

EXPLORING THE MYSTERY:
FORMING A SUBSTANTIVE
THEORY FOR PERIPHERAL
NEUROPATHIC PAIN IN AIDS
PATIENTS

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Background: A variety of peripheral neuropathies occur throughout the course of HIV infection, with the most common peripheral nerve disorder of late HIV infection being distal sensory neuropathy (DSP). HIV-associated DSP affects up to one-third of patients with AIDS and commonly presents in the soles and dorsum of the feet. DSP can cause a burning and tingling type of pain. Painful sensory neuropathy is a challenging condition in that there is not known effective treatment. Current management strategies fail to achieve satisfactory pain relief in many persons.

PURPOSE: This study was designed to explore the everyday life experiences related to peripheral neuropathy in persons with AIDS (PWA's) and the behaviors they initiate to alleviate pain. The specific aim of the study was to gather information so that nursing intervention protocols can be designed to reduce peripheral neuropathy in this unique population.

Method: A qualitative study using a grounded theory approach was used to better understand the impact chronic neuropathic pain has on PWA's. Semi-structured interviews were conducted with 19 subjects in 2003. The study sample included 12 males (63%) and 7 females (37%) with an average age of 41.6 years. The ethnicity of the subjects was 6 Caucasian (32%), 11 African-American (58%), and 2 Hispanic (10%). The average CD4 lymphocyte count (n=17) was 294.

FINDINGS: DSP is beyond consistent descriptions and many interventions are attempted and are ineffective; however those that work are highly individualized. Emerging themes included isolating the symptom cluster, inventing and testing interventions, and assimilating the annoyance.

Discussion: Results indicated a need for better pain assessment by nurses and importance of teaching strategies to manage pain and to compensate for the functional disability that occurs with DSP.