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J Gen Intern Med. Author manuscript; available in PMC 2025 June 01.

Published in final edited form as:

J Gen Intern Med. 2025 June ; 40(8): 1954–1956. doi:10.1007/s11606-024-09271-y.

Patient-Provider Interactions and Access to Prescription Medications Among Adults with Chronic Pain in the United States, 2023

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INTRODUCTION

An estimated 51.6 million US adults experienced chronic pain in 2021.[1] Barriers to effective pain management include lack of patient education and clinician training about pain management, shortage of pain management specialists, unconscious bias and stigma, insurance reimbursement policies, and cost.[2–4] This study describes factors that may affect the delivery of pain care for adults with chronic pain including patient perceptions of clinicians providing care and access to/affordability of prescription medications.

METHODS

We analyzed data from the National Center for Health Statistics Rapid Surveys System (Round 2—Oct–Nov 2023). Adults with chronic pain were defined as those self-reporting pain most days or every day in the past 3 months. We examined whether individuals are currently receiving medical care for chronic pain and whether they agree their provider treats them with respect, listens carefully, and asks their opinions or beliefs about their pain treatment. Responses were analyzed overall and by demographic characteristics. Additionally, cost barriers for prescription medications and ordering medications online without a prescription were examined. Analyses were conducted in SAS (9.4) with survey commands to account for the complex survey design. This study was exempt from Institutional Review Board review.

RESULTS

Among adults with chronic pain in 2023, 46.9% reported currently receiving medical care for their pain (Table 1). Receipt of medical care was more prevalent among adults ≥ 50 years old and females. Overall, 89.6% of adults receiving medical care for chronic pain reported their provider “usually” or “always” treated them with respect, 89.5% reported their provider listened carefully, and 69.5% reported their provider asked their opinions or beliefs

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Conflict of Interest: The authors declare that they do not have a conflict of interest.

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about their pain treatment. Adults reporting their provider listened carefully to them was less prevalent among females and adults 35–49 years old; fewer females also reported their provider asked their opinions or beliefs about their pain treatment. Reporting their provider listened carefully to them and asked their opinions or beliefs about their pain treatment was less prevalent among adults in metropolitan areas compared to non-metropolitan areas. Adults with the lowest household incomes (< 200% of the federal poverty level) reported the lowest prevalence of their provider treating them with respect or listening carefully to them.

Skipping medication doses, taking less medication, delaying prescription fills, and not getting needed medication due to cost were more prevalent among adults with chronic pain compared to those without chronic pain who took prescription medications in the past 12 months (Fig. 1A). Overall, 27.9% of adults with chronic pain reported at least one cost barrier for prescription medications compared to 15.3% of adults without chronic pain. Among adults with chronic pain reporting a cost barrier for prescription medications, 6.8% ordered medications online without a prescription compared to 3.3% among adults reporting no cost barriers (Fig. 1B).

DISCUSSION

Among adults with chronic pain in 2023, 47% reported currently receiving medical care for their pain. While the majority of those receiving medical care reported their provider treated them with respect, listened carefully, and asked their opinions or beliefs about their pain treatment, disparities were observed by age, sex, urbanicity, and income. Improved patient-provider relationships among these populations may increase the effectiveness of pain management therapies. The CDC's 2022 Clinical Practice Guideline can be used to help improve communication between clinicians and patients about pain management and promote shared decision-making.[2]

Over one-quarter of adults with chronic pain reported difficulty affording prescription medications and among them a higher percentage ordered medications online without a prescription; online pharmacies may increase risk of receiving counterfeit or substandard medications.[5] Use of opioid and nonopioid prescriptions for pain differ by geographic and socioeconomic factors,[6,7] which may contribute to patients ordering medications from online pharmacies. Prescription medications remain an important tool for effective pain management and it is critical to address barriers posed by inadequate insurance, high costs, and accessibility.[2]

Limitations include generalizability only to noninstitutionalized civilian adults; potential recall bias; lack of longitudinal patient history; inadequate sample sizes to estimate prevalence for demographic characteristics including sexual orientation and gender identity; and self-reported chronic pain rather than diagnoses. Despite limitations, this study identifies opportunities to improve patient-provider interactions among populations receiving medical care for chronic pain and reduce barriers to prescription medications, which could improve the delivery of and satisfaction with pain care for adults with chronic pain.

