REVIEW

# Reviewing the Potential Role of Artificial Intelligence in Delivering Personalized and Interactive Pain Medicine Education for Chronic Pain Patients

Christopher L Robinson<sup>1,\*</sup>, Ryan S D'Souza 60<sup>2,\*</sup>, Cyrus Yazdi<sup>1</sup>, Efemena M Diejomaoh<sup>3</sup>, Michael E Schatman (1)<sup>4,5,\*</sup>, Trent Emerick (1)<sup>6,\*</sup>, Vwaire Orhurhu<sup>7,8,\*</sup>

Department of Anesthesiology, Critical Care, and Pain Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA; <sup>2</sup>Department of Anesthesiology and Perioperative Medicine, Mayo Clinic Rochester, Rochester, Minnesota, USA; <sup>3</sup>Department of Psychiatry & Behavioral Science, Meharry Medical College, Nashville, TN, USA; <sup>4</sup>Department of Anesthesiology, Perioperative Care, and Pain Medicine, NYU Grossman School of Medicine, New York, NY, USA; 5Department of Population Health-Division of Medical Ethics, NYU Grossman School of Medicine, New York, NY, USA; 6Department of Anesthesiology and Perioperative Medicine, Chronic Pain Division, University of Pittsburgh Medical Center, Pittsburgh, PA, USA; <sup>7</sup>University of Pittsburgh Medical Center, Susquehanna, Williamsport, PA, USA; <sup>8</sup>MVM Health, East Stroudsburg, PA, USA

\*These authors contributed equally to this work

Correspondence: Vwaire Orhurhu, MVM Health, East Stroudsburg, Williamsport, PA, USA, Email vwo569@mail.harvard.edu

Abstract: The integration of artificial intelligence (AI) in patient pain medicine education has the potential to revolutionize pain management. By harnessing the power of AI, patient education becomes more personalized, interactive, and supportive, empowering patients to understand their pain, make informed decisions, and actively participate in their pain management journey. AI tailors the educational content to individual patients' needs, providing personalized recommendations. It introduces interactive elements through chatbots and virtual assistants, enhancing engagement and motivation. AI-powered platforms improve accessibility by providing easy access to educational resources and adapting content to diverse patient populations. Future AI applications in pain management include explaining pain mechanisms, treatment options, predicting outcomes based on individualized patient-specific factors, and supporting monitoring and adherence. Though the literature on AI in pain medicine and its applications are scarce yet growing, we propose avenues where AI may be applied and review the potential applications of AI in pain management education. Additionally, we address ethical considerations, patient empowerment, and accessibility barriers.

Keywords: ethics, chatbots, machine learning, natural language processing, patient education

#### Introduction

Patient pain medicine education plays a vital role in pain management, providing individuals with the knowledge and skills necessary to understand their conditions and actively participate in their own care. Patient pain medicine education focuses on informing patients about their condition, treatment options, prevention strategies to decrease the exacerbation of their condition, and possible outcomes of their treatments. The goal is to provide education in a digestible manner that will enhance the patients' ability to make informed decisions, increase compliance with treatment, and produce better outcomes as a result. Unfortunately, traditional patient education approaches have limitations in terms of personalization and interactivity. The integration of artificial intelligence (AI) in patient education offers promising solutions to address these challenges. By leveraging AI technologies, patient education can be enhanced, providing personalized and interactive educational resources that cater to individual needs and preferences.

AI algorithms can personalize educational content by analyzing individual patient data, thereby enhancing the relevance and effectiveness of educational materials. Interactive learning experiences powered by AI, such as chatbots and virtual assistants, engage patients in real-time communication and feedback. 1-5 AI also improves accessibility by providing mobile applications and multilingual capabilities, allowing patients to learn at their own pace. With the use of wearables, data can be collected and analyzed, providing further feedback and information on the patient's habits.<sup>6,7</sup> In addition, AI's applications in pain management education include simplifying complex pain mechanisms, offering evidence-based treatment recommendations, and supporting adherence through personalized reminders and reinforcement. 8,9 However, ethical considerations, patient empowerment, and accessibility barriers must be addressed for the successful integration of AI in patient education. Future advancements may involve natural language processing (NLP) and machine learning (ML) to further enhance customization and collaboration among healthcare professionals. AI experts, and educators to optimize pain management outcomes and patient satisfaction. 10,11 This review explores the potential benefits of AI in patient pain medicine education, and addresses the challenges and considerations associated with its implementation.

