**More Than a Pain in the Neck: Discussion of Chronic Pain at Primary Care Visits Decreases the Likelihood of Medication Intensification for Hypertension.**

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*J Gen Intern Med* March 2008, 23(S2):348-349.

**BACKGROUND:**
Patient comorbidities have been shown to compete with delivery of routine preventive and some chronic disease care in primary care visits. Primary care providers (PCPs) may be particularly diverted from managing chronic conditions such as hypertension by the need to address unrelated acute and chronic conditions. Chronic pain is a prevalent comorbidity that has been shown to act as a competing demand with patient diabetes self-management. We therefore examined whether addressing pain syndromes at a primary care visit acts as a competing demand in decisions to intensify blood pressure (BP) medications for diabetic patients presenting with an elevated BP.

**METHODS:**
We conducted a prospective cohort study of 1169 diabetic patients of 92 PCPs in nine Midwest VA facilities. Patients were enrolled if their triage BP prior to a PCP visit was >=140/90. For 1136 of the visits, PCPs provided information after the visit about the top three issues they discussed with the patient during the visit, whether or not they intensified medications at the visit and reasons for not intensifying medications. We classified the issues discussed as unrelated or discordantwith hypertension (e.g., related to pain, respiration, cancer, mental health, etc.) or concordant (e.g., glycemic control, obesity, cardiac and renal disease). Patient characteristics were obtained from a baseline patient survey (91% completion rate). Prescribed medications and their dosages and BP values were obtained from Veterans Health Administration automated data sources. We constructed a multi-level multivariate logit model to assess whether discussing pain conditions during the visit decreased the likelihood of BP medication intensification (addition of new BP medication or increase in dose of existing medication).We controlled for discussion of other discordant and/or concordant conditions at the visit, visit BP and mean systolic BP in the prior year, number of BP medication classes, patient age, race and gender, and the number of minutes allotted for a primary care visit. From this model, we calculated predicted probabilities of medication intensification when pain was or was not discussed.

**RESULTS:**
PCPs discussed pain during 222 (20%) of the patient visits. Over 75% of the patients with whom pain was discussed reported having chronic or persistent pain in the baseline patient survey. Patients with whom pain was discussed did not differ from those in which it was not in their visit BP, mean prior year BP, or number of BP medication classes. 511 patients (44%) had BP medications intensified during the visit. The predicted probability of medication intensification when pain was discussed was significantly lower than when pain was not discussed (41% vs. 51%, p=0.03). Concern about pain contributing to BP elevation was noted in only 13 of the 143 visits in which PCPs discussed pain and did not intensify medications. Discussions of other discordant conditions or concordant conditions were not associated with likelihood of medication intensification.

**CONCLUSIONS:**
Discussing pain at a primary care visit competed with medication intensification for elevated BP. This effect did not seem to be driven by the perceived effect of pain on BP elevations. Given the prevalent nature of chronic pain and the complexity of its management, we need to develop care management models to ensure that both pain and other chronic conditions are adequately addressed in these complex patients.