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NATIONAL news

GENDER AND PAIN

Researchers are discovering physical and emotional differences in the ways men and women cope with pain by Bob Roehr

Sex is Mother Nature's biggest experiment," says Karen J. Berkley, a neuroscientist from Florida State University. "It affects absolutely every aspect of our lives, ranging from genetic to molecular, to physiological, to cellular, to psychological, to socio-cultural issues. And at every different level, from metabolism to structural differences, including the brain."

Berkley made those remarks during a National Institutes of Health conference entitled Gender and Pain: A Focus on How Pain Impacts Women Differently Than Men, held in the nation's capital in early April.

Women generally have a lower pain threshold than men and are more willing to acknowledge pain, according to some research.

"At some levels, what women are doing is recognizing a problem earlier, which gives them

nonopioid system only seems to be present in male mice. There are indications of a parallel but different system unique to females.

Dr. William Isenberg evaluated gender and pain in rats at the University of California San Francisco. He found that injecting opposite-sex hormones in males and females would reverse their thresholds of pain to reflect the gender of the hormone injection. Refining the work, he was able to reduce dosages and localize the effect so that sensitivity to pressure in one paw was "male" while the other remained "female."

This gender bending of rat paws has some profound implications. One is that it indicates regional-level "receptors for hormones that are active in the peripheral nerves to moderate neuron function." That is, not all pain is processed in the brain; there is some local autonomy in the nervous systems, which opens up the possibility

of using nonmorphine-based pain blockers at a localized level. Those types of drugs are likely to be safer, with fewer side effects.

Francis Keefe studies osteoarthritis at Ohio University. The disease affects 40 percent of middle-aged adults and 70 percent of older adults. Its most common symptom is pain.

But why do two individuals with the



Karen J. Berkley

more of a means to deal with it. So with greater vulnerability comes greater strength," says Berkley.

The hormone estrogen regulates a woman's monthly fertility cycle during the period from puberty to menopause. But science is increasingly uncovering ways that estrogen affects other body functions.

Bruce McEwen, a neuroendocrinologist at Rockefeller University in New York, says the very wiring of the brain's circuitry "is subtly influenced by the process of sexual differentiation" in the developing fetus.

Male and female brains each have nearly the same number of receptors for estrogen and the male hormone androgen, he explains.

"And yet there are numerous examples where giving estrogen to a male does not do the same thing to his brain as giving it to a female. And giving androgen to a female brain does not do the same thing as giving it to a male," McEwen adds.

Differences in nerve synapses and serotonin receptors have also been found in male and female spinal cords. All of these differences affect the way people's bodies make connections and process sensory information.

Jeffrey Mogil, a researcher at the University of Illinois, says most of the gender differences related to pain are "quantitative differences," matters of degree rather than of essence.

But his research has led him to believe there also is "the suggestion of qualitative sex differences in pain, where males and females achieve the same ends, but they do so using completely separate mechanisms."

Working with mice, he has isolated a "non-opioid" receptor system that appears to be "involved in the expression of stress-induced analgesia." It is a fight or flight mechanism that allows the body to block great pain for short periods of time.

He says the odd thing is, this particular



Francis Keefe

same degree of disease severity report quite different levels of pain?

"One may be confined to a wheelchair while the other is out walking the golf course every day," Keefe marvels.

So he asked his patients to keep a diary noting their level of pain and how they coped, and mail it in at the end of each day.

"Women reported 40 percent more pain. They were much more prone to use emotional-focused coping strategies to help them deal with the pain," he says.

These coping skills seemed to help them get beyond the pain and have a smaller spillover effect into the next day. Men, meanwhile, tended to carry pain over a longer period of time.

"Men have a lesson to learn here, particularly in the utility of active coping approaches," says Keefe. "It could well be that increasing the frequency of coping, particularly the strategies that have to do with the regulation of emotions, might have some benefits for men."

Patricia McGrath, professor of pediatrics at the University of Western Ontario, says, "If people don't know that what is happening is painful, and you don't express it in some way, it may mean that you won't receive good pain control."

She concludes "that parents need to help children understand something that most children learn on their own—that pain does have a positive, protective signal. You can deal with the reason for this pain and go on and resume normal activities."