#### **Benefits of AI in Patient Education**

#### Customization and Personalization

Leveraging advanced AI algorithms, educational content can be tailored to the specific needs of individual patients. By analyzing their comprehensive medical history, socioeconomic and demographic data, symptoms, preferences, and results. AI can generate personalized recommendations that align with each patient's unique circumstances and requirements. <sup>12,13</sup> AI can adapt to the specific needs of each patient, enabling a more targeted and personalized approach to education, thereby enhancing patient engagement, yielding better-informed decisions and overall treatment outcomes. 14,15 By tailoring educational resources to the individual, AI empowers patients to take an active role in their own care, promoting a sense of autonomy and improving treatment adherence. These educational materials can include patient discharge instructions, medication usage instructions, pre-procedure guidelines and suggestions, and education regarding implantable pain devices. 14,15

One potential area of development is the integration of NLP, the field that utilizes computational linguistics, and ML to process human language, potentially resulting in improved conversational AI interfaces. <sup>16</sup> NLP can enhance the ability of AIdriven chatbots and virtual assistants to understand and respond to patients' queries and concerns in a more natural and humanlike manner. 16 This advancement would contribute to more effective and engaging interactions between patients and AI systems, leading to enhanced learning experiences. The integration of NLP in AI-driven patient education platforms opens up new possibilities for improving conversational interfaces. By enhancing the interaction between patients and AI interfaces, NLP facilitates effective communication, leading to improved comprehension and engagement. Patients can ask questions, seek clarification, and receive personalized responses, fostering a dynamic and interactive learning experience.

### Interactive Learning Experience

AI introduces interactive elements into patient education, creating a more engaging and dynamic learning experience. Chatbots and virtual assistants serve as virtual companions and educators, offering opportunities for interactive communication between patients and educational platforms. 1-3,17 Patients can ask questions, seek clarifications, and receive realtime feedback, fostering a sense of active participation in the learning process. 1,2,17 For instance, a chronic pain patient may interact with a chatbot to understand different pain management techniques, receive recommendations for exercises, and obtain guidance on medication usage. Additionally, gamification techniques can be integrated into AI-driven platforms, such as rewards for completing educational modules, challenges to test knowledge, and progress tracking to monitor improvement over time. <sup>18,19</sup> By gamifying the learning experience to persuade the patient with low motivation by creating external incentives, AI sustains patient motivation and engagement, making the educational process enjoyable and rewarding. 18,19 Gamification techniques include the use of badges, rewards, or points for medication adherence, exercising, and keeping appointments. Additionally, patients can be connected with other patients who have similar struggles or commonalities that will result in a better outcome when paired. <sup>20,21</sup> Specifically, a patient can be engaged by creating an avatar that resembles the individual. With the assistance of the system, the patient can develop a reasonable plan to maintain diet and timing of taking medications optimally in order to achieve continued pain free or pain relief when incentivized to take medications as scheduled to avoid the onset of pain. 19

Journal of Pain Research 2024:17 924

Robinson et al **Dove**press

## Accessibility and Availability

The integration of AI into patient education improves the accessibility and availability of educational resources, and AIpowered mobile applications and web platforms provide patients with easy access to information, breaking down geographical barriers. 22-24 Regardless of their location, patients can conveniently access educational materials anytime and anywhere, enabling them to learn at their own pace and convenience. For example, a chronic pain patient living in a remote area without access to specialized pain management clinics can benefit from AI-driven platforms that deliver educational resources directly to his or her smartphone or computer. Furthermore, AI can facilitate multilingual capabilities, ensuring that educational content is adapted to diverse patient populations. This promotes inclusivity in pain management education, as patients from diverse cultural backgrounds and language preferences can receive information in their preferred language.<sup>3</sup> AI-driven platforms can provide translations, cultural adaptations, and explanations tailored to different audiences, thereby facilitating effective communication and understanding.<sup>3</sup>

