U.S. PAIN FOUNDATION

PERSISTENT PAIN & OTC USE

2026 NATIONAL SURVEY REPORT

U.S. Pain Foundation
Persistent Pain Research – Final Report
October 2026

Introduction

This report presents findings from survey research conducted by the U.S. Pain Foundation on how U.S. adults living with persistent pain use over-the-counter (OTC) pain relievers. Fielded in July through August 2026, the surveys covered topics including daily OTC medication routines, usage decisions, knowledge of ingredients, label interpretation, and gaps in medication information and guidance.

The study consisted of two national online surveys: 2,474 U.S. adults living with persistent pain and 538 unpaid caregivers or care partners of adults living with persistent pain. Participants were recruited primarily through a paid national online research panel, supplemented by an unpaid, self-selected convenience sample recruited through the U.S. Pain Foundation's network.

The report is organized around five themes, each with key findings and supporting figures:

- Pain substantially affects everyday life.
- Many respondents say current pain relief options are not meeting their needs.
- Pain management often involves multiple medications and strategies.
- Confidence in OTC pain medication use coexists with important knowledge gaps.
- Caregivers often manage complex responsibilities alone, and want more resources and information.

Appendices cover recommended next steps and data limitations.

About the U.S. Pain Foundation
The U.S. Pain Foundation is a 501(c)(3) national nonprofit organization dedicated to improving the lives of people living with pain. Created by people with pain, for people with pain, the foundation centers lived experience in its work to educate, empower, connect, and advocate for individuals with chronic pain, their care partners, and healthcare providers. Through education, peer support, advocacy, and programs for adults and children, U.S. Pain works to improve quality of life, elevate the patient voice, address barriers to care, and increase understanding of the realities of living with pain. Chronic pain affects more than 60 million adult Americans, or 24.3% of the adult population[1].

[1] Lucas JW, Sohi I. Chronic Pain and High-impact Chronic Pain in U.S. Adults, 2023. NCHS Data Brief No. 518. Hyattsville, MD: National Center for Health Statistics; November 2024. https://www.cdc.gov/nchs/products/databriefs/db518.htm

Research Activities

The study consisted of four online quantitative surveys fielded from July 16 through August 3, 2026 (see Table 1). Two surveys were conducted among adults living with persistent pain (termed consumers), and two among unpaid caregivers of adults living with pain (termed care recipients). For each audience, respondents were recruited through both a paid national online research panel and the U.S. Pain Foundation's network. Consumers were screened for their own current persistent pain and regular OTC pain medication use; caregivers were screened for these criteria in their care recipients. Caregivers were required to serve in an unpaid role and to be involved in the care recipient's OTC pain medication regimen. Quotas were established for persistent pain, as well as pain following an injury, surgery, or procedure within the past year, along with key demographics.

Reingold, a market research and communications firm, designed and managed all four surveys and led the analysis and reporting. Reingold coordinated closely with the U.S. Pain Foundation and its partners throughout the project. Each survey was designed to take approximately 15–20 minutes to complete. Respondents recruited through the paid national online research panel received an incentive for participation: consumer respondents received between $15 and $20, and caregiver respondents received $15. Respondents recruited through the U.S. Pain Foundation community sample did not receive an incentive.

Table 1: Research Methodology

Survey	Sample Details	Recruitment Criteria
Consumer survey (recruited panel)	**Sample size: n = 1,805** ● 1,788 with pain lasting 3+ months ● 972 with post-procedure pain ● 968 with both	● U.S. adults 18+ ● Current persistent pain ● Use OTC pain medication at least a few times a month ● Post-procedure pain was a target quota within the recruited panel, not a screening requirement
Consumer survey (U.S. Pain Foundation community sample)	**Sample size: n = 669** ● 666 with pain lasting 3+ months ● 370 with post-procedure pain ● 367 with both	
Caregiver survey (recruited panel)	**Sample size: n = 508** ● 507 care for someone with pain lasting 3+ months	● Unpaid caregivers or care partners for recipients living with persistent pain ● Caregivers involved in care recipients' OTC pain medication use ● Care recipients use OTC pain medication at least a few times a month

Caregiver survey (U.S. Pain Foundation community sample)	**Sample size: n = 30** ● 30 care for someone with pain lasting 3+ months	

Both surveys covered topics including the pain experience, medication usage and related behaviors (label interpretation, dosage tracking, alternating and combining ingredients), knowledge and confidence, and trusted sources of information. The caregiver surveys also included questions about the caregiving role. Because of those additional questions and survey length constraints, items related to pain management after a procedure and uncertainty about dosing were not included in the caregiver surveys.

Research Highlights and Key Themes

Table 2 summarizes key findings for each of the report's themes. Additional detail and supporting evidence for each theme appears in the sections that follow.

Unless noted otherwise, findings combine data from both recruited respondents and the U.S. Pain Foundation community sample. No statistical weighting was applied, meaning that the larger, recruited panel contributes proportionally more to each finding.

Table 2: Themes and Key Findings

Theme	Key Finding
1. Pain substantially affects everyday life.	More than a third of consumer respondents, and two-thirds of consumer respondents from the U.S. Pain Foundation community, say pain interferes "a lot" with daily activities. A majority of consumers use OTC pain medication daily, and most caregivers report daily use by their care recipients.
2. Many respondents say current pain relief options are not meeting their needs.	Effectiveness is the top priority when choosing an OTC pain medication. More than half of consumer respondents (55.5%) and about half of caregiver respondents (49.1%) say that when current OTC options don't offer relief, it's because they are not strong enough. Both groups express strong interest in additional options, particularly non-opioid options.
3. Pain management often involves multiple medications and strategies.	Roughly 4 in 5 consumer respondents who use prescription pain medication also use OTCs alongside it, and 2 in 3 have alternated between active ingredients in OTC pain medications. For those whose pain more profoundly impacts daily activities, the use of prescription and OTC pain medications together is more common.
4. Confidence in OTC pain medication use coexists with important knowledge gaps.	Nearly all consumer and caregiver respondents report feeling somewhat or strongly informed about using OTC pain medication effectively or helping their care recipients do so, yet specific knowledge gaps remain. Consumer respondents taking more medications are more likely to take multiple products containing the same active ingredient. Dosing uncertainty is somewhat higher among consumer respondents with health conditions that may affect the safe use of certain OTC pain medications.

5. Caregivers often manage complex responsibilities alone, and want more resources and information.	Nearly 2 in 5 caregiver respondents agree that managing their care recipient's medications is overwhelming, and 3 in 4 manage these tasks alone. Their priorities align with those of consumers: 70.3% say non-opioid options are very important, and 64.3% say more OTC options would be very helpful. Among the 43.5% who do not say they already have enough information on OTC use, respondents identify specific resources that would help, including a website, one-page guide, checklist, and other tools.

