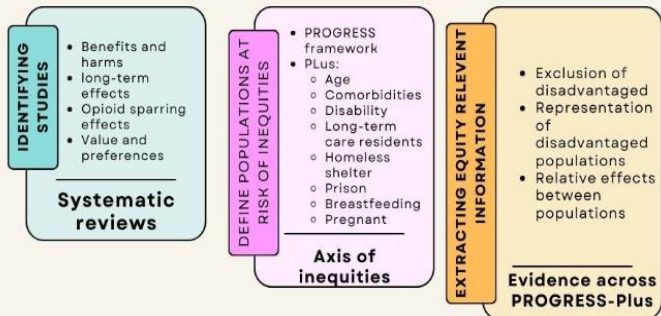


- Opioids use for chronic pain provides modest benefits in comparison to significant harms with long-term use.
- Medical cannabis could be an alternative worth investigating.
- Issues in access to cannabis and stigma among other things present equity issues with prescribing cannabis.
- A Guideline panel wanted to incorporate equity in the development of the recommendations.

**OBJECTIVE: IDENTIFY HEALTH EQUITY-RELEVANT EVIDENCE REPORTED IN THE PRIMARY STUDIES OF FOUR SYSTEMATIC REVIEWS TO INFORM EQUITY CONSIDERATIONS**



**Figure 1. Summary of evidence**

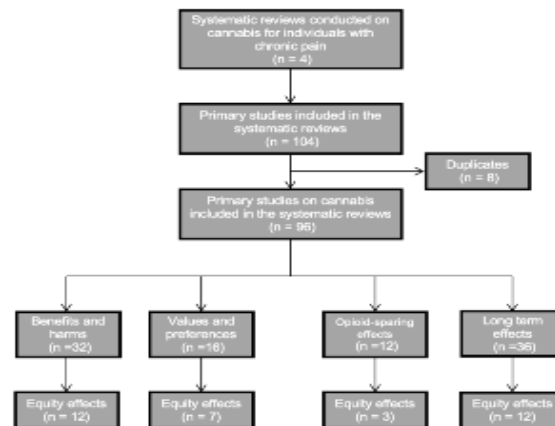
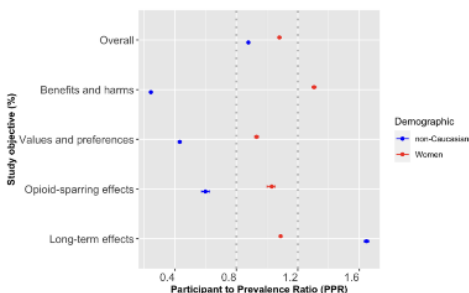


Table 1. Restriction of eligibility criteria

**Table 1. Restriction of eligibility criteria across dimensions associated with health inequities**

Exclusion criteria	Benefits and harms (n = 32)	Values and preferences (n = 16)	Opioid-sparing effects (n = 12)	Long-term effects (n = 36)
Upper age limit	3 (9%)	-	-	2 (6%)
Comorbidities (including psychiatric disorders)	19 (59%)	14 (88%)	4 (33%)	8 (22%)
Pregnancy or lactation	11 (34%)	-	1 (8%)	9 (25%)
Low health literacy	-	-	-	1 (3%)
Women not using contraceptive	3 (9%)	-	1 (8%)	1 (3%)

**Figure 2. Participant to Prevalence Ratio (PPR) for study objectives by sex and race.**



Note: PPR from 0.8 to 1.2 indicates adequate representation; a PPR less than 0.8 indicates underrepresentation, and a PPR greater than 1.2 indicates overrepresentation.

**TAKE HOME MESSAGE**

- 36/96 studies reported analyses for populations at risk of inequities; all were exploratory in nature.
- 45/96 studies excluded patients with comorbidities such as major psychiatric and cardiovascular diseases.
- Non-Caucasians are underrepresented in evidence related to benefits and harms, values and preferences and opioid sparing effects.

**The guideline panel should consider equity considerations in the certainty of evidence as issues of indirectness to populations at risk of inequities may be at hand.**