## Applications of AI in Patient Education for Pain Management Understanding Pain Mechanisms

AI models and simulations have transformative applications for helping patients understand the complex biology and physiology of pain. For instance, AI algorithms can analyze a patient's medical data, including diagnostic imaging results and genetic profiles, to generate personalized visualizations of pain mechanisms. By simplifying and visualizing intricate processes. AI enables patients to grasp the underlying concepts more effectively. For example, a chronic back pain patient with radicular symptoms can benefit from a virtual reality (VR) simulation that demonstrates how lumbar disc herniation in a spinal model may impinge on nerve roots and facilitate an inflammatory cascade that ultimately results in radicular pain. Another example would be how the trigeminocervical complex may be involved in the migraine pathway. By immersing themselves in a visual representation of the pain mechanism, patients can develop a deeper understanding of their conditions, which in turn empowers them to actively participate in their pain management.

## Treatment Options and Self-Management Techniques

AI plays a crucial role in providing guidance and recommendations for treatment options and self-management techniques by analyzing vast amounts of data from various sources, thus generating evidence-based suggestions tailored to individual patients.<sup>25,26</sup> For example, an AI-driven platform can analyze a chronic migraine patient's medical history, socioeconomic and demographic data, symptoms, and genetic markers to recommend specific preventive and abortive medications, complementary therapies, and lifestyle modifications that are associated with optimal treatment outcomes.<sup>27,28</sup> AI algorithms can also identify trends and changes in aggregated pain treatment plans and patient therapeutic responses before they would otherwise be discernable to the physician. AI-based tools can also teach relaxation techniques and coping strategies through interactive modules and personalized coaching. Patients can access VR simulations or augmented reality applications that guide them through mindfulness exercises, biofeedback, and physical therapy routines or can even use VR guided by AI as an adjunct for treatment with applicability for all ages from children to the elderly and numerous conditions such as migraine and chronic pain. <sup>29–35</sup>

# Monitoring and Adherence

AI-powered reminders and tracking systems offer valuable support for medication adherence and monitoring pain management strategies.<sup>36</sup> AI algorithms can analyze a patient's treatment plan, medication schedule, and personal preferences to generate personalized notifications and alerts.<sup>3</sup> For example, an AI-powered mobile application can remind a patient with chronic pain to take his or her medications at specific times, adjusting for any potential drug interactions or contraindications. These reminders can be customized to the patient's preferred communication method, such as text messages or voice notifications. Additionally, feedback and reinforcement mechanisms integrated into AIdriven platforms can provide continuous support and thus enhance motivation. Patients can receive positive reinforcement for adhering to their treatment plans or engaging in self-management techniques. The platform may also offer educational content, progress tracking, and interactive features that encourage patient engagement and long-term

https://doi.org/10.2147/JPR.S439452 Journal of Pain Research 2024:17 925 Robinson et al Dovepress

adherence. By leveraging AI technologies, patients are more likely to remain on track with their pain management strategies and achieve better outcomes through reminders, feedback, gamification, and reinforcement. 18,19,37

## **Challenges and Considerations**

#### **Ethical Considerations**

The integration of AI into patient education brings forth important ethical considerations, particularly concerning the privacy and security of patient data. 38,39 It is paramount to ensure that AI-driven educational platforms adhere to stringent privacy regulations and maintain the confidentiality of sensitive health information. Robust data protection measures, including encryption and secure storage, must be implemented to safeguard patient data from unauthorized access or breaches. <sup>3,38,40</sup> For example, in the event that there is the potential for unauthorized access to an intrathecal pump in which the program is overridden to deliver lethal doses intrathecally, or to spinal cord stimulation whereby a higher intensity or amplitude is delivered resulting in pain dysesthesias or overheating the battery, potentially leading to dysfunction and/or death.