Theme 1. Pain substantially affects everyday life

The daily toll. Pain interferes with daily activities "a lot" for more than a third of consumer respondents across samples (36.6%), and a moderate amount for another 43.9%.* OTC pain medication is also a regular part of daily pain management: 56.0% of consumers report taking an OTC pain reliever once or multiple times a day, and 76.4% of caregivers report the same for the people they support.

Figure 1: The Daily Toll of Persistent Pain

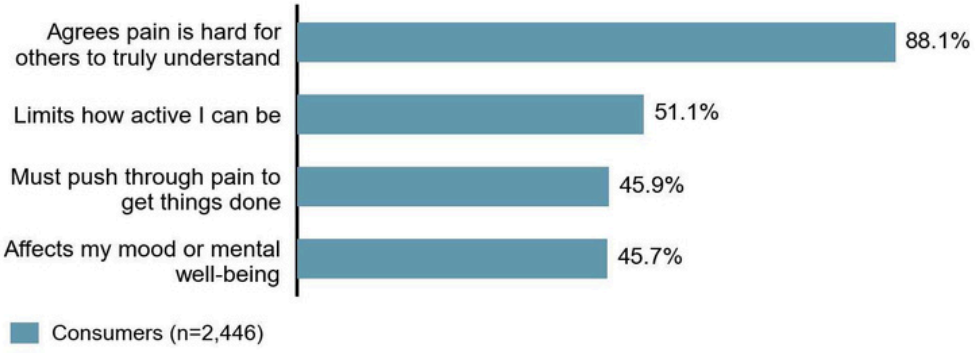
Consumer Q10; Consumer S6 & Caregiver S9.

**Consumers only (n=2,446). Caregivers were not asked this question, so no caregiver bar appears for this row. Row 2: consumers (n=2,474) and caregivers (n=538). Both rows combined.*

A difficult-to-understand reality. The vast majority of consumer respondents say it's challenging for others to comprehend their pain experience. In fact, 88.1% agree or strongly agree that "it is hard to make others truly understand what my pain feels like." When describing their day-to-day experience with pain, respondents (who could select multiple impacts) say pain limits how active they can be (51.1%), that they have to push through pain to get things done (45.9%), and that pain affects their mood or well-being (45.7%).

Figure 2: Pain Is Hard for Others to Understand — and It Shapes Daily Life

Consumer Q11, Q12

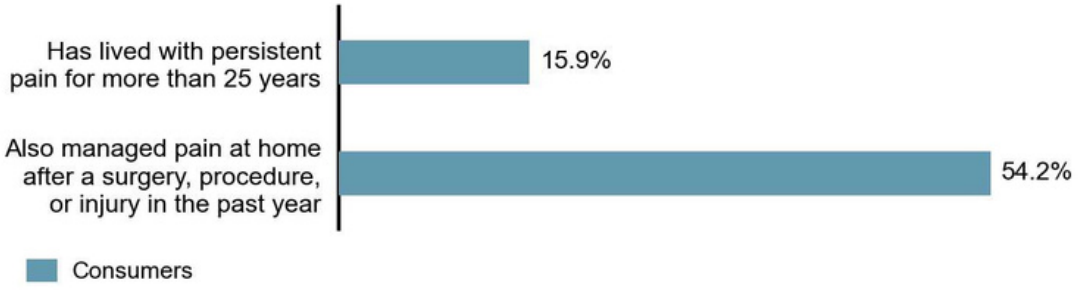


Consumers, combined (n=2,446). First item: agree or strongly agree. Remaining items: select all that apply. 89.7% select at least one of these three responses.

A long-term experience. Most consumer respondents have been managing persistent pain for years, not months. Nearly all (92.9%) have lived with pain for over a year, including 15.9% who have lived with it for more than 25 years. Additionally, 54.2% of consumer respondents managing persistent pain also managed pain at home following a surgery, procedure, or injury in the past year.

Figure 3: Long-Lasting, Often Overlapping Pain

Consumer Q8, S7, combined pool



Consumers, combined. Row 1 base n=2,454; row 2 base n=2,474.

Pain interference trends. Pain interference shows different patterns in the survey data. As pain becomes more disruptive to consumers' daily lives, they report more frequent usage of OTC pain medication — and greater uncertainty about safe dosing.

Among consumer respondents whose pain interferes "a lot," 50.2% take an OTC pain reliever multiple times a day, compared with 8.4% of those reporting "a little" pain interference. Cycling through different medications before finding one that works is also more common among those with greater pain interference: 42.2% with "a lot" of interference report this experience, compared with 21.3% of those reporting "a moderate amount" and 4.8% of those reporting "a little."

These patterns remain even among consumer respondents who have been managing persistent pain for 25 years or more. Within any given level of pain interference, someone 25 years into persistent pain uses OTC medication as often as someone in their first year.

Interestingly, dosing uncertainty follows a similar pattern: 45.4% of those reporting "a lot" of pain interference and 45.7% reporting "a moderate amount" have been unsure whether taking another dose of OTC pain medication (the same type or another type) was safe, versus 32.4% of those reporting only "a little" disruption from their pain.

On average, consumer respondents who have lived with pain longer report higher levels of interference: Of consumers who have been living with pain for 25 years or more, 55.0% report that pain interferes with their lives "a lot," versus only 15.5% among those who have lived with pain for less than a year.

Dosing uncertainty, meanwhile, stays consistently high — between 39.1% and 44.6% — regardless of how long consumer respondents have lived with pain.

Age-based comparisons. Nearly half of the consumer respondents in this study (44.6%) are under age 55, and many of their responses are nearly identical to those of their older counterparts. For example, pain interferes “a lot” for 36.3% of the under-55 group and 36.9% of those 55 and older.

Findings are also very similar between the two age groups for consumer respondents who consistently read product labels (40.2% and 42.3%), who misidentify acetaminophen as an NSAID (15.2% and 16.8%), and who wish for more OTC options (62.1% and 61.8%).

