Gendered pain: a call for recognition and health equity

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Pain is a multifaceted sensory, cognitive, and emotional response triggered by, or bearing resemblance to what is typically associated with, actual or potential tissue damage. Pain can manifest in various forms, from injury-related acute pain to the relentless ache of chronic conditions. Chronic pain is becoming increasingly common, and it is one of the leading causes of disabilities worldwide.

Women and girls are more likely to experience chronic pain conditions compared with men and boys and often report more severe pain and greater functional impairment. For example, migraine, musculoskeletal pain, temporomandibular disorder, fibromyalgia, rheumatoid and osteoarthritis, irritable bowel syndrome, and neuropathic pain are more common in women. Additionally, there are chronic pain conditions exclusive to women and people assigned female at birth, such as endometriosis, interstitial cystitis, vulvodynia, and pelvic girdle syndrome. However, women often face challenges in having their pain recognised and taken seriously by health-care providers. Women are more likely to encounter scepticism regarding the severity or legitimacy of their symptoms as a result of gender biases and cultural norms ingrained in the medical discourse about women's bodies and diseases over centuries. These beliefs can contribute to health-care professionals downplaying or attributing women's pain to psychological factors or hormonal fluctuations rather than addressing its underlying medical conditions.

A recent study in the *Journal of the American Heart Association* revealed that young female patients (aged 18–55 years) who presented to emergency departments with chest pain had a 29% longer wait time for potential heart attack evaluation compared with their male counterparts. These women were also less likely to have an electrocardiogram assessment, be admitted to the hospital, and be prescribed medications to manage acute coronary syndrome. Women of colour waited even longer and were less likely to be prescribed antiplatelet agents, narcotic analgesics, or benzodiazepines. There is evidence that gender pain biases could partly contribute to poorer outcomes for women with heart diseases, with women experiencing longer delays in prehospital admission, being assigned lower emergency priority by ambulance services, and being more likely to be transported to hospitals that do not have percutaneous coronary intervention-capable facilities compared with men.

Societal expectations regarding women's pain tolerance for specific conditions can also contribute to the invalidation of their experiences. In a survey of more than 110 000 women in the UK, as part of the UK Government's call for evidence for the Women's Health Strategy, 50% of respondents felt that their pain was disregarded or overlooked. This dismissal was frequently accompanied with being informed that certain symptoms, particularly those related to menstrual health, were to be expected and accepted as a natural aspect of being a woman and thus did not deserve medical attention. In the same survey women have reported being left unattended to bleed for hours after miscarriage and sent home with the advice of taking paracetamol, whereas others reported severe pain sustained for years due to endometriosis or fibroids but were told "it was all in their head".

In March 2024, Endometriosis UK released data from their survey of 4371 participants previously diagnosed with endometriosis. The survey showed an increase in diagnosis times across the UK since 2020, currently averaging 9 years. Most respondents had to visit their general practitioner more than five times prior to receiving a diagnosis and half visited accident and emergency departments, often encountering dismissive attitudes from doctors.

Similarly, a survey published by the Victoria State Government, VIC, Australia, in January 2024, highlighted the pervasive issue of women's pain being overlooked. The report revealed that nearly half of women are affected by issues related to menstruation, pregnancy, and birth complications; postnatal care; and conditions like endometriosis. Although approximately 60% of women reported positive health-care interactions, one in three women felt dismissed and unheard by insensitive practitioners. In addition, 30% of the respondents reported that conditions like endometriosis, menopause, and chronic pain adversely impacted their mental wellbeing and affected their work and employment prospects.

The evidence is unmistakable: women are enduring delays in diagnosis, inadequate pain management, and disparities in access to appropriate care for many conditions, in particular those related to gynaecological conditions. These factors exacerbate their suffering and diminishes their quality of life. Addressing these systemic barriers and promoting gender-sensitive approaches to pain assessment and treatment is an essential step toward ensuring that women receive the recognition, validation, and support they need to effectively manage their pain.

To close the gender pain gap, a multifaceted approach is needed. Most importantly health-care professionals should be trained to recognise and address

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gender biases that might lead to disparities. Sex and gender should be acknowledged as health determinants. Incorporating this concept into medical curricula could promote a more comprehensive patient-centred approach.

Because evidence-based medicine is a fundamental pillar in health care, medical decisions should be based on the best evidence. The understanding of the complexities of pain in women and the rejection of the concept of gender neutrality in medicine are essential not only for managing pain manifestations but also for understanding its underlying causes. Diagnostic processes also should be tailored to consider gender-specific symptoms and responses to pain. Thus, increased research funding and the inclusion of women in clinical trials are crucial for understanding the biological and psychosocial factors contributing to the differences in pain manifestations and its management. In this context, collaboration between health-care experts from various disciplines can facilitate comprehensive and holistic pain research and management strategies.

Patient surveys are pivotal to ascertain the disparities and the challenges that women encounter in health care, but policy changes should follow to ensure equitable access to pain management, resources, and treatments. Developing health-care services that listen to and serve women will be crucial. Public awareness campaigns that can educate individuals about gender disparities in pain management and its underlaying causes, empowering them to advocate for equitable treatment, should be promoted and supported.

Ultimately, more must and can be done to improve women's experiences of health care and outcomes.

This year, The Lancet Group will be highlighting Women and Health as a particular area of focus to facilitate a conversation with key opinion leaders on often overlooked topics crucial for enhancing the health of women and girls globally. By shining a light on critical issues and fostering meaningful conversations, we hope to leverage the momentum to drive positive change. Our aspiration is for women and girls to access the care and support they deserve. Health equity should not be just a distant goal but a tangible reality for all.

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