Additionally, transparency and explainability of AI algorithms are vital to establish trust between patients, healthcare providers, and AI systems. 3,25,40,41 Patients should have a clear understanding of how their data are being used, the reasoning behind AI recommendations, and the limitations of the technology. 40

Furthermore, a significant concern as of late is racial bias when training artificial intelligence. 42 If medical history is repeated during the era of artificial intelligence, there will be an overrepresentation of white patient data when training the AI. With 62.0% of the population identifying as solely white, this represents a decrease of 8.6% from 2010. 43,44 If 38.0% of the population identifies as non-white or a combination of white and another race, applications utilizing data based solely on white patients will result in potentially erroneous results. 43,44 Given the rise of global migration, the increase of the multiracial population has increased nearly 276%, from 9 million in 2010 to 33.8 million in 2020.<sup>44</sup> If the data used to train the AI applications is using a misrepresentation of the population, this will result in potentially erroneous and harmful results such as in the diagnosis of melanoma in a black individual when the algorithm has been trained on data from white patients with melanoma.<sup>42</sup> When using data from the electronic medical records and depending on the geographic location, there may be discrimination in the data collection from wealthier areas compared to poor areas, which may result in better documentation for those that are insured.<sup>45</sup>

Also, to be considered is the ideal source of data. Should the data be collected from other providers such as nurses who spend more facetime with the patient or physical therapists who can appreciate the functional status of the patient versus physicians, who are limited by time and costs from spending more time with the patient?<sup>46–48</sup> If proper representation of the healthcare field or population is not present, AI will deliver erroneous and subpar results. Greater healthcare provider input and valid data representation of the population at that snapshot in time would assist in preventing bias in AI training.

Healthcare professionals bring invaluable clinical insights and expertise in pain management, ensuring that AI-driven applications incorporate invaluable clinical insights and expertise into pain management, thus ensuring that AI-driven educational tools align with established best practices and guidelines. AI experts contribute their technical knowledge to develop robust algorithms, ensuring the accuracy and reliability of AI systems. Educators, on the other hand, provide pedagogical expertise to design engaging and effective educational content that suits different learning styles and preferences.

# Patient Empowerment, Autonomy, Beneficence, and Nonmaleficence

While AI can provide valuable recommendations and guidance, it is essential to strike a balance between AI-driven recommendations and individual patient preferences and values. Patient empowerment and autonomy should be preserved, ensuring that AI-driven education serves as a tool to enhance patient decision-making rather than replacing it. The role of AI is ideally to provide information, support, and options, thereby allowing patients to actively participate in the decision-making process. By incorporating shared decision-making principles, healthcare providers can collaborate with patients to integrate AI recommendations with their unique needs, values, and treatment goals. Maintaining a patient-centered approach is paramount, ensuring that AI systems are designed to support patients' goals and values in pain management.

Journal of Pain Research 2024:17

**Dove**press Robinson et al

Though AI provides the ability to personalize patient education, it also has the ability to spread misinformation on a scale that has not been previously imagined. One study found that in 65 minutes, one AI model was able to create 102 blog posts with over 17,000 words of misinformation.<sup>49</sup> Thus, extra caution with built-in systems, including but not limited to healthcare providers, to verify information must be incorporated to prevent widespread misinformation from harming patients and ensuring that AI is used for the benefit of patients thereby honoring the principles of nonmaleficence (do no harm) and beneficence.<sup>50</sup>

## Accessibility Barriers

Addressing accessibility barriers is crucial to ensure equitable access to AI-powered educational resources, the ethical implications of which are evident. Attention should be given to the digital divide, as individuals from diverse socioeconomic backgrounds may face limitations in accessing the necessary technological infrastructure.<sup>51</sup> Efforts should be made to bridge this gap by providing access to technology and internet connectivity, particularly in underserved communities. Furthermore, AI systems should be adaptable to different learning styles and cognitive abilities, accommodating patients with varying educational backgrounds and cognitive capabilities. For instance, incorporating text-tospeech capabilities, visual aids, and alternative formats (eg, braille) can enhance accessibility for individuals with visual or hearing impairments. By prioritizing inclusivity and accessibility, AI-driven patient education can reach a broader population and ensure that more patients can benefit from these technological advancements.