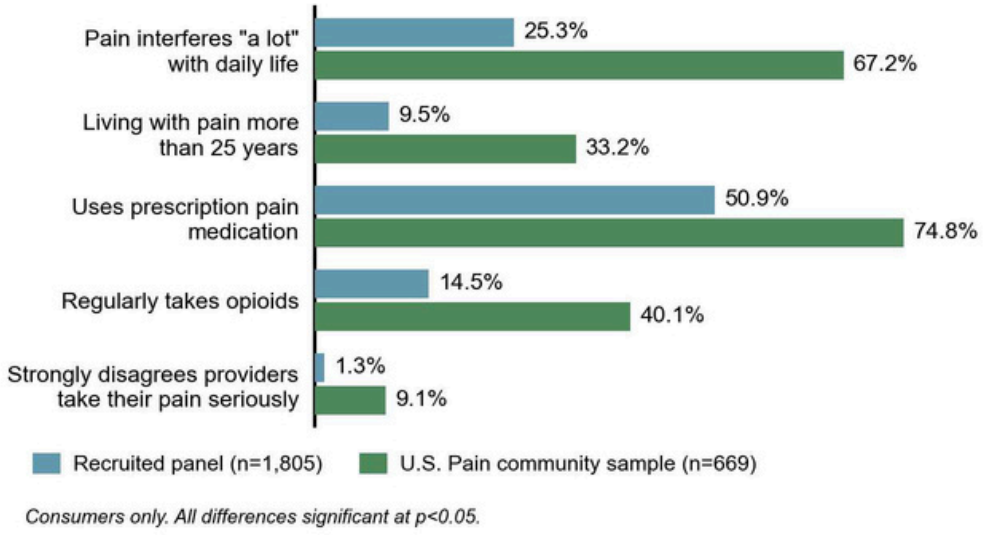
Where the groups do differ, however, is that 76.0% of younger consumer respondents have alternated between active ingredients (versus 58.0% of those 55 and older). Additionally, 43.8% of younger consumers closely track their medication, compared with 53.6% of those 55 and older.

U.S. Pain Community Data Highlights

The burden of pain is much higher among consumer respondents reached through U.S. Pain Foundation's own outreach channels than among those in the recruited panel. The proportion reporting that pain interferes with their lives “a lot” nearly triples (67.2% vs. 25.3%), as does the proportion who have lived with pain for 25 years or more (33.2% vs. 9.5%). Regular use of opioid medications as part of pain management is also nearly three times as common (40.1% vs. 14.5%).

Figure 4: Consumer Community Sample Reports Substantially Higher Burden Than Recruited Panel

Consumer Q10, Q8, Q16, Q18, Q49



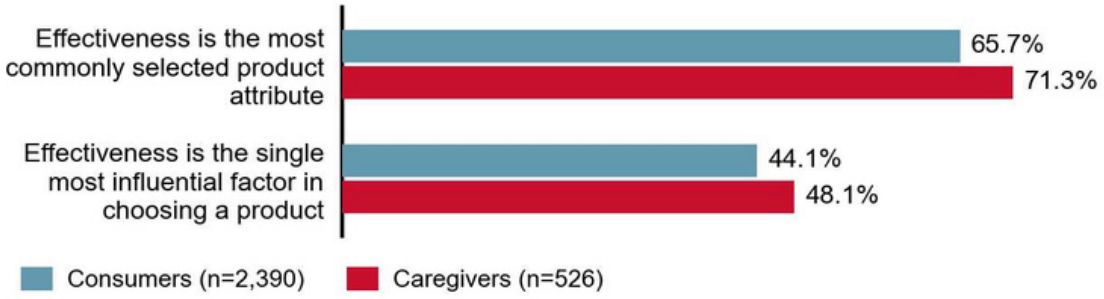
Consumers only. All differences significant at p<0.05.

Theme 2. Many respondents say current pain relief options are not meeting their needs

Effectiveness comes first. When choosing a pain reliever, nothing matters more than whether it actually works. Effectiveness is the highest-ranked product attribute for both audiences (65.7% of consumers, 71.3% of caregivers) when respondents were able to select multiple factors. It ranks well ahead of the next most commonly selected attributes: minimal side effects (39.8% of consumers) and no interactions with other medications (37.4% of consumers). Additionally, 44.1% of consumer respondents and 48.1% of caregiver respondents named effectiveness when they were asked to choose the single attribute that most influences their decision to use a certain OTC pain medication.

Figure 5: Effectiveness Is the Top Priority for Both Audiences

Consumer Q22/Q23 & Caregiver Q21/Q22



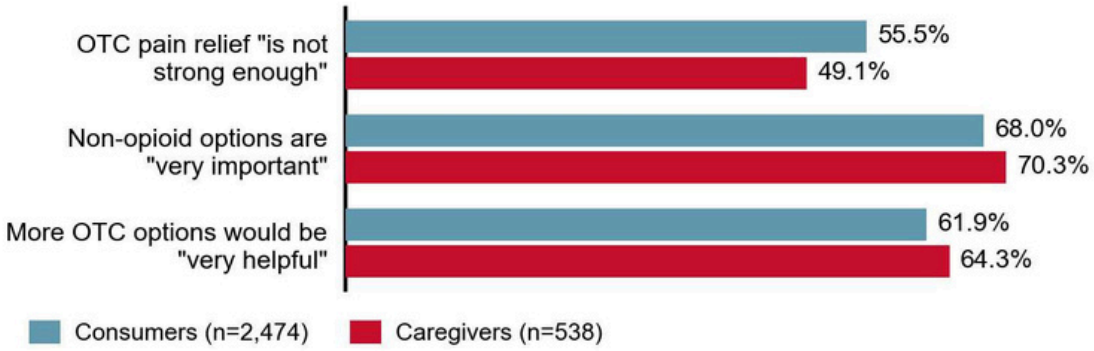
Combined. Consumers n=2,390; caregivers n=526.

Concerns about strength. Roughly 1 in 4 consumer respondents often try multiple medications before finding one that works (25.7%). Medication strength matters much more to respondents than how quickly relief begins. When OTC relief falls short, the most common concerns from consumers are that it is not strong enough (55.5%, paralleled by 49.1% of caregivers) or does not last long enough (36.7%), well ahead of concerns about side effects (25.9%), speed of relief (18.5%), or drug interactions (14.1%).

More options needed. Non-opioid options are "very important" to 68.0% of consumer respondents and 70.3% of caregiver respondents, and over three-fifths of both groups also say additional OTC pain medication options would be "very helpful" (61.9% of consumers, 64.3% of caregivers).

