assumptions.
- Women, people of color, older adults, and sexual/gender minorities remain persistently underrepresented in pain studies — despite bearing the greatest pain burden.

THE JOURNAL OF PAIN, 2023

Four Recommendations for Authors, Reviewers & Editors

01

Inclusive Scholarship

Promote representative citation practices and fair, unbiased peer review across author demographics.

02

Bias-Free Language

Use person-first, respectful terminology; consult APA and AMA inclusive-language style guides.

03

Representative Samples

Recruit diverse study populations by sex, gender, age, race, and ethnicity — in humans and animal models alike.

04

Disaggregated Reporting

Report and interpret demographic subgroup data using social — not purely biological — explanatory frameworks.

THE JOURNAL OF PAIN, 2023

What These Four Articles Share

1

Elevated pain burden

LGBTQ+ and TGD populations consistently show higher chronic and widespread pain rates than cisgender/heterosexual peers.

2

Minority stress as mechanism

Stigma, discrimination, and lack of trust in medicine link social marginalization directly to worse pain outcomes.

3

Research & training gaps

Sparse, non-representative research and minimal medical-school training leave clinicians under-equipped to treat this population.

4

A call for structural change

Each article calls for affirming clinical practice, inclusive research design, and equity-driven publishing standards.

KEY TAKEAWAY

Better Pain Care Starts With Affirming, Inclusive Practice

- Train clinicians in gender-affirming, trauma-informed history-taking and physical exams.
- Build EHR systems that capture gender identity, organ inventory, and pronouns accurately and confidentially.
- Fund and design pain research that intentionally includes LGBTQ+ and TGD participants and reports disaggregated outcomes.
- Apply inclusive-language and antiracism standards across authorship, peer review, and editorial decision-making.

The individuals who bear the greatest burden from pain remain the individuals most often left out of the research meant to help them.

— synthesized across all four sources