#### **Conclusion**

To fully harness the potential of AI in patient education, collaboration between healthcare professionals, AI experts, and educators is crucial. By combining their respective expertise, these stakeholders can work together to develop innovative AI-driven educational tools that cater to the specific needs of patients with chronic pain. Healthcare professionals can provide valuable insights into the clinical aspects of pain management, while AI experts can contribute their technical knowledge to develop robust algorithms and systems. Educators can bring their pedagogical expertise to ensure that the educational content is engaging, effective, and aligned with established learning principles.

The future of AI in patient education is promising, with ongoing advancements and discoveries that hold the potential to transform the way we approach pain management.<sup>24</sup> As this field continues to evolve, it is crucial to prioritize collaboration, ethical considerations, patient empowerment, and accessibility to maximize the benefits of AI in improving patient education and healthcare outcomes. By bringing together these diverse perspectives, interdisciplinary teams can create comprehensive and holistic AI-driven educational solutions for pain management. The field of AI in medicine, specifically pain medicine, is in its early stages as limited data are available to draw conclusions. Further original research with multidisciplinary teams is needed to properly guide the field to avoid releasing new applications that may harm the patient while bringing needed assistance to the field of medicine as a whole. Overall, AI holds incredible promise in the field of chronic pain management, potentially bringing improved patient education, adherence, and ultimately better pain relief.

# **Acknowledgments**

Michael E Schatman, Trent Emerick, and Vwaire Orhurhu are co-senior authors for this study. Though the manuscript was written by the authors and all citations were inserted by the authors with none suggested by artificial intelligence, we would like to thank OpenAI for the creation and development of ChatGPT3.5 and 4.0. ChatGTP which assisted in generating a preliminary outline for the manuscript which was revised by the authors. We thank you ChatGPT, even when you were wrong, you were polite and open to being taught. As one woman who impacted the lives of many in the field of pain once said, "If you are nice, you are never wrong". - Raniba Diwan. You then were able to analyze the response that Raniba Diwan once stated as "being kind and considerate towards others can create a positive environment where conflicts and mistakes are less likely to occur".

#### Disclosure

Dr Christopher Robinson is a consultant for TrueLearn, Augmend Health, and Doc2Doc, outside the submitted work. Dr Michael Schatman is a research consultant for Modoscript, takes part in the Scientific Steering Committee for

https://doi.org/10.2147/JPR.S439452 Journal of Pain Research 2024:17 927 Robinson et al Dovepress

Collegium, and is part of the advisory committee for Syneos Health, outside the submitted work. Dr Trent Emerick is the founder for and reports stock/equity from Vanish Therapeutics, Inc, outside the submitted work. The authors report no other conflicts of interest in this work.