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Data Availability

The data used in this study are publically available from the National Center for Health Statistics.

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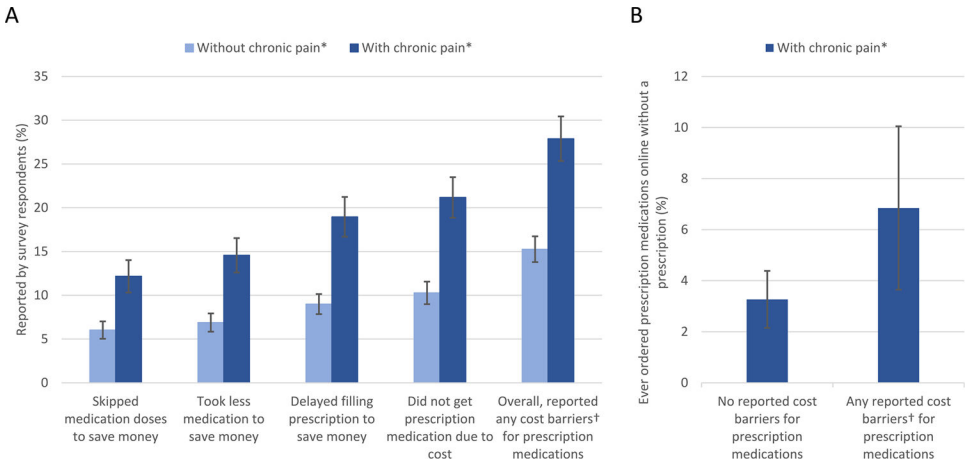

Figure 1.

Access and affordability of prescription medications among adults with and without chronic pain. Data source: NCHS Rapid Surveys System, Round 2, collected October–November 2023 (7046 total respondents). Note: All differences between groups were statistically significant based on a Rao-Scott chi-square test with two-sided $p < 0.05$. Includes only respondents who reported they took prescription medications at any time in the past 12 months (with chronic pain: $n = 1805$; without chronic pain: $n = 3541$; asterisk symbol). Defined based on a response of "yes" to any of the following questions, "During the past 12 months, were any of the following true for you?….You skipped medication doses to save money? You took less medication to save money? You delayed filling a prescription to save money? You needed prescription medication, but did not get it because of the cost?" (dagger symbol).

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Table 1

Patient-Provider Interactions Among Adults Receiving Medical Care for Chronic Pain* by Demographic Characteristics