Figure 6: Relief Often Falls Short, and Both Audiences Want More Options

Consumer Q54/Q55/Q56; Caregiver Q58/Q59/Q60



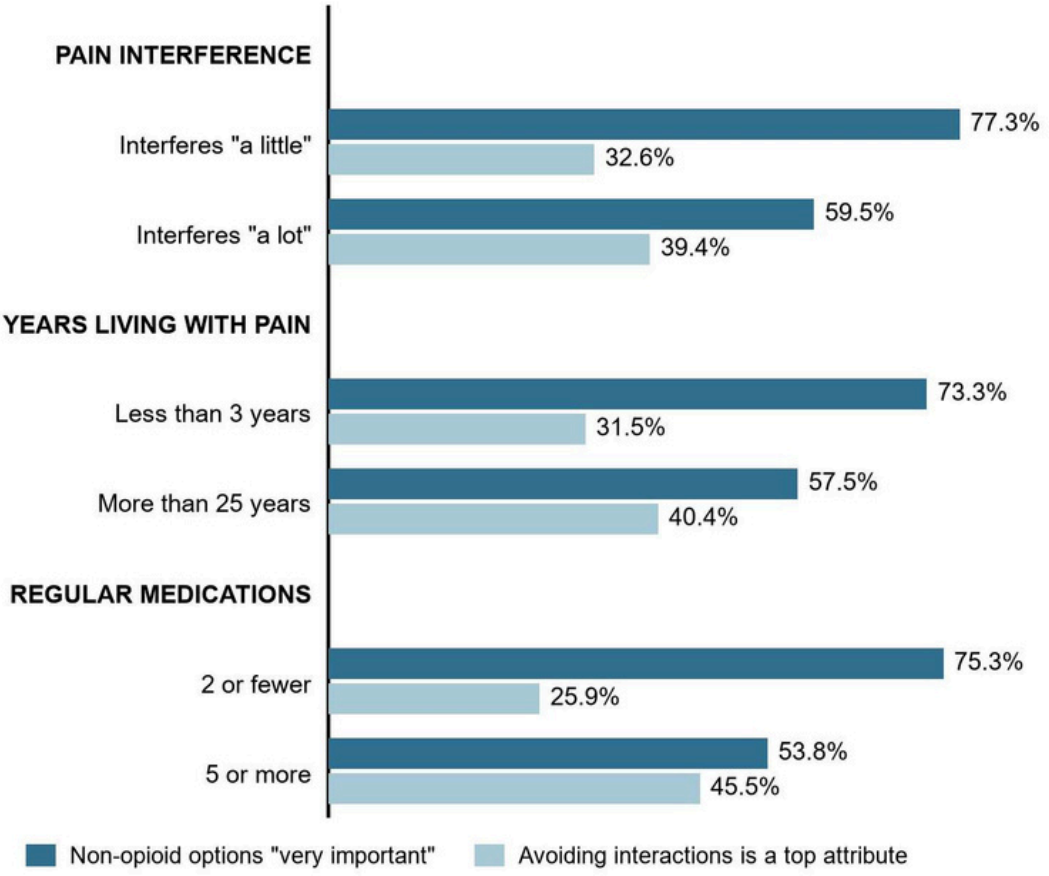
Combined. Consumers n=2,474; caregivers n=538.

Interest in non-opioid options. Interest in more treatment options varies little by age (62.1% of consumers under age 55 and 61.8% of consumers age 55 and older). The importance placed on non-opioid options is highest among those with lower pain interference: 77.3% of consumers whose pain interferes only "a little" say non-opioid options are very important, compared with 59.5% of those whose pain interferes "a lot." Similarly, the desire for non-opioid options is higher (73.3%) among consumer respondents who have been living with pain for less than three years, compared with 57.5% of those whose pain experience has been 25 years or more. Consumers with the most severe or longstanding pain still express interest in more choices overall, but are less likely to emphasize non-opioid options.

Avoiding medication interactions. Among consumer respondents who take five or more medications on a regular basis, 45.5% say that avoiding interactions with their other medications is a top factor when choosing an OTC pain reliever, compared with 25.9% of respondents who take two or fewer medications regularly. Pain interference follows a similar pattern: 39.4% of respondents whose pain interferes "a lot" with daily life say avoiding interactions matters most, compared with 32.6% of those whose pain interferes only "a little." So does duration: 40.4% of respondents who have been living with pain for 25 years or more say this attribute is a top factor, compared with 31.5% of those who have been living with pain for less than three years.

Figure 7: As Pain Burden Grows, Priority Shifts From Non-Opioid Options to Avoiding Interactions

Consumer Q55 & Q22 × Q10, Q8, Q18



Consumers, combined (n=2,474). Each pair of bars is a subgroup with its own base; the smallest is n=391 (more than 25 years of pain) and the largest is n=1,253 (2 or fewer). The two measures move in opposite directions across all three cuts.

Theme 3. Pain management often involves multiple medications and strategies

Taking multiple medications. Among consumer respondents who use a prescription pain medication, 81.1% also use OTC medication alongside it. Two-thirds of consumers (66.0%) have alternated between different OTC active ingredients to manage their pain. Caregivers report a similar pattern: Among caregivers whose care recipients use prescription pain medications, 77.3% report that their care

recipients combine them with OTC medication. Also, 64.9% of caregivers report that their care recipients have alternated OTC ingredients.

Figure 8: Consumers and Care Recipients Commonly Combine OTC and Prescription Medication and Alternate OTC Ingredients

Consumer Q17/Q39; Caregiver Q45/Q39

Combined. Row 1 is based on those who use a prescription pain medication (consumers n=1,403; caregivers n=339). Row 2 is all respondents (consumers n=2,474; caregivers n=538).

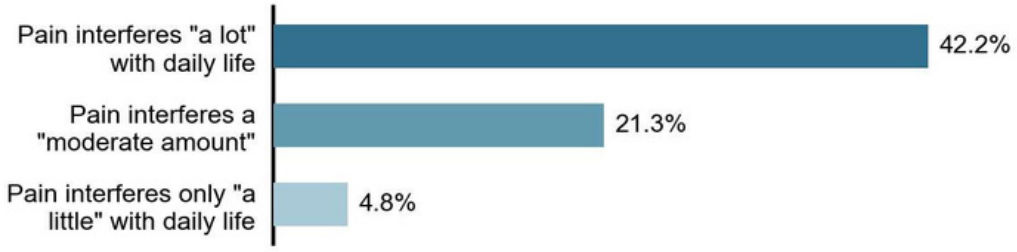
Combining pain-management approaches. Almost no consumer respondents manage pain exclusively with OTC medication — only 2.0% do so, while 98.0% use at least one other approach as well**.** Many respondents use nonmedication approaches, including self-management strategies such as avoiding or adjusting activities, nutrition management, or stress reduction (81.0%); physical, occupational, or other restorative therapies (46.6%); and complementary or integrative approaches such as acupuncture, massage, or yoga (41.0%). More than half of respondents (57.4%) also use prescription pain medication as a part of their pain management plan.

OTC ingredients utilized. Among OTC ingredients, acetaminophen is the most widely used by consumers (72.4%), followed by ibuprofen (58.7%), and naproxen sodium (28.5%). Combination products containing more than one active ingredient are used by 16.6% of consumer respondents.