#### References

- 1. Belfin RV, Shobana AJ, Manilal M, Mathew AA, Babu B. A graph based chatbot for cancer patients. 2019 5th International Conference on Advanced Computing and Communication Systems, ICACCS 2019; 2019:717–721. doi:10.1109/ICACCS.2019.8728499.
- 2. Hauser-Ulrich S, Künzli H, Meier-Peterhans D, Kowatsch T. A smartphone-based health care chatbot to promote self-management of chronic pain (SELMA): pilot randomized controlled trial. *JMIR mHealth uHealth*. 2020;8(4):e15806. doi:10.2196/15806
- 3. Meskó B, Görög M. A short guide for medical professionals in the era of artificial intelligence. NPJ Digit Med. 2020;3(1). doi:10.1038/S41746-020-00333-Z
- 4. Huber S, Priebe JA, Baumann KM, Plidschun A, Schiessl C, Tölle TR. Treatment of low back pain with a digital multidisciplinary pain treatment app: short-term results. *JMIR Rehabil Assist Technol.* 2017;4(2):e11. doi:10.2196/REHAB.9032
- 5. Anan T, Kajiki S, Oka H, et al. Effects of an artificial intelligence-assisted health program on workers with neck/shoulder pain/stiffness and low back pain: randomized controlled trial. *JMIR mHealth uHealth*. 2021;9(9):e27535. doi:10.2196/27535
- 6. Whittaker R, Mcrobbie H, Bullen C, Rodgers A, Gu Y. Mobile phone-based interventions for smoking cessation. *Cochrane Database Syst Rev.* 2016;4(4). doi:10.1002/14651858.CD006611.PUB4
- Patel MS, Benjamin EJ, Volpp KG, et al. Effect of a game-based intervention designed to enhance social incentives to increase physical activity among families: the BE FIT randomized clinical trial. JAMA Intern Med. 2017;177(11):1586–1593. doi:10.1001/JAMAINTERNMED.2017.3458
- 8. Barreveld AM, Rosén Klement ML, Cheung S, et al. An artificial intelligence-powered, patient-centric digital tool for self-management of chronic pain: a prospective, multicenter clinical trial. *Pain Med.* 2023;24:1100–1110. doi:10.1093/PM/PNAD049
- 9. Hamid N, Portnoy JM, Pandya A. Computer-Assisted Clinical Diagnosis and Treatment. Curr Allergy Asthma Rep. 2023;23:509–517. doi:10.1007/S11882-023-01097-8
- 10. Piette JD, Newman S, Krein SL, et al. Artificial Intelligence (AI) to improve chronic pain care: evidence of AI learning. *Intellig Med*. 2022;6:100064. doi:10.1016/j.ibmed.2022.100064
- 11. Bini SA. Artificial intelligence, machine learning, deep learning, and cognitive computing: what do these terms mean and how will they impact health care? *J Arthroplasty*. 2018;33(8):2358–2361. doi:10.1016/J.ARTH.2018.02.067
- 12. Murdoch TB, Detsky AS. The inevitable application of big data to health care. JAMA. 2013;309(13):1351–1352. doi:10.1001/JAMA.2013.393
- 13. Greatbatch O, Garrett A, Snape K. The impact of artificial intelligence on the current and future practice of clinical cancer genomics. *Genet Res.* 2019;101:e9. doi:10.1017/S0016672319000089
- 14. Gentili C, Zetterqvist V, Rickardsson J, Holmström L, Simons LE, Wicksell RK. ACTsmart: guided smartphone-delivered acceptance and commitment therapy for chronic pain-a pilot trial. *Pain Med.* 2021;22(2):315–328. doi:10.1093/PM/PNAA360
