

Pain perception: A matter of culture?

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How we perceive pain and how much pain we can put up with before seeking treatment may depend on our cultural and religious background, experts say.

According to speakers at the Pfizer-sponsored Asia Pacific Chronic Pain Expert Panel Meeting held in Bangkok, Thailand, Asians have a higher pain tolerability threshold than Westerners, which may account for the under-reporting and undertreatment of chronic pain in the region.

"Asian people may be more sophisticated in understanding the relationship between body and mind. The common belief is that pain is part of life, so you have to bear it," suggested Professor Stephen Behav from the University of Western Australia, Perth, who chaired the meeting.

"Seemingly from traditional Oriental philosophies and beliefs, pain is perceived as part of the healing process, therefore many sufferers are reluctant to report or describe pain," said Professor Yu-Guang Huang of Peking Union Medical College Hospital, Beijing, China. "In addition, because of the opium wars, opioid treatment was restricted in China to cancer pain until 2002, and many Chinese still refuse to use opiates."

Dr. Francis Javier, Leon St. Luke's Medical Center in Manila, Philippines, remarked that religion is an important factor in his country; as many Catholics—particularly the elderly—believe they must suffer pain as atonement for their sins and are willing to tolerate it.

Such beliefs may interfere with diagnosis and treatment, according to Dr. Rainer Freynhagen from University Hospital of Düsseldorf, Germany. Freynhagen and colleagues recently released the "Pain Detector" questionnaire, a self-administered, highly sensitive and specific screening tool for detecting a neuropathic component in chronic pain.

According to Professor Pridit Prateepavanich from Siriraj Hospital, Bangkok, a local study indicated that pain acceptance among Thais is indeed higher than in the West. "Psychosocial factors are at play and we should apply this when communicating to patients that treatment is available and they should seek medical advice," he said.

"Many of my patients have misconceptions about types of pain: they think it's acute and will go away soon, when in fact it's chronic, or pathological," noted Dr. Alex Yeo of Mount Elizabeth Hospital, Singapore. "On the positive side, a lot of Asian patients are interested in understanding beyond what's seen on x-rays, or the mechanistic approach. We

need to spend more time explaining chronic neuropathic pain, but ethnic and cultural differences between Chinese, Malay and Indian Singaporeans make it difficult."

Climate is another factor influencing people's perception of pain. Yeo presented data indicating that the prevalence of chronic pain in Northern, cool climates is significantly higher than in warmer parts of the globe. "It decreases from 50 percent in Scandinavia

and Britain to 20 percent in the U.S. and Australia, and to 10 percent in Southeast Asia," he reported.

The experts agreed that chronic pain is a major problem for the aging population in the Asia Pacific region. They suggested that more public education on various pain symptoms, and enhanced physician training may improve the diagnosis and management of chronic neuropathic pain in the region.



The perception of pain may be culturally influenced.