Medication switching increases with pain interference. Consumer respondents whose pain interferes "a lot" with daily life are much more likely to say they "often" try different medications before finding one that works (42.2%), compared to those whose pain interferes only "a little" (4.8%). Among those reporting a moderate amount of interference, 21.3% often try different medications.

Figure 9: Higher Pain Disruption Increases Likelihood of Trying Multiple Medications

Consumer Q13 x Q10



% of consumers who say they "often" find themselves trying different medications before finding one that works, by pain interference. Combined; base n=2,446.

Tracking dosage. A little less than half (41.4%) of consumer respondents say they always read OTC labels before use, compared with 52.8% of caregiver respondents. Roughly half of consumers (49.2%) say they track their medication timing and total doses "very closely," and 49.3% of caregivers report that their care recipient's medication timing and doses are tracked "very closely," but they use different methods.

Figure 10: Label Reading and Dose Tracking Are Inconsistent for Both Audiences

Consumer Q24 & Caregiver Q23; Consumer Q33 & Caregiver Q33

Combined. Consumers n=2,474; caregivers n=538. Both measures are asked of all respondents.

Among consumers who track their OTC timing or doses (n=2,171), 51.4% rely on memory and 38.1% on a general routine. Structured tools are less common: a pill organizer (27.4%), alarms or phone alerts (26.9%), written notes (20.4%), or a mobile app or digital tool (9.4%). In all, 42.9% of these consumers use none of these four tools.

Among the 303 consumers who do not closely track their OTC medication use, 42.9% say they adjust their use based on pain intensity instead.

Among caregivers reporting how their care recipient's OTC pain medication use is tracked[2], 77.6% report use of one or more structured approaches (a pill organizer, alarms or phone reminders, written notes, or an app), including 51.9% who report use of a pill organizer.

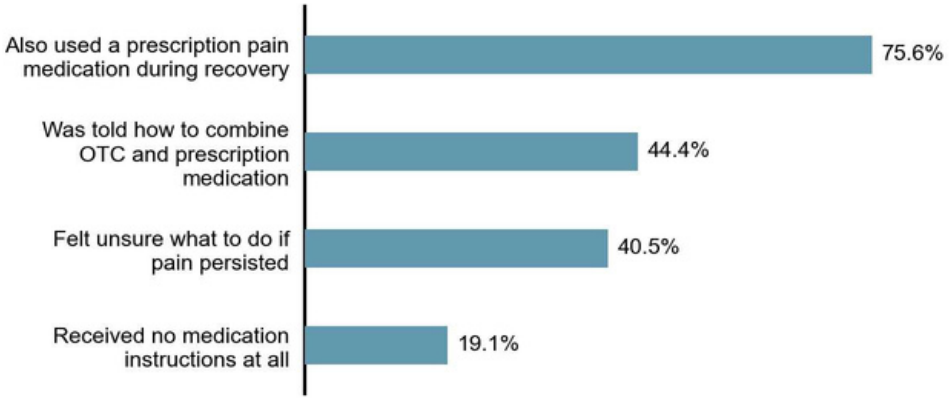
Post-procedure medication management. Among consumer respondents who took OTC medication during recovery from a surgery, procedure, or injury in the past year, 75.6% also used a prescription pain medication. Only 44.4% were told how to safely combine prescription and OTC medications, however, and 19.1% received no medication instructions at all. Roughly 2 in 5 (40.5%) remained unsure what to do if pain persisted.

On a positive note, among those who did receive instructions, 72.8% rated them very clear, and 25.3% rated them somewhat clear. Relatively few (11.7%) received only verbal instructions. Overall, 53.3% were unsure about at least one aspect of managing medication during recovery, and 17.1% chose their recovery OTC medication on their own, without input from a provider or pharmacist.

[2] Caregiver n=536 of 538 (99.6%). Every caregiver respondent was asked this question except two — one who said no one keeps track of their care recipient's doses, and one who was unsure how closely they are tracked.

Figure 11: Managing Medication After a Procedure Is Often Under-Guided

Consumer Q60, Q62, Q65



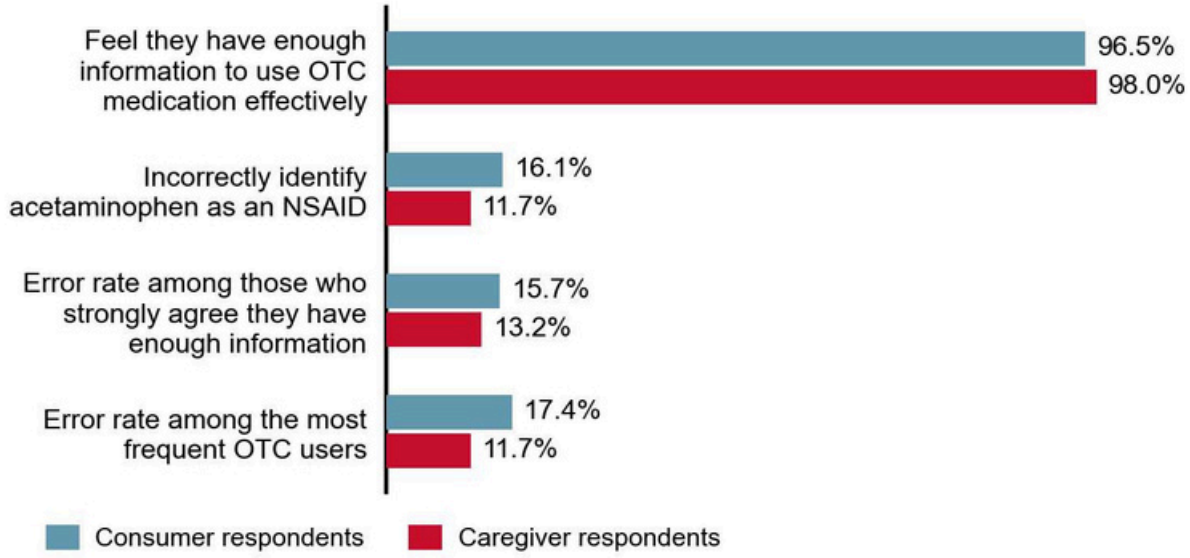
Post-procedure consumers who took OTC medication during recovery (n=1,290), combined. No comparable caregiver measure exists.

Theme 4. Confidence in OTC pain medication use coexists with important knowledge gaps

Inaccurate knowledge. Overall, 96.5% of consumer respondents and 98.0% of caregiver respondents either "somewhat" or "strongly" agree they have enough information to use OTC medication effectively (consumers) or help their care recipients do so (caregivers). But knowledge gaps remain despite confidence. Almost 1 in 6 consumers (16.1%), as well as 11.7% of caregivers, incorrectly identify acetaminophen as an NSAID. Similar error rates were observed even among consumers and caregivers with high confidence, and among consumers who take OTC medication most frequently: 15.7% of consumers and 13.2% of caregivers who "strongly" agree that they have enough information, and 17.4% among consumers who take OTC medication multiple times a day.

Figure 12: Self-Reported Confidence Is High Despite Knowledge Gaps

Consumer Q52, Q30, Q30 × Q52, Q30 × S6; Caregiver Q55, Q29, Q29 × Q55, Q29 × S9



Consumers, combined (n=2,474); caregivers, combined (n=538). Caregiver items refer to helping the care recipient. The lower two rows break out the acetaminophen error rate by confidence and by frequency of use (consumer bases n=1,401 and n=788; caregiver bases n=304 and n=256).

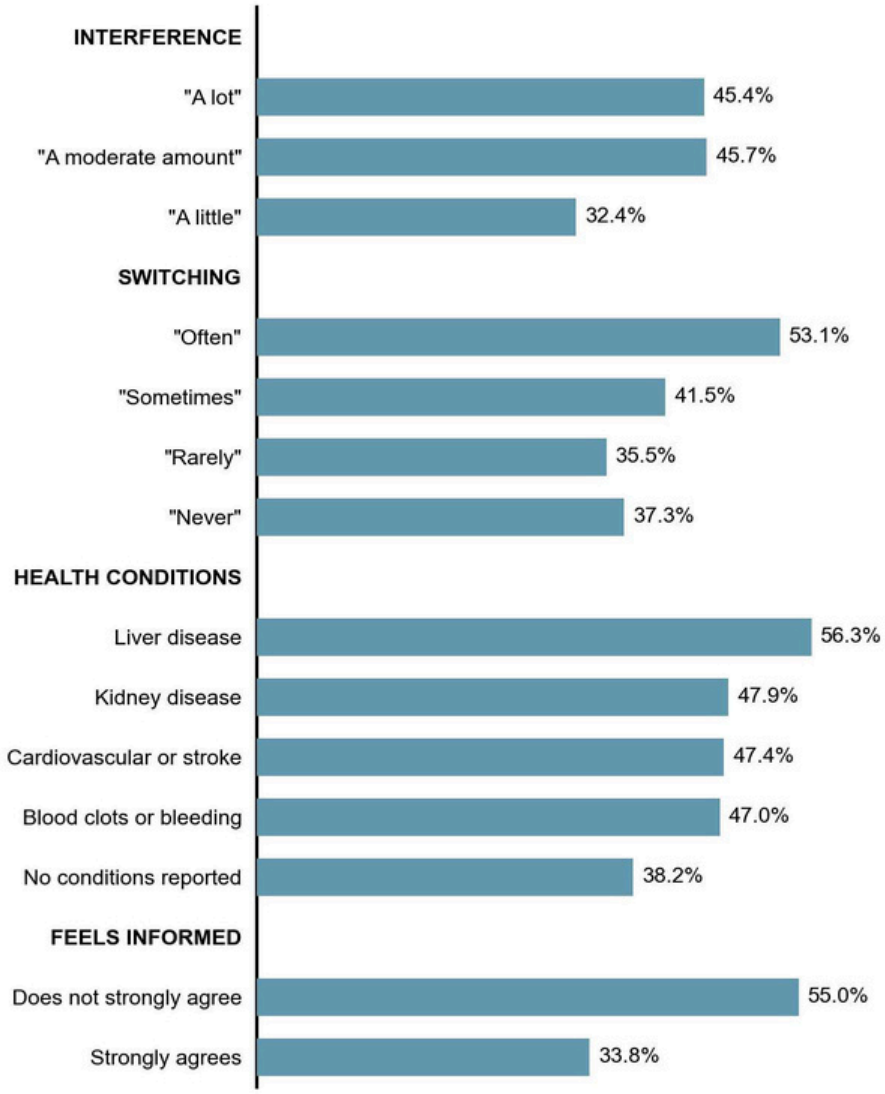
Uncertainty around safe dosing. Overall, 43.0% of consumer respondents have been unsure whether another dose of OTC medication, either the same or another type, was safe to consume. As reported above, this uncertainty is higher among consumer respondents whose pain interferes with daily life "a lot" (45.4%) or “a moderate amount” (45.7%) than among those reporting only "a little" interference (32.4%). Uncertainty is also higher among consumers (53.1%) who “often” try multiple OTC medications before finding one that works, compared to 35.5% of those who “rarely” switch medications.

Lack of clarity increases even more among consumer respondents with health conditions that caution the use of OTC pain relievers: 56.3% for those with liver disease; 47.9% for kidney disease; 47.4% for a cardiovascular condition, heart disease, or stroke; and 47.0% for a blood clot or bleeding disorder. Among those who do not have a condition that cautions against OTC use, uncertainty is 41.2%. Uncertainty is lower (38.2%) among consumer respondents who reported none of the broader list of conditions covered in the survey.

Even among consumer respondents who strongly agree that they have enough information about OTC use, 33.8% report uncertainty with additional dosing.

Figure 13: Dosing Uncertainty by Pain Interference, Medication Switching, Health Conditions, and Confidence

Consumer Q36 x Q10, Q13, Q51, Q52



% of consumers who have ever been unsure whether another dose of OTC pain medication was safe. Combined. Each bar is a subgroup with its own base; the smallest is n=118 ("never" switches) and the largest is n=1,401 (strongly agrees). "No conditions reported" means none of the conditions asked about, not only those listed above. This question was not asked in the caregiver survey, so no caregiver comparison is available.