Characteristics	Currently receiving medical care	During the past 12 months, when seeking medical care for your pain how often did your provider…?†		
		Treat you with respect‡	Listen carefully to you‡	Ask for your opinions or beliefs about your pain treatment‡
Overall	46.9 (44.2–49.6)	89.6 (86.6–92.6)	89.5 (86.3–92.6)	69.5 (64.8–74.2)
Age				
18–34	**31.3 (24.2–38.4)**	88.9 (78.4–99.5)	—§	—§
35–49	**39.9 (34.0–45.8)**	82.7 (74.4–91.0)	**88.7 (82.3–95.2)**	66.2 (56.4–76.0)
50–64	**54.1 (48.8–59.3)**	92.2 (88.8–95.5)	**93.6 (89.5–97.6)**	67.9 (58.3–77.6)
65 +	**54.5 (50.1–58.8)**	91.6 (87.8–95.4)	**91.6 (87.6–95.5)**	74.8 (69.2–80.4)
Sex				
Male	**43.0 (38.9–47.1)**	93.0 (89.7–96.2)	**93.4 (89.8–97.1)**	**77.8 (71.8–83.7)**
Female	**49.7 (46.1–53.3)**	87.5 (83.1–92.0)	**87.0 (82.4–91.5)**	**64.4 (58.1–70.8)**
Race/ethnicity				
White, non-Hispanic	45.0 (41.8–48.1)	89.5 (86.2–92.8)	90.3 (87.0–93.6)	68.3 (62.5–74.1)
Black, non-Hispanic	54.7 (45.6–63.8)	89.2 (82.5–95.9)	97.1 (94.1–100.0)	74.4 (62.9–85.9)
Other, non-Hispanic	42.5 (29.4–55.5)	98.2 (95.3–100.0)	—§	—§
Hispanic	51.3 (42.9–59.6)	90.5 (80.5–100.0)	84.2 (74.1–94.2)	74.7 (63.8–85.6)
Education				
High school graduate or less	45.9 (41.0–50.8)	86.9 (80.8–93.0)	87.5 (81.6–93.4)	67.8 (59.3–76.4)
Some college	47.9 (43.4–52.4)	91.7 (88.2–95.1)	88.9 (83.9–93.9)	72.9 (66.3–79.4)
Bachelor’s degree or above	47.3 (42.5–52.0)	91.2 (87.3–95.1)	93.2 (89.1–97.3)	68.1 (60.8–75.3)
Urbanicity				
Metropolitan	47.4 (44.3–50.5)	89.3 (86.0–92.7)	**88.4 (84.8–92.0)**	**67.0 (61.6–72.3)**
Non-metropolitan	44.6 (38.5–50.7)	91.0 (85.4–96.6)	**95.2 (91.3–99.2)**	**83.4 (77.2–89.7)**
Region				
Northeast	46.9 (39.2–54.6)	92.4 (87.3–97.5)	93.7 (89.2–98.1)	68.7 (54.5–82.8)
Midwest	44.1 (39.0–49.3)	84.2 (77.0–91.4)	88.1 (81.5–94.8)	72.2 (64.3–80.2)
South	47.8 (43.4–52.3)	90.7 (86.6–94.9)	89.7 (85.1–94.4)	69.2 (62.1–76.3)
West	48.4 (42.7–54.0)	90.4 (83.3–97.4)	87.0 (78.6–95.5)	68.3 (58.9–77.7)
Household income				

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Characteristics	Currently receiving medical care	During the past 12 months, when seeking medical care for your pain how often did your provider…?†		
		Treat you with respect‡	Listen carefully to you‡	Ask for your opinions or beliefs about your pain treatment‡
< 200% FPL	47.1 (42.2–52.0)	**85.4 (79.2–91.6)**	**82.0 (75.0–89.0)**	67.5 (59.7–75.3)
200 to < 400% FPL	47.8 (42.6–52.9)	**91.5 (87.3–95.6)**	**96.3 (940. −98.6)**	75.3 (68.0–82.6)
≥ 400% FPL	46.1 (41.4–50.7)	**92.2 (88.9–95.6)**	**91.4 (86.8–96.0)**	67.1 (58.7–75.5)

Data source: NCHS Rapid Surveys System, Round 2, collected October–November 2023 (7046 total respondents)

Abbreviations: *FPL*, federal poverty level

Note: Bold indicates statistically significant difference between groups based on a Rao-Scott chi-square test with two-sided $p < 0.05$

*Defined as adults self-reporting pain most days or every day in the past 3 months (unweighted $n = 2052$, weighted $n = 65.3$ million)

†These questions were asked only among those currently receiving medical care for chronic pain who responded "Yes" to the following question, "During the past 12 months, did you or your health care provider have to make any decisions regarding treatment for your pain, such as getting prescriptions, referrals for care, and procedures?" (unweighted $n = 743$, weighted % = 81.8% of those currently receiving medical care)

‡Based on responses of "always" or "usually"

§Estimates considered unreliable according to the National Center for Health Statistics' standards of reliability. https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf