



# GENDER PAIN GAP INDEX REPORT YEAR 2

November 2023

# COMMITTED TO DRIVING CHANGE



**Dr. Angela Naef,**  
Chief Research and Development Officer, Reckitt

**Last year, our first Gender Pain Gap Index Report revealed that a Gender Pain Gap has been afflicting the lives of women for decades. This year, the gap has widened even further.**

This has made us more determined than ever to drive change and close the gap for good.

But we know that tackling such a big issue requires constant awareness, continued efforts into education and new research, as well as continued measurement of the situation over time.

It's why we are launching our second Nurofen Gender Pain Gap Index Report. Like last year, the Index is comprised of insights taken from a nationwide survey of over 5,000 UK respondents. It aims to both update on last year's report and provide further evidence that there's a growing gap between men and women in their experiences of pain, and receiving treatment for it.

It's widely acknowledged that the UK has yet to achieve gender parity when it comes to areas such as education, politics, pay and even healthcare. While the former are routinely benchmarked with studies, the gender pain gap has long gone unnoticed and under-researched.

When we launched our report last year, we knew it was time to make women aware of the issue. But we also wanted to drive industry awareness and encourage organisations and professionals within the healthcare industry to evaluate their

processes and biases accordingly. Of course, this meant addressing how we do things both at Nurofen, and across our wider Reckitt business too.

Today, we are reiterating the commitments we made as part of that process, and you can read on to see the progress we've made against each of them. We're also calling on industry and medical stakeholders and government policymakers to discuss the problem at hand and implement meaningful changes, such as effective gender bias training for all healthcare professionals.

Over the coming months and years, we will continue with our mission and are determined to see a marked change in both healthcare and pain management for everyone. Our hope is for this report to be the second in a long line of regular updates, fuelling conversation and progress on this important issue.

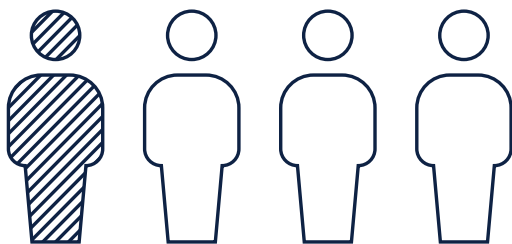
We want everyone to feel seen, heard and understood when it comes to the pain they experience, and we won't stop until the gap is closed.

# EXECUTIVE SUMMARY

Last year we revealed a Gender Pain Gap was leaving women feeling like their pain was disproportionately ignored or dismissed compared with men. Our research a year later has shown that, while there's increased awareness of the gap, it has, unfortunately, widened further: from 7% to 11%.<sup>1</sup> And there are consequences; women are experiencing longer diagnosis times than men, even when reporting the same pain.<sup>2</sup>

When it comes to healthcare, a 'male by default' approach has been prevalent across research, clinical trials and the design of policies and services.<sup>3</sup> While some acknowledgement had been made of this bias, less had been reported on the impact it has on how women get support for pain.

We launched our first Gender Pain Gap Index last year. It revealed that more women than men feel their pain has been ignored or dismissed by healthcare professionals (HCPs). One in four women versus one in six men felt, generally, no one took their pain seriously.<sup>4</sup> Nearly two-thirds (63%) of women surveyed thought the reason men's pain is taken more seriously than theirs is due to gender discrimination from HCPs.<sup>5</sup>



When we unearthed the Gender Pain Gap, we committed to help close it. This year's report is part of that commitment. We've undertaken a second round of research to see how the situation has changed from last year, and to understand the ramifications of the bias between the genders. We also wanted to go a step further this year and delve deeper into the specific types of pain experienced and how these experiences differ between men and women.



The survey included **5,015 UK adults** across demographically diverse backgrounds. Of the respondents **51.49%** were women, **48.21%** men and **0.3%** nonbinary/alternative gender identity.



**Our results show the Gender Pain Gap has widened from 7% last year to 11% this year, meaning 11% more women than men feel their pain has been ignored or dismissed.**<sup>6</sup> Nearly three-quarters of women surveyed (**72%**) felt gender discrimination was the reason men's pain is taken more seriously by HCPs – a **9%** increase on last year's research, where **63%** of female respondents felt this.<sup>7</sup>

## The widening Gender Pain Gap

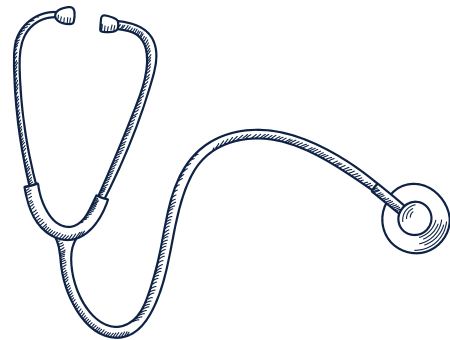


But we uncovered another worrying component to the problem this year: women don't just feel ignored; more women than men are experiencing longer diagnosis times than men for some of the same pain types.<sup>8</sup> What's more, less than half (**47%**) of women surveyed receive a diagnosis for their pain within 11 months, compared with two-thirds (**66%**) of men.<sup>9</sup>

Nearly one-third of women surveyed (**30%**) felt the reason it took so long to receive a diagnosis for the pain(s) they experience was because their HCP did not take their pain seriously or dismissed their pain. This is compared with less than one in five (**18%**) men.<sup>10</sup> It is therefore not surprising that nearly one-quarter (**23%**) of women surveyed have not tried to seek a diagnosis for the pain they experience, compared with just over one in ten (**13%**) men.<sup>11</sup>

The following pages will delve further into these findings, and outline further factors contributing to the Gender Pain Gap, as well as the current barriers to receiving treatment for pain. They will demonstrate the significant impact the gap is having on women's lives particularly as pain disproportionately affects both their mental health and overall quality of life compared with men.

We also show the progress Nurofen has made in delivering on the commitments made last year, as well as discuss those that still need to be addressed.



On our commitments page, you can read about the steps we've already taken in this respect. To begin, we are investing more into women's health research, one example of which is a new research grant into menstrual pain in adolescent women working with Wellbeing of Women. We are also offering free Gender Pain Gap training for HCPs. One of the largest pharmacies on the high street, Superdrug, has already trained two-thirds of its pharmacists, pharmacy assistants and nurses.

Furthermore, with one-fifth of women (20%) wanting more resources to aid better conversations between them and their HCP, you can learn about our PAIN PASS, a free, easy-to-use tool that we've created to help empower and equip women to get the right support, diagnosis and treatment for their pain.<sup>12</sup>

**PAIN PASS**

HELP BREAK THE BIAS AND NAVIGATE YOUR PAIN JOURNEY WITH CONFIDENCE

1 IN 2 WOMEN FEEL THEY HAVE HAD THEIR PAIN DISMISSED BECAUSE OF THEIR GENDER.

This free tool is designed specifically for women to help you tackle bias and have a more constructive conversation with your healthcare professional. Track your pain, record your symptoms and learn what to do when facing bias.

**When facing bias, remember the PASS acronym:**

**P**  
II

If you feel like you aren't being heard, pause the conversation "can we pause here, and discuss this in a bit more detail together?"

**A**  
?

Clarify with your healthcare professional how they came to their diagnosis and what their treatment plan is.

**S**  
!

Your pain is valid, have the confidence to know you can speak up if you feel your concerns have been ignored or dismissed.

**S**  
Q

If you continue to feel like your healthcare professional does not fully understand your situation, you're entitled to ask for a second opinion "I'd like another opinion, could you refer me to someone else?"

**PAIN WORDS**

How does your pain feel? Mark the words that best describe your pain.

Stabbing Burning Cramping Shooting Sharp

Heaviness Aching Twisting Pinching

Spasms Throbbing Tingling Pulsing Dull

Gnawing Tightness

Can't find the right words, add your own pain descriptions here:

**HOW MUCH DOES PAIN DISRUPT YOUR LIFE?**

Knowing how, and how much, your pain impacts your life can be useful when looking for a diagnosis.

Use this scale to explain how much your pain disrupts your life.

**1**

Minimally

I can carry on as normal

**2**

I've noticed some changes

**3**

I'm struggling more than usual and need help from others to manage

**4**

I'm noticing a lot of disruption to my life, sleep, work and family

**5**

Severely

I can't manage with my normal routine, everything is affected

**CALENDAR**

Use this to track which days you've been in pain and how severe the pain was. Mark the days with the corresponding number below.

**1 Mild**

**2 Moderate**

**3 Severe**

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Total number of days in pain this month			

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Total number of days in pain this month			

**THINGS TO REMEMBER AT YOUR APPOINTMENT**

Always remember the PASS acronym.

Your pain matters, you are entitled to ask for help.

Your family history is relevant; heart disease, diabetes, cancer, thyroid issues or any other conditions, do share it.

If you feel you need additional support, consider bringing a close friend or family member with you to your appointment.

**MY PAIN SUBMISSION**

Use this to keep a log of the times you share your pain with a Healthcare Professional.

Date \_\_\_\_\_

Time \_\_\_\_\_

Doctor \_\_\_\_\_

Nurofen is the manufacturer of Nurofen 200mg Tablets. For short term, mild to moderate pain. Contains Ibuprofen. Always read the label. BKT-M-3193

## Where do we go from here?

As a first step, we encourage women to read the report and recognise that they are not alone in feeling unheard or untreated. They can also download the PAIN PASS as a resource to help improve the quality of conversations and treatment plans for pain. But we also know closing the gap will continue to require support from government, regulators, industry and other stakeholders, who we urge to come on this journey with us.

From our side, narrowing the Gender Pain Gap remains a top priority. This year's study is the second in what we expect to be a series of reports that we anticipate will help us gain a deeper understanding of the gap's current status, measure our progress in closing it and identify what additional action is needed from both our company and the wider healthcare industry to take action. Together, we aim to support women and close this gap for good.

# What we're doing: An update on the commitments we made

## 01 Gender Pain Gap Index Report

Nurofen is launching its Gender Pain Gap Index Report for the second year to raise awareness of the issue and delve deeper into understanding the bias that exists when it comes to women's and men's experiences and treatment of pain, honing in on particular pain types.

By regularly updating these data, we can see how the situation is constantly changing, track the progress that is being made, and gain a better understanding of which areas need more of a dedicated focus for improvement.

## 02 Making women more visible in research

Nurofen has partnered with the charity Wellbeing of Women to fund an innovative new piece of research. The study, which will happen over 3 years, will investigate health literacy levels and attitudes towards menstrual pain in adolescent girls and women. It will also address the impact these attitudes have had over time on women's health journeys.

## 03 Product innovation

Nurofen is continuing to work on a long-term product pipeline of fit for purpose, bespoke solutions for women's pain.

## 04 HCP training and education

Nurofen has created free Gender Pain Gap training to help support HCPs. Leading high street pharmacy, Superdrug, has already committed to training all of its pharmacists, pharmacy assistants and nurses.

Nurofen has planned training events throughout 2024 – starting with the Women's Health Professional Care Conference in February, where experts in gender and pain will deliver face-to-face training for HCPs.

All the available training will be added to Nurofen's HCP website so other HCPs can access it.

## 05 Tools

Nurofen has also launched its PAIN PASS tool for people to use when speaking to their HCP, helping them track their pain, record their symptoms and learn what to do when facing bias. PAIN PASS has been designed to empower pain sufferers to get the support they need and ensure they are listened to. It was developed in partnership with leading pain specialists and frequent pain sufferers, and will be available online for download free from the Nurofen website, as well as in selected stores from 2024.

# SECTION ONE: HOW BOTH GENDERS EXPERIENCE PAIN

A year on from last year's report, our latest Gender Pain Gap Index findings have shown that nearly one-quarter (22%) of British adults surveyed still experience pain daily, making the UK a long-standing nation of pain sufferers.<sup>13</sup> In fact, only one in ten (11%) tend not to experience pains in their daily life.<sup>14</sup>

The top three pain types both men and women surveyed experience are back pain (45%), joint pain (42%) and headaches (38%).<sup>15</sup>

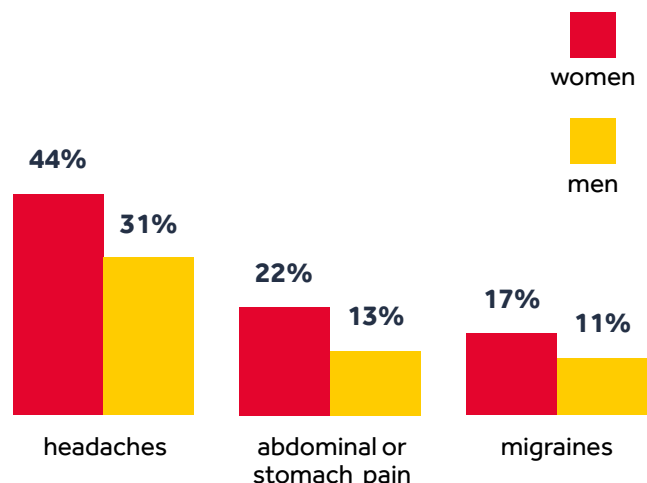
The pain experienced by women is vast and varied. According to the women surveyed, their top three pain(s) are headaches (44%), back pain (42%) and joint pain (38%).<sup>17</sup> In addition to these, there are of course other gender-specific pains that women commonly experience, such as period pains (31%), menopause-related pains (12%) and endometriosis pains (3%).<sup>18</sup>



- 45% back pain
- 42% joint pain
- 38% headaches

Although the percentage split was fairly close, overall, more women (90%) surveyed than men (86%) experience pain – ranging from daily to less than every 3 months.<sup>16</sup>

In fact, more women than men are likely to experience pains such as headaches (13% difference), stomach pains (9% difference) and migraines (6% difference).<sup>19</sup> One of the key causes for this is drops in oestrogen due to the menstrual cycle, which can lead to headaches and migraines, for example.<sup>20</sup>

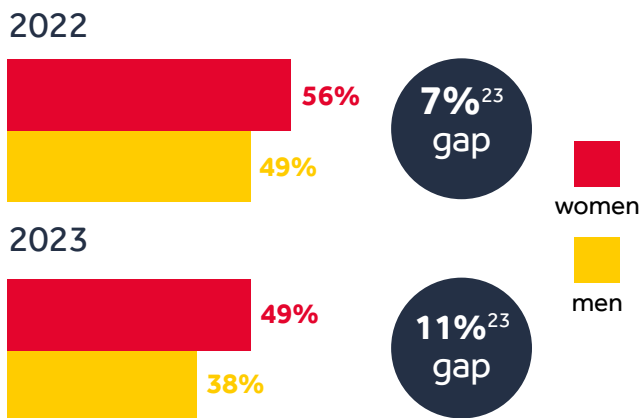




## But even with some of their pains being more varied and keenly felt than men's, women still believe their pains are more likely to be dismissed by HCPs.

Last year's data showed over half of women (**56%**) felt their pain was ignored or dismissed compared with **49%** of men – revealing a Gender Pain Gap of **7%**.<sup>21</sup>

A year on, while fewer women (**49%**) feel their pain has been ignored or dismissed, sadly the gap has widened to **11%**, with only **38%** of men saying their pain has been ignored or dismissed.<sup>22</sup>



The reduced numbers are likely due to progress that is being made in this area and, indeed, more women being aware of the Gender Pain Gap this year compared with last. Nearly three-quarters (**72%**) of women surveyed this year felt gender discrimination was the reason men's pain is taken more seriously by HCPs – a **9% increase** on last year's research, where **63% of female respondents** felt that way.<sup>24</sup> Other reasons why people surveyed felt men's pain is taken more seriously include different genders have different pain thresholds (mentioned by over one-third [**35%**] of both men and women) and that symptoms can be different for different genders (**cited by 33% of women and 35% of men**).<sup>25</sup>

But the most promising news was that both sexes are on board when it comes to addressing the Gender Pain Gap. Nearly two-thirds (**62%**) of British adults surveyed agree that everyone's pain should be taken seriously regardless of their gender.<sup>26</sup>



The Gender Pain Gap is a multifaceted issue, encompassing everything from the way women feel pain through to how they talk about it, and then onto how they are diagnosed and treated for it. With such a complex issue, there's no **'one-size-fits-all'** solution to closing the gap.

The promising news is that this year's research shows fewer women and men are finding their pain ignored or dismissed. **This may be because people are becoming more aware of the issue, and it's leading to better quality conversations between patients and HCPs, which is a crucial and positive step forward.** However, unfortunately, the Gender Pain Gap itself has grown, as the rate at which women's dismissals are reducing is not as fast-paced as men's, and this needs to change.

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**Dr Bill Laughey, Senior Medical Scientist at Reckitt**





# SECTION TWO: DIAGNOSIS TIMES

We wanted to understand the impact the Gender Pain Gap was having on women's experiences of pain, in comparison to men. Unfortunately, we found that women are experiencing longer diagnosis times than men, even when experiencing the same common pain types.

Worryingly, less than half (47%) of women surveyed received a diagnosis for their pain within 11 months, compared with two-thirds (66%) of men who received a diagnosis within that timeframe.<sup>27</sup> Common ailments such as back pain (54% of women vs 77% of men), joint pain (58% vs 74%), stomach pain (50% vs 67%), migraines (69% and 80%) and headaches (47% vs 58%) all see fewer women receiving a diagnosis within 11 months than men.<sup>28</sup>

## Percentage of women vs men who received a diagnosis for their pain within 11 months for the following pain types

back pain



joint pain



stomach pain



migraines



headaches



women men

Furthermore, more women (15%) are having to wait a year or longer to receive a diagnosis for their pain than men (11%).<sup>29</sup> For abdominal pain, double the number of women surveyed had to wait more than a year for diagnosis than men (16% vs 8%); 23% of women compared with 12% of men had to wait more than a year for a diagnosis with arthritis pain; and 49% of women vs 31% of men had to wait over a year for diagnosis for fibromyalgia.<sup>30</sup>

But perhaps the most concerning statistic is that 14% of women surveyed still don't have a diagnosis for their pain, compared with just 9% of men.<sup>31</sup> This is particularly the case for certain types of pain. Nearly five times the number of women (9%) who experience migraines are still awaiting a diagnosis compared with just 2% of men. Additionally, 17% of women are still waiting for a diagnosis for their joint pain, compared with just 9% of men.

Women surveyed felt that the reason it took so long to receive a diagnosis for the pain(s) they experience was because their HCP did not take their pain seriously or dismissed it. Nearly one-third of women surveyed (30%) felt this way, compared with less than one in five (18%) men.<sup>33</sup>

It is therefore clear the industry, medical stakeholders and government policymakers must work together to better equip HCPs with the training and support they need, helping to ensure they provide fair and unbiased support to patients, regardless of their gender.



# CHLOE'S STORY

**Age:** 20

**Health/pain conditions:** endometriosis, polycystic ovaries and fibromyalgia



**I was 8 years old when I first started my period. It would be so painful that I would collapse, faint and throw up. I remember thinking that having that happen to me every month was normal, even though it was so bad that I couldn't go to school or hang out with my friends.**

My family just thought I was struggling with handling a heavy period. I suffered terribly every month until I turned 15, which is when the pain became daily.

When I initially sought help, I was either told I had a urinary tract infection – or that I was looking for attention – and yet I was bleeding so much at that point that I'd routinely pass out.

We ended up taking around 30 trips to A&E in 2 months, but I was repeatedly told there was nothing medically wrong with me – that it was most likely because I was stressed about my GCSEs. Four specialists told me there was nothing wrong, and nothing they could do to help: 'It's just part of being a woman. Everybody goes through this'. No, they don't.

I felt so unbelievably isolated. I felt alone. I felt trapped. I just wanted to know what was wrong with me. You start to believe professionals when they say that there's nothing medically wrong. You start questioning your own mind.

My friends didn't really understand. I wanted to be able to see them but my body felt broken. There was so much every day that I wanted to do, but my body failed me. I ended up missing my final term at school because of the pain.

Eventually, my mum became fairly confident it was endometriosis and refused to take me away from the hospital unless I got some actual help. She demanded I see a specialist in the hospital that same day. It was only at that point, after 7 years of pain, that I was diagnosed with stage two endometriosis – on both sides of my pelvis and my womb. It was everywhere.

I had emergency surgery 2 weeks later, but there's no cure – it can only be managed. I would like to try a hysterectomy one day, but again, that's not a cure. It's just my best chance of managing it.

I believe if I'd have said how I was feeling, but I was a different gender, things would have been taken a lot more seriously. It's why I want to urge other women to keep fighting. Remember, you're not crazy. You're not insane. Your pain is real. You know your body better than anybody else. Keep fighting. Push for a diagnosis when you know something isn't right.





# NATASHA'S STORY

**Age:** 40s

**Health/pain conditions:** myalgic encephalomyelitis (ME), chronic fatigue, fibromyalgia



**Prior to getting ill, I was incredibly fit. I played table tennis for Sussex and won dance competitions. I embodied this healthy aura.**

But then one day my life changed in the blink of an eye. I'd set off for my job DJing on the London Underground, and made it into town with my CDs, but suddenly I just thought 'I can't actually do this'. I had to turn around and go home, where I collapsed.

That was the start of my mystery illness, which seemed to just come on overnight, but left me pretty much bedbound for 2 years.

I couldn't walk, I couldn't go upstairs, I couldn't lift a kettle to pour myself a cup of tea. I was in excruciating pain throughout my entire body. And I also lost my cognitive function, so I could barely speak. It was too much effort to even have a conversation.

I ended up in A&E a few times because my partner knew something was seriously wrong. But any tests I took came back normal. It was repeatedly suggested that I was just stressed, or it was burnout, or maybe it was my emotions. But I knew it was more than that – it had become too hard to do anything, to even just live. I felt like I was just one step away from being in a coma. At my worst, I could barely walk unassisted and, ideally, needed a wheelchair, but my husband had damaged his leg at the time so was unable to push me around.

I'd often feel invisible. I was so routinely dismissed by HCPs that I felt like a ghost. After 6 months of being told I didn't have glandular fever, even though I had an inkling that's what it was, I kept pushing to get tested for it and, when I finally did, it came back positive.

Around 2 years after my glandular fever diagnosis, and after still feeling awful during that time, I found out about some trials for ME, also known as chronic fatigue syndrome. Glandular fever is a well-known trigger for ME, so I'd started to think I did have it. I did a lot of digging to see who was running the trials and then approached them. Taking part in that trial was when I finally got a diagnosis of ME. I was then eventually diagnosed with fibromyalgia too by a top private doctor in London. I scored high on the test with the majority of points in the body registering a pain response. He used a device called a dolorimeter, which can measure the exact amount of pressure applied. A positive result is one where pain is triggered on one of the key tender points. I had one of the most severe cases they'd seen.

It was like, finally getting a diagnosis actually spurred me on. Being told I could be bedbound for the rest of my life made me not want to be. If I'd had that diagnosis sooner, and an understanding that there was something fundamentally wrong with my system, then I would have had something to fall back on – that I wasn't attention seeking, and it wasn't something that was just wrong with me.

Through natural treatments, I have recovered enough that I am now able to lead a normal life as a mother and run my own holistic business.

But looking back, I think I was encouraged to just get on with it because I was a woman, and it feels like a betrayal in a way. Like a form of abandonment.



# SECTION THREE: THE TOLL THE GAP IS TAKING

Going undiagnosed for so long is taking its toll on both men and women, with the pain they experience impacting their quality of life and mental health.

Women are slightly more affected in this respect; nearly half (**48%**) of the women surveyed said living with their pain makes doing everyday tasks (such as exercise or getting chores done) difficult, while a slightly smaller proportion of men (**42%**) said the same.<sup>34</sup>

And it's having an impact on people's quality of life too. Nearly one-third of women (**30%**) said that experiencing pain is affecting their social life, while one-fifth (**20%**) said it has stopped them from working. One-quarter of the men (**24%**) surveyed also saw a toll on their social life, while **16%** said it stops them from working.<sup>35</sup>

## Impact of pain on everyday life

affects their social life



stops them from working



makes doing everyday tasks difficult



women men

Living with pain is, unfortunately, having a negative effect on our mental health too. Across common pain types, over one-quarter (**27%**) of women surveyed say the pain they experience has affected their mental health in a negative way.<sup>36</sup> One in five (**21%**) men said the same.<sup>37</sup> There were notable gaps for fibromyalgia (**44% of women vs 38% of men**), autoimmune pain (**37% of women vs 26% of men**) and joint pain (**18% of women vs 15% of men**) when it came to the toll pain was taking on the mental health of the two genders.<sup>38</sup>

## Negative effect of pain on mental health



fibromyalgia



autoimmune pain



joint pain



women men



Not only are women having to wait longer for a diagnosis, but it's worrying to see how their **everyday lives are being disproportionately affected by the pains they're experiencing.**

We're also seeing women more likely to report a decline in their mental health as a result of pain. **Women are telling us their pain has left them feeling anything from depressed, to isolated, to gaslit and even convinced their physical pain is in their own mind while they wait for a proper diagnosis.** This cannot continue, and it's why more accurate information, education and research about women's health is needed. This will allow us to incite real change for women and help them get the healthcare and support they desperately need much quicker.



**Janet Lindsay, CEO,**  
Wellbeing of Women

It's not just the chronic pain that gets you. My mental health also went downhill rapidly. **You feel isolated when you can't socialise for so long, and you end up living in your own mind.**

I believed that I was going insane. I think if I'd have been told 'your pain's real, you have endometriosis' much earlier on, it would have saved my mental health, as well as a lot of scar tissue and pain from the endometriosis spreading. **I would be living a better life now.**



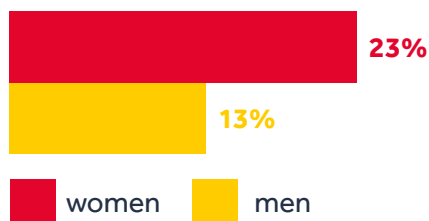
**Chloe, aged 20**



# SECTION FOUR: BARRIERS TO TALKING ABOUT PAIN

Perhaps one of the most concerning findings was that, despite the impact it's having on their quality of life and mental wellbeing, nearly one-quarter (23%) of women surveyed have not tried to seek a diagnosis for the pain they experience – compared with just over one in 10 (13%) men.<sup>39</sup>

## Percentage of adults who have not tried to seek a diagnosis for their pain



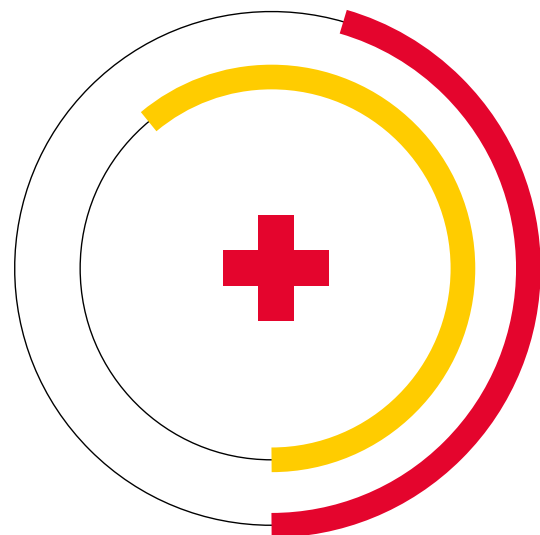
This is understandable given there are a number of barriers women experience when it comes to talking about pain.

For example, of the men and women who feel uncomfortable talking to certain people about their pain, the survey showed nearly half (45%) of women said the reason is because they feel like they may be judged as a complainer/moaner, compared with just over one-third (35%) of men.<sup>40</sup>

Sadly, it seems like these concerns are quite founded: one in 10 (10%) women surveyed reported their GPs describing them as, overly emotional, when ignoring or dismissing their pain in the past.<sup>41</sup> Nearly one-fifth (17%) reported that their GP called them, overly dramatic, and 16% stated their GP didn't trust what they were saying.<sup>42</sup>

In fact, of those surveyed who have not consulted an HCP (e.g., doctor/pharmacist/specialist doctor) about the pain(s) they experience, 14% of women say it is because they are worried their pain won't be taken seriously compared with just 8% of men.<sup>43</sup>

An additional barrier to talking about pain is women, in general, find it much harder to explain their pain to their HCP compared with men. Less than half of the women surveyed (48%) find it easy to explain the pain they experience, in contrast to two-thirds (64%) of men.<sup>44</sup>



- 48% of women find it easy to explain the pain they experience to their healthcare provider
- vs 64% of men





## HILARY'S STORY

**Age:** 60s

**Health/pain conditions:** back pain



**My back pain probably started back in the 80s or the 90s when I was a hairdresser, on my feet all day, tending to about twenty clients daily.**

The pain would go from about a three or four on the scale to ten. So, from being manageable to just getting worse and worse until by about 5pm, it was horrendous, and all I could do was lie on the sofa. It would start in my lower back and then go into sciatica where I couldn't move my leg at all.

For years, I just accepted it as a bad back. Then one day I realised I couldn't live with it anymore and went for help. I was told it was just wear and tear. I was probably in my early 50s at the time, so I didn't feel like I'd done that much for it to be wear and tear, but that's what I was told it was.

So, I went away and generally put up with it. I had a bit of acupuncture. The doctors told me to swim and to stretch and buy a new bed, which I did. It didn't make any difference. I saw a few more doctors for it. One prescribed me antidepressants on the basis that I was in my 50s, and they decided I was obviously menopausal. It was probably a 3-minute doctor's appointment, and I didn't feel listened to at all.

Instead of getting better, the pain kept getting worse. It was only after 18 months of chronic pain that I was finally referred to a consultant. I remember practically crawling into his office,

crying. After running all of the necessary scans, they discovered that it wasn't wear and tear after all. Nor was it because I was a woman, or of a certain age, which was constantly suggested during my trips to the GP. It was a disc that was leaking debris onto the sciatic nerve. It was so bad that I was booked in for surgery the following day.

I woke up after the surgery not in pain. That's how much difference getting treated made.

Finally getting my diagnosis and subsequent surgery made me realise just how let down I'd been for years. I think I had automatically been seen as a woman in her 50s who could be fobbed off. The same never happened to my husband when he had back pain and he always seemed to be referred very quickly.

At times, I definitely felt that doctors just saw me as a dramatic, emotional woman, and it's not right. I don't think for a minute that if a man had gone in with my symptoms, they would have said 'you are just being emotional' or 'you're being dramatic'. But they'll happily say it to a woman. And the irony is, I don't think I was dramatic enough. Perhaps if I had been more dramatic, it would have saved me years of horrible pain.





# SECTION FIVE: HOW PAIN IS TREATED



Self-care is appropriate for many pain occasions. But the research reveals that even when women feel like they need to visit an HCP for help, they are often either still being offered self-care, or feel pushed into continuing to self-treat their pain because it is being dismissed or ignored. This is especially the case for gendered pain like periods, endometriosis or pain related to the menopause.

Most pains we experience are fortunately not due to anything serious, but there are times when pain is signalling a more serious issue that needs to be investigated and managed. So, it's concerning that women are more often feeling dismissed when they seek advice for pain, and even more concerning that they are sometimes deterred from seeking any medical advice because of the Gender Pain Gap.

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**Dr Bill Laughey, Senior Medical Scientist at Reckitt**

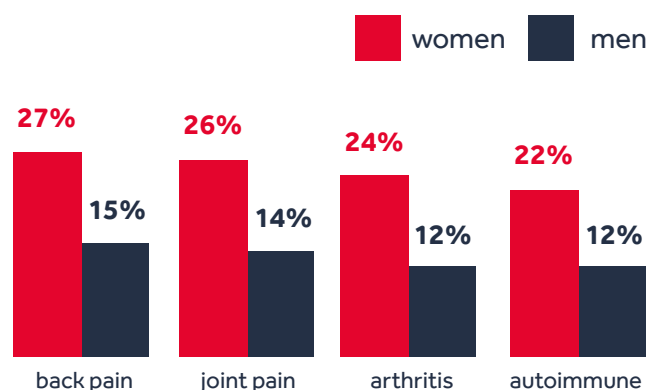


When it comes to autonomously choosing self-care treatments over seeing a doctor or other HCP, it's quite a bleak picture. One in 10 (**11%**) women surveyed who chose self-care over consulting from HCPs for regular pain(s) said they do so because they fear not being believed, compared with **6% of men**.<sup>46</sup> Additionally, nearly twice as many women than men (**13% vs 7%**) surveyed who choose self-care over consulting HCPs for regular pain(s). They report doing so because they are not taken seriously by their healthcare provider.<sup>47</sup> Furthermore, nearly one-fifth (**17%**) of women do so because they felt ignored by their healthcare provider on a previous occasion, whereas only one in 10 (**10%**) men feel this way.<sup>48</sup>

In fact, even if they do choose to go see an HCP, women feel like they are fobbed off with self-care solutions to treat their pains. More women than men surveyed feel they were offered

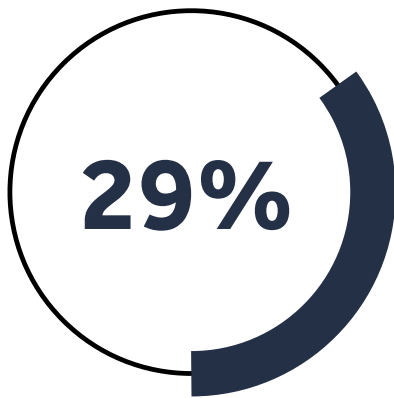
self-care to treat their pain(s) because their HCP didn't believe how severe their pains were, including back pain (**27% of women surveyed vs 15% of men**), joint pain (**26% vs 14%**), arthritis pain (**24% vs 12%**) and autoimmune pain, i.e., rheumatoid arthritis and lupus (**22% vs 12%**).<sup>49</sup>

**Number of UK adults who feel they were offered self-care to treat their pain(s) because their HCP didn't believe how severe their pains were**

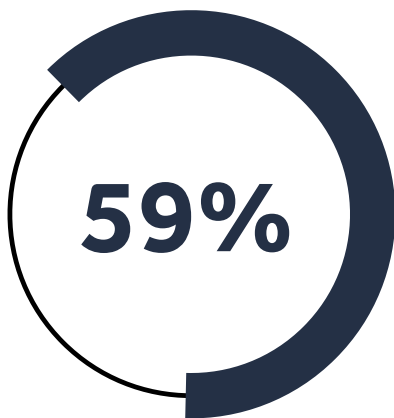


# TREATMENT OF WOMEN'S PAIN

Of the women surveyed who experience period pain(s), nearly one-third (**29%**) believe they were offered self-care to treat the pain because their HCP didn't believe how severe their pains were.<sup>50</sup>



Of the women surveyed who experience endometriosis, nearly six in 10 (**59%**) believe they were offered self-care to treat it because their HCP didn't believe the severity of their pain(s).<sup>51</sup>



For women surveyed aged 18-34 who have chosen self-care over seeing a doctor or other HCP (e.g., a pharmacist), nearly one-fifth (18%) have done so because they felt ignored by their healthcare provider on a previous occasion.<sup>52</sup>



Furthermore, **15%** have done so because they feel they are not taken seriously by their healthcare provider.<sup>53</sup>



# NATASHA'S STORY

**Age:** 30s

**Health/pain conditions:** migraine



**In my 20s I started having migraines. At first, I thought they were normal headaches until it started feeling really painful when I was outside in the sun, or I would be driving and the headlights from other cars would really affect me.**

I prolonged seeking medical help because I thought I could just carry on. I had things to do; I had to go to work, to look after the kids. So, I tried to ignore the problem and just carry on with life, until it eventually became a problem I could not ignore.

Whenever I tried seeing a doctor, the first thing they would say is 'you probably need to lose some weight'. And I would reply, 'what does losing weight have to do with migraines?'. I have four kids, I didn't have much time to sit down. I was exercising and eating healthily. But still, I was being told that a healthier lifestyle would help the migraines.

Deep down inside, I knew it wasn't about the weight – I have friends who are plus-sized as well, and they weren't suffering from migraines.

I stopped going to the GP as I didn't want to sound like a moaner, just complaining about migraines all the time. I just wanted them to go away. My partner didn't really understand it. He just wanted me to put up with it and carry on too – even though some days I just couldn't.

Perhaps it's a woman thing, but the main person who listened to me was my mum. She helped with home remedies and painkillers, and even took me for acupuncture.

I've learnt to live with the pain through self-care and have strong painkillers for it now. But it's been a difficult journey. It's hard finding the right medication to take care of your pain on your own. Nevertheless, I find it largely manageable now. I've found some solutions and have managed to find a balance where I can carry on even when I'm suffering with a migraine.



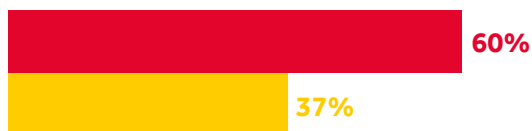
# SECTION SIX: WHAT CONTRIBUTES TO THE GENDER PAIN GAP?

This year's survey showed that **49% of women vs 38% of men** feel their pain(s) are being ignored or not taken seriously.<sup>54</sup> Furthermore, just over one-quarter (**26%**) of women surveyed think HCPs take men's pain(s) more seriously than women's, whereas only **7%** of men think the same.<sup>55</sup> So, you can start to see different attitudes towards the Gender Pain Gap.

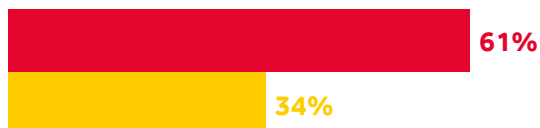
Of the British adults surveyed who believe the Gender Pain Gap exists, the top factors cited for contributing to the gap include: women being expected to naturally suffer pain; women not always being taken seriously because they are viewed as 'emotional'; women's pain being seen as 'psychological'; and women being more likely to exaggerate their pain to get attention.<sup>56</sup>

## Reasons for the Gender Pain Gap

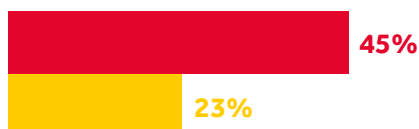
Women being expected to naturally suffer pain, e.g, period pain or childbirth<sup>57</sup>



Women not always being taken as seriously because they're viewed as 'emotional'<sup>58</sup>



Women's pain being seen as psychological<sup>59</sup>



And women being seen as more likely to exaggerate their pain to get attention<sup>60</sup>



Too often we're seeing women not being taken seriously because of existing, unfounded gender stereotypes that they are 'more emotional' or more likely to exaggerate their pain for attention. But women need to know that their pain will be given the right level of gravitas, regardless of their gender.

We want women to feel emboldened to seek help for their pain, and not to feel like it's something they simply have to endure because they are a woman. That's why we've created a PAIN PASS tool, which helps people describe their pain, encourages them to push for help when it's needed, and lets them know they can always ask for a second opinion.

**Dr Angela Naef**, Chief Research & Development Officer at Reckitt



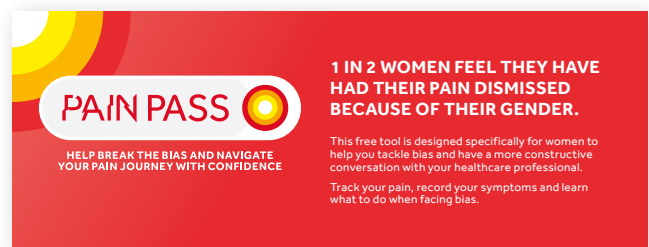
# THE CHANGES NEEDED

## So where do we go from here? How can we support women to get the help for their pain that they need?

Well, the most important change women surveyed would like to see when it comes to closing the Gender Pain Gap is more understanding from HCPs, with **41%** citing this as their top change.<sup>61</sup> Meanwhile, one-third (**33%**) of women agree that they would like HCPs to have more training to help ensure unconscious gender bias doesn't impact their professional medical judgement.<sup>62</sup> Nearly one-third of women surveyed (**32%**) also want better research done to help close the Gender Pain Gap.<sup>63</sup>

And finally, to help them have the right conversations to get support, diagnosis and treatment for their pain, one-fifth of both women (**20%**) and men (**19%**) want more resources to aid better conversations between women and their HCPs.<sup>64</sup>

To help support people in having these conversations, we've just launched the **PAIN PASS**. The **PAIN PASS** is a free new tool available for download online or in selected stores. It has been created to aid conversations between pain sufferers and their healthcare providers, helping them get the right support and subsequent treatment for their pain.