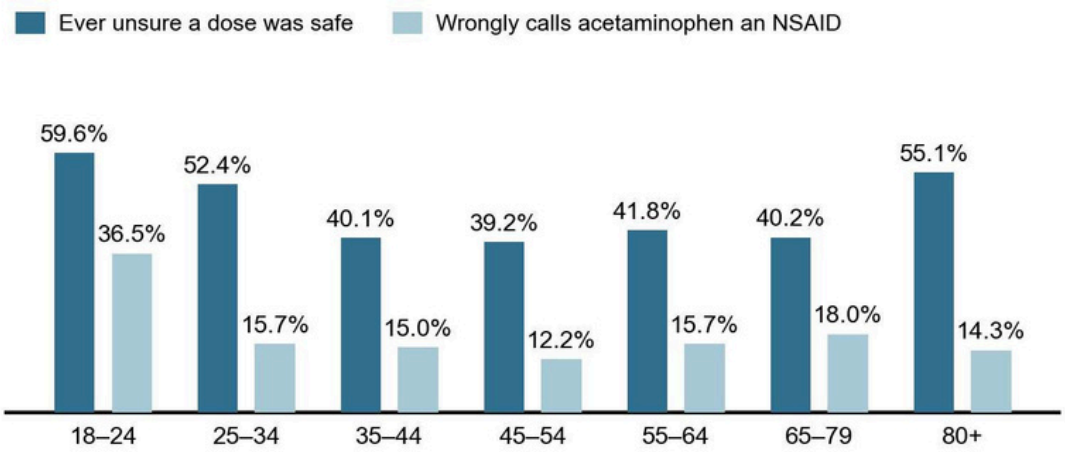
Complex medication regimens. As the number of medications a consumer respondent takes increases, so does the likelihood of using multiple products that contain the same active ingredient. Among respondents taking one or two medications regularly, this is true of 28.2%, compared with 43.1% of those taking three or four medications and 60.5% of those taking five or more. The portion of consumers who incorrectly identify acetaminophen as an NSAID jumps from 14.4% among those taking one or two medications to 19.6% among those taking five or more. Meanwhile, the percentage who consistently read product labels remains close to the overall average of 41.4% even if they manage three to four or five-plus medications (43.8% and 42.3%, respectively).

Health conditions. Consumer respondents with health conditions for which NSAID or acetaminophen use may warrant caution also report patterns of use that could raise safety concerns. Two in three (66.2%) of respondents with high blood pressure and 62.5% of those with a cardiovascular condition, heart disease, or stroke use an OTC NSAID. Among respondents with liver disease, 75.9% use OTC acetaminophen, and 29.3% also take a second acetaminophen-containing product alongside it.

Dosing uncertainty among consumers appears across all age groups. Although sample sizes are small, consumer respondents at both the youngest and oldest ages report similarly high rates of uncertainty about safe dosing: 59.6% of 18- to 24-year-old consumers (n=52) and 55.1% of those ages 80 and older (n=49). Uncertainty is also elevated among 25- to 34-year-olds (52.4%), the largest of the younger age ranges (n=382). Uncertainty settles to roughly 40% across ages 35 to 79. The youngest respondents are also more likely to misidentify acetaminophen as an NSAID: 36.5% of 18- to 24-year-olds, compared with 16.1% of all consumer respondents.

Figure 14: Dosing Uncertainty and Product Misconceptions Appear Across Age Groups

Consumer Q36 x S3; Q30 x S3

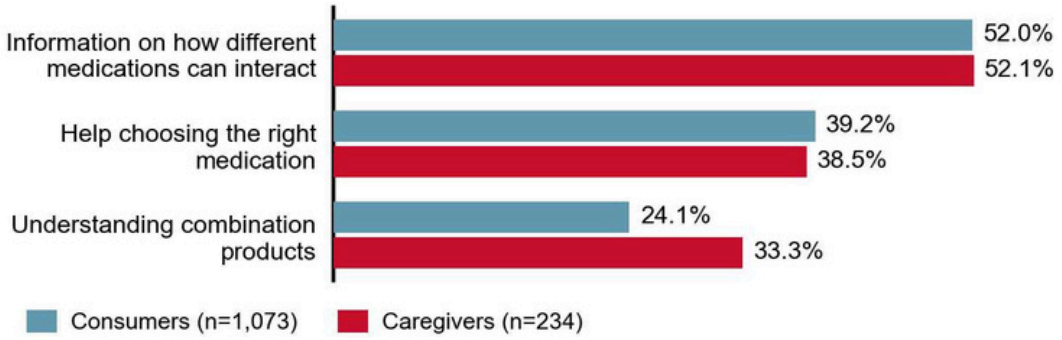


Consumers, combined. Uncertainty is highest at both ends of the age range. The 18–24 (n=52) and 80+ (n=49) bands rest on small bases and are directional.

Desired resources. Among the over 2 in 5 respondents in each group who do not "strongly" agree that they already have enough information to use OTC pain medication effectively, about half want to know more about how different medications can interact (52.0% of consumers, 52.1% of caregivers). Other top resource priorities include help with knowing how to choose the right medication (39.2% of consumers and 38.5% of caregivers) and understanding combination products (24.1% of consumers and 33.3% of caregivers).

Figure 15: Medication Interaction Information Is Top-Requested Resource for Both Groups

Consumer Q53 & Caregiver Q56



Asked only of those who do not strongly agree they already have enough information: consumers n=1,073 (43.4% of the arm), caregivers n=234 (43.5%). Select up to three; these were among the top choices for both groups.

Trusted sources. Healthcare providers are by far the most relied-on source when choosing an OTC pain medication, cited by 68.3% of consumer respondents and 89.9% of caregiver respondents, who were able to pick multiple responses. Medical websites are the second most commonly cited source (by 41.5% of consumers and 47.1% of caregivers), followed by pharmacists (26.4% and 46.6%, respectively). Caregiver respondents rely on pharmacists nearly twice as often as consumers. AI tools and chatbots are cited by only 7.8% of consumer respondents and 7.2% of caregiver respondents. A full 13.9% of consumer respondents say they rely on no information source at all.

Discussing OTCs with providers. Consumer respondents who had discussed their OTC use with a provider or pharmacist in the past year were more likely to report always reading labels beforehand (44.8% vs. 30.3%) and very closely tracking the timing and number of doses (52.9% vs. 38.0%). However, these same respondents were slightly more likely to report uncertainty about whether taking another dose was safe (45.3% vs. 36.4%) and were about as likely to misidentify acetaminophen as an NSAID (16.2% vs. 15.8%). **The group that had discussed OTC use also had more complex medication use overall:** They took more medications on average (2.8 vs. 2.2) and were more likely to use prescription pain medication (60.5% vs. 43.8%).