- Leo AJ, Schuelke MJ, Hunt DM, et al. A digital mental health intervention in an orthopedic setting for patients with symptoms of depression and/or anxiety: feasibility prospective cohort study. JMIR Form Res. 2022;6(2). doi:10.2196/34889
- 16. Manchikanti L. The analysis of pain research through the lens of artificial intelligence and machine learning. Available from: www.painphysician journal.com. Accessed June 23, 2023.
- 17. Singh B, Olds T, Brinsley J, et al. Systematic review and meta-analysis of the effectiveness of chatbots on lifestyle behaviours. NPJ Digit Med. 2023;6(1):118. doi:10.1038/S41746-023-00856-1
- 18. Kawachi I. It's all in the game-the uses of gamification to motivate behavior change. JAMA Intern Med. 2017;177(11):1593–1594. doi:10.1001/JAMAINTERNMED.2017.4798
- Balch JA, Efron PA, Bihorac A, Loftus TJ. Gamification for machine learning in surgical patient engagement. Front Surg. 2022;9:896351. doi:10.3389/FSURG.2022.896351/BIBTEX
- 20. Seaborn K, Fels DI. Gamification in theory and action: a survey. Int J Hum Comput Stud. 2015;74:14-31. doi:10.1016/J.IJHCS.2014.09.006
- 21. Rutledge C, Walsh CM, Swinger N, et al. Gamification in action: theoretical and practical considerations for medical educators. *Acad Med.* 2018;93 (7):1014–1020. doi:10.1097/ACM.0000000000002183
- 22. Kermany DS, Goldbaum M, Cai W, et al. Identifying medical diagnoses and treatable diseases by image-based deep learning. *Cell.* 2018;172 (5):1122–1131.e9. doi:10.1016/J.CELL.2018.02.010
- 23. Schwalbe N, Wahl B. Artificial intelligence and the future of global health. *Lancet*. 2020;395(10236):1579–1586. doi:10.1016/S0140-6736(20) 30226-9
- 24. Thomas LB, Mastorides SM, Viswanadhan NA, Jakey CE, Borkowski AA. Artificial intelligence: review of current and future applications in medicine. Fed Pract. 2021;38(11):527. doi:10.12788/FP.0174
- 25. Pierce RL, Van Biesen W, Van Cauwenberge D, Decruyenaere J, Sterckx S. Explainability in medicine in an era of AI-based clinical decision support systems. Front Genet. 2022;13. doi:10.3389/FGENE.2022.903600
- 26. Zauderer MG, Gucalp A, Epstein AS, et al. Piloting IBM Watson Oncology within Memorial Sloan Kettering's regional network. *Am Soc Clin Oncol*. 2014;32(15\_suppl):e17653-e17653. doi:10.1200/JCO.2014.32.15\_SUPPL.E17653
- 27. Shaterian N, Soltani A, Samieefar N, Akhlaghdoust M. Artificial intelligence and migraine: insights and applications. *Intervent Pain Med Neuromodul*. 2022;2(1):127675. doi:10.5812/IPMN-127675
- 28. Riskin D, Cady R, Shroff A, Hindiyeh NA, Smith T, Kymes S. Using artificial intelligence to identify patients with migraine and associated symptoms and conditions within electronic health records. *BMC Med Inform Decis Mak.* 2023;23(1):121. doi:10.1186/S12911-023-02190-8/FIGURES/3
- 29. Mallari B, Spaeth EK, Goh H, Boyd BS. Virtual reality as an analgesic for acute and chronic pain in adults: a systematic review and meta-analysis. J Pain Res. 2019;12:2053–2085. doi:10.2147/JPR.S200498
- 30. Lötsch J, Ultsch A, Mayer B, Kringel D. Artificial intelligence and machine learning in pain research: a data scientometric analysis. *Pain Rep.* 2022;7(6):E1044. doi:10.1097/PR9.000000000001044

