

HIGHLIGHTS

No word for pain: how Mi'kmaq children express pain

First Nation children have the highest rates of pain-related conditions (e.g., from headaches, dental problems, injury, musculoskeletal conditions) in Canada, yet little is known about how they express pain. This lack of knowledge may affect the ability of clinicians to identify and treat pain and its underlying causes in this group.

In this qualitative ethnographic study, researchers interviewed 76 children and youth, 12 parents, 7 teachers, 6 elders and 13 health professionals in a large Mi'kmaq community in Atlantic Canada. The researchers found that there is no Mi'kmaq word for pain, but there are many derivatives of the word for "hurt." Community participants said that Mi'kmaq children were taught to be stoic when in pain. When they seek care, the children show muted pain behavior and communication mechanisms not consistent with standard pain tools. Instead, pain is often expressed using stories (see Box). Participants described frustrating health care experiences when they sought help for pain. Pain was sometimes untreated, resulting in missed school and self-management.

Latimer and colleagues suggest that clinicians allow for

additional time to assess pain via story-telling or word descriptions, using a family-centred and culturally sensitive approach. Conventional pain assessment tools may not be helpful; in particular, "hurt" may be a better term to use when assessing pain. *CMAJ Open* 2014;2:E133-138

Box: Ways community members described their pain and their perceptions of clinicians' responses during individual interviews and conversation sessions

E3: We paint a picture.

E1: We're storytellers, describe in detail and then they don't believe us.

E4: If somebody tells you how to make a pie and gives you bits and pieces, you have to put it together yourself. I mean, you say, oh okay I see where that pie came from. So you have to give all these different symptoms. You have to.

P4: Feels like someone is stabbing me from the inside.

P5: Feels like a heart attack.

Note: E = elder, P = parent.

Trends in the incidence of HPV-related cervical and noncervical cancers

The association between human papillomavirus (HPV) infection and cervical cancer has been well-known for decades; however, the link between HPV and cancers of the oropharynx, anus, penis, vulva and vagina has been confirmed more recently. With widespread adoption of Papanicolaou smear screening programs, rates of cervical cancer have been declining in North America. What about the rates for other HPV-related cancers?

The Alberta Cancer Registry was used to identify patients with HPV-associated cancers over a 35-year period (from 1975 to 2009). There was an increase in the incidence of noncervical HPV cancers during the study period, specifically cancers of the oropharynx and anus. The increase was most pronounced among men for oropharyngeal cancer (annual percentage change 3.4, $p < 0.001$) (see Figure) and among women for anal cancer (annual percentage change 2.2, $p < 0.001$). There was little change in incidence over time for other HPV-associated cancers (vulvar, vaginal and penile). As expected, the age-standardized incidence of cervical cancer declined over the study period.

Because there are no screening programs for the early detection of oropharyngeal and anal cancers, the increases in the inci-

dence of these cancers seen in this study are concerning. Shack and colleagues stress that education and prevention programs are urgently required, which may include HPV vaccination for males, as well as females. *CMAJ Open* 2014;2:E127-132.

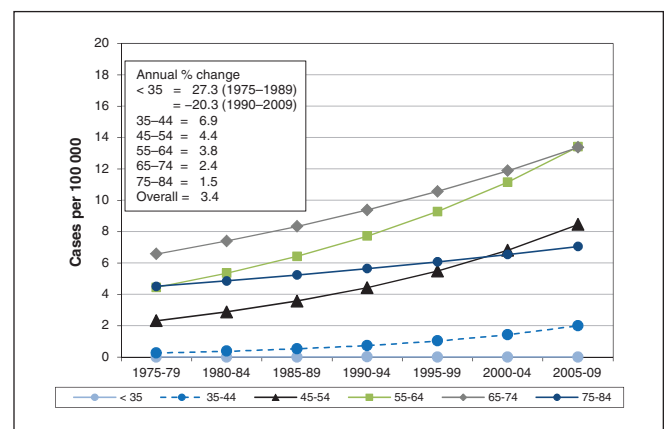


Figure: Age-specific trends in incidence of oropharyngeal cancers in men in Alberta, Canada, 1975-2009.