At Nurofen, we're committed to taking steps to close the gap. This is why we've developed the PAIN PASS in collaboration with leading pain specialists and women experiencing pain, ensuring we're creating something that empowers women to get the support and treatment they need. But we can't close this gap by ourselves, which is why we're calling on industry and medical stakeholders, alongside government policymakers, to come together to discuss the problem at hand and implement meaningful changes, such as effective gender bias training for all HCPs.



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**Dr Bill Laughey, Senior Medical Scientist at Reckitt**

Furthermore, in line with the women surveyed wanting more gender bias training for their HCPs, we've created free Gender Pain Gap training and are offering it to all HCPs in the UK. We've already seen uptake from leading high street pharmacy Superdrug, which has committed to training all of its pharmacists, pharmacy assistants and nurses, with two-thirds completing the training to date. We're working closely with industry leaders to ensure more organisations follow suit.

We have planned HCP training events throughout 2024, starting with the Women's Health Professional Care Conference in February and we will be creating more training throughout the coming year, which will be added to our website for HCPs to access easily.

**'Pain is one of the most common reasons patients come into our pharmacies, seeking expert advice and treatment. Women and men often experience pain differently, both physiologically and psychologically. Thanks to Nurofen and the training programme, we can ensure our pharmacists provide fair and unbiased support so we can better support women and play our part in closing the Gender Pain Gap.'**

**Ghada Beal,**  
Superdrug's Healthcare Director

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**'As pharmacists, supporting patients' needs and providing them with the best patient care is always our top priority. Nurofen's Gender Pain Gap training has refreshed my awareness of how every patient faces different challenges when it comes to having their pain diagnosed and treated. Our role is to always ask the right questions, actively listen to what we're being told, and then offer the best support and advice.'**

**Aqib Hassan,**  
Superdrug pharmacist, Streatham

Superdrug ☆



If we're to improve access to healthcare for women and girls then we need to address the structural inequalities across our health system. As per the Women's Health Strategy for England, that means equipping HCPs with the right training, resources and tools to have the most effective conversations when women come to them in pain. It also means educating women themselves on their pain, so they can make informed and evidence-based decisions about their health.

But all of the above will require more investment in women's health research, which has been underfunded for too long. It's time for us to get better insights into everything that affects women across their life course, from menstrual problems, endometriosis and fibroids to menopause. Research can also help us better understand issues and complications in fertility, pregnancy and birth, such as miscarriage, stillbirths and premature births, as well as, of course, gynaecological cancers. We're delighted to be working closely with Nurofen on a 3-year-long research initiative that will focus on menstrual health in adolescent women. It's a really important project, and one that will significantly contribute to tackling the Gender Pain Gap.

**Janet Lindsey, CEO,**  
Wellbeing of Women







## CLOSING STATEMENT FROM **DR MARIEKE BIGG, SOCIOLOGIST AND AUTHOR OF 'THIS WON'T HURT: HOW MEDICINE FAILS WOMEN'**

**When we're able to manage pain and get by, it is easy to ignore it. We may feel like we're wasting a healthcare professional's time by seeking advice. This is how health issues multiply and become chronic.**

The problem is worse for women, who also face long-established sexism when reporting their pain to healthcare professionals. Old adages that treat women as emotional and melodramatic are baked into our culture and shape biases we all have – this is equally true for healthcare professionals. Women's pain is often trivialised, is perceived through a gynaecological lens, where discomfort is easily normalised and accepted as just 'part of being a woman'. Over the centuries, this has led to women's pain being overlooked, creating a Gender Pain Gap.

Because of these widely-held, often unconscious, gender biases, some HCPs may be more likely to psychologise women's pain – easily dismissing symptoms by attributing them to stress or fluctuating hormones. In contrast, men's reports are more likely to be investigated with the appropriate physical checks, even when both are complaining of the same types of pain.

With initiatives like Nurofen's See My Pain campaign and the Gender Pain Gap Index Report, we're finally seeing more acknowledgement of the issue.

**But we are still a long way from closing the gap.**

With Nurofen's commitment to running this research on a regular basis, we will be in a much better position to do just that. If we can monitor the gap and its causes, we can better understand where adjustments to healthcare provision need to be made.

The findings from the two existing reports, and in those to come, will equip the broader medical profession with awareness, and prompt them to take women's pain seriously, so that women receive the same treatment as men.

Women need to start feeling listened to and supported. They should be equipped with the tools they need to help them have conversations about their pain. Medical professionals also require support and training in addressing their biases when dealing with female patients, ensuring they can respond to women appropriately.

Taking women's pain reports seriously is the start of better healthcare for women. I'm glad to be working with Nurofen on tackling this important area. Let's put the amelioration of women's pain at the centre of our efforts and encourage more stakeholders to come together and close the Gender Pain Gap.



# REFERENCES

All statistics quoted are from Nurofen's 2023 Gender Pain Gap survey conducted by One Poll. The survey included 5,015 UK adults across demographically diverse backgrounds. Of the respondents, 51.49% were women, 48.21% men and 0.3% nonbinary/ alternative gender identity. Statistics quoted as 'last year's' data are from Nurofen's 2022 Gender Pain Gap survey conducted by One Poll among 5,100 UK men and women in August 2022.

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