928 https://doi.org/10.2147/JPR.5439452 Journal of Pain Research 2024:17

Dovepress Robinson et al

31. De Tommaso M, Ricci K, Laneve L, Savino N, Antonaci V, Livrea P. Virtual visual effect of hospital waiting room on pain modulation in healthy subjects and patients with chronic migraine. *Pain Res Treat*. 2013;2013. doi:10.1155/2013/515730

- 32. Bottiroli S, Matamala-Gomez M, Allena M, et al. The virtual "enfacement illusion" on pain perception in patients suffering from chronic migraine: a study protocol for a randomized controlled trial. *J Clin Med.* 2022;11(22):6876. doi:10.3390/JCM11226876/S1
- 33. Koc A, Cevizci Akkılıc E. Effects of vestibular rehabilitation in the management of patients with and without vestibular migraine. *Braz J Otorhinolaryngol*. 2023;88(S3):25–33. doi:10.1016/J.BJORL.2021.07.011
- 34. Birckhead B, Eberlein S, Alvarez G, et al. Home-based virtual reality for chronic pain: protocol for an NIH-supported randomised-controlled trial. BMJ Open. 2021;11(6). doi:10.1136/BMJOPEN-2021-050545
- 35. Brea-Gómez B, Torres-Sánchez I, Ortiz-Rubio A, et al. Virtual reality in the treatment of adults with chronic low back pain: a systematic review and meta-analysis of randomized clinical trials. *Int J Environ Res Public Health*. 2021;18(22). doi:10.3390/IJERPH182211806
- 36. Adams MCB, Nelson AM, Narouze S. Daring discourse: artificial intelligence in pain medicine, opportunities and challenges. *Reg Anesth Pain Med.* 2023;2023:1. doi:10.1136/RAPM-2023-104526
- 37. Hasan F, Mudey A, Joshi A. Role of Internet of Things (IoT), artificial intelligence and machine learning in musculoskeletal pain: a scoping review. *Cureus*. 2023;15(4). doi:10.7759/CUREUS.37352
- 38. Anderson M, Anderson SL. How Should AI be developed, validated, and implemented in patient care? AMA J Ethics. 2019;21(2):125–130. doi:10.1001/AMAJETHICS.2019.125
- 39. Ruffle JK, Foulon C, Nachev P. The human cost of ethical artificial intelligence. Brain Struct Funct. 2023;228:1365–1369. doi:10.1007/S00429-023-02662-7
- 40. Vollmer S, Mateen BA, Bohner G, et al. Machine learning and artificial intelligence research for patient benefit: 20 critical questions on transparency, replicability, ethics, and effectiveness. *BMJ*. 2020;368. doi:10.1136/BMJ.L6927
- 41. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med.* 2019;25(1):44–56. doi:10.1038/S41591-018-0300-7
- 42. Nelson GS. Bias in artificial intelligence. N C Med J. 2019;80(4):220-222. doi:10.18043/NCM.80.4.220
- 43. Kompa B, Hakim JB, Palepu A, et al. Artificial intelligence based on machine learning in pharmacovigilance: a scoping review. *Drug Saf.* 2022;45 (5):477–491. doi:10.1007/S40264-022-01176-1
- 44. Bureau UC. Census statistics highlight local population changes and nation's racial and ethnic diversity; 2020. Available from: https://www.census.gov/newsroom/press-releases/2021/population-changes-nations-diversity.html. Accessed July 22, 2023.
- 45. Han X, Call KT, Pintor JK, Alarcon-Espinoza G, Simon AB. Reports of insurance-based discrimination in health care and its association with access to care. Am J Public Health. 2015;105(Suppl 3):S517–S525. doi:10.2105/AJPH.2015.302668
- 46. Medical Coding World. Alert coders about new guidance for coding body mass index and pressure ulcers. Available from: https://medicalcoding.pro.wordpress.com/2009/04/22/alert-coders-about-new-guidance-for-coding-body-mass-index-and-pressure-ulcers/. Accessed July 22, 2023.
- 47. Modern Healthcare Indepth. Realizing AI: Artificial intelligence in healthcare makes slow impact. Available from: https://www.modernhealthcare.com/indepth/artificial-intelligence-in-healthcare-makes-slow-impact/. Accessed July 22, 2023.
- 48. Opinion. Insurers want to know how many steps you took today The New York Times. Available from: https://www.nytimes.com/2019/04/10/opinion/insurance-ai.html. Accessed July 22, 2023.
- 49. Menz BD, Modi ND, Sorich MJ, Hopkins AM. Health disinformation use case highlighting the urgent need for artificial intelligence vigilance: weapons of mass disinformation. *JAMA Intern Med.* 2024;184(1):92–96. doi:10.1001/JAMAINTERNMED.2023.5947
- Liao SM. Ethics of AI and health care: towards a substantive human rights framework. Topoi. 2023;42(3):857–866. doi:10.1007/S11245-023-09911-8/METRICS
- 51. Levy H, Janke AT, Langa KM. Health literacy and the digital divide among older Americans. J Gen Intern Med. 2015;30(3):284. doi:10.1007/S11606-014-3069-5

Journal of Pain Research

# Dovepress

#### Publish your work in this journal

The Journal of Pain Research is an international, peer reviewed, open access, online journal that welcomes laboratory and clinical findings in the fields of pain research and the prevention and management of pain. Original research, reviews, symposium reports, hypothesis formation and commentaries are all considered for publication. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit http://www.dovepress.com/testimonials.php to read real quotes from published authors.

Submit your manuscript here: https://www.dovepress.com/journal-of-pain-research-journal