Theme 5. Caregivers often manage complex responsibilities alone, and want more resources and information

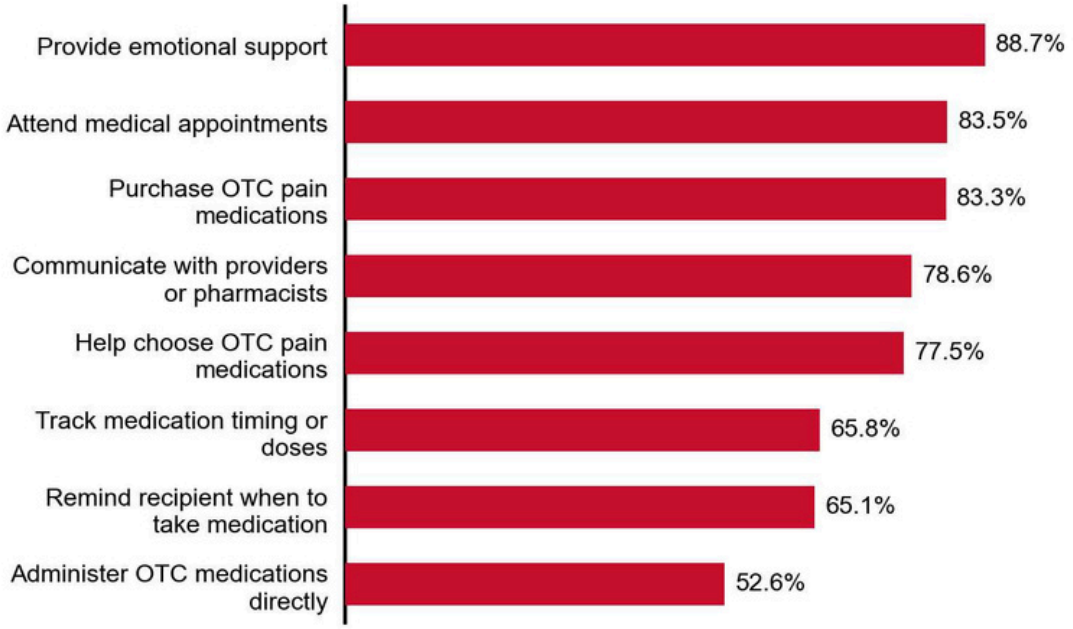
Partners in care. The median caregiver respondent performs six of the eight caregiving tasks listed in the survey (ranging from emotional support to medication management). Overall, 3 in 5 (59.9%) perform six or more tasks, and 29.0% perform all eight. Greater involvement is associated with higher reported overwhelm: Among caregivers who perform all eight tasks, 48.7% agree that managing their care recipient's medications is overwhelming, compared with 34.6% of those doing fewer total tasks.

More than 4 in 5 caregiver respondents provide emotional support for their care recipients (88.7%), attend medical appointments with them (83.5%), and purchase OTC pain medications for them (83.3%). Other commonly cited responsibilities include communicating with providers or pharmacists on their care recipient's behalf (78.6%) and helping choose which OTC medications to use (77.5%). About half

(52.6%) directly administer OTC medication to their care recipient. (Note: Caregivers were required to be involved in at least one OTC medication-related task to qualify to complete the survey.)

Figure 16: Caregivers Take on a Wide Range of Caregiving Tasks

Caregiver S10

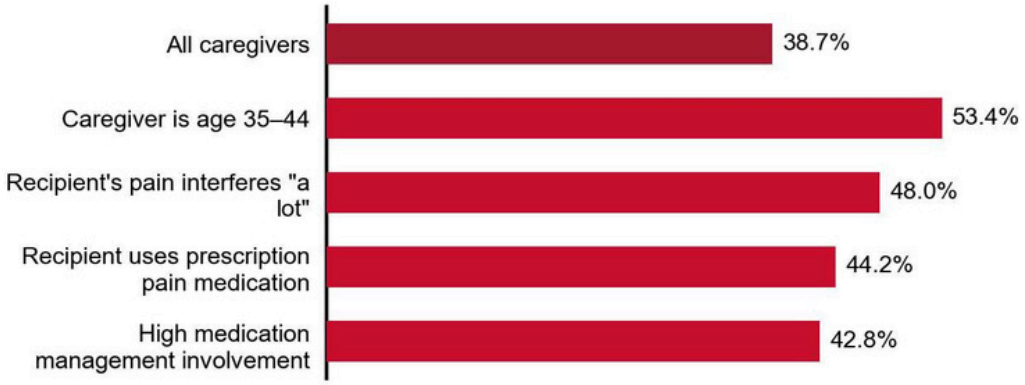


Caregivers, combined (n=538); select all that apply. Qualifying required at least one OTC-specific task.

Medication management for caregivers. Overall, 38.7% of caregiver respondents "strongly" or "somewhat" agree that managing or helping with their care recipient's medications is overwhelming. That share is higher among caregivers ages 35–44 (53.4% of a small subgroup of n=73); those whose care recipient's pain interferes "a lot" with daily life (48.0%); those whose care recipient also uses prescription pain medication (44.2%); and those who are highly involved in medication management (42.8%).

Figure 17: Caregiver Overwhelm by Age, Recipient's Pain, Prescription Use, and Level of Involvement

Caregiver Q36

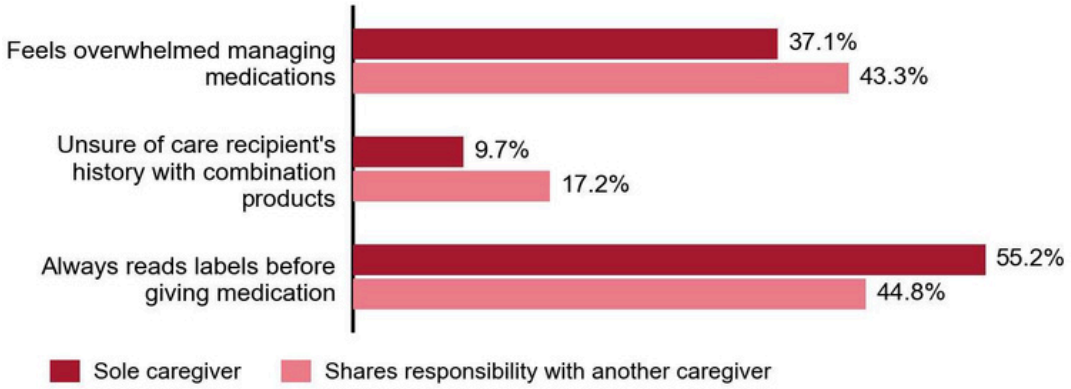


% who agree (strongly or somewhat) that managing medications is overwhelming. Caregivers, combined (n=538). The 35–44 band rests on n=73 and is directional.

Caregiving responsibilities. About 3 in 4 caregiver respondents (74.7%) are the only person managing their care recipient's OTC medication. Among those who share this responsibility with others, caregiver respondents are almost twice as likely to be unsure of their care recipient's history with combination products (17.2% vs. 9.7%), and somewhat less likely to always read labels before giving medication (44.8% vs. 55.2%). At the same time, the vast majority of caregivers who share responsibility (97.0%) report that they coordinate OTC timing and doses with other caregivers either somewhat or very well.

Figure 18: Shared Caregiving Is Associated With More Information Gaps and Less Consistent Label Reading

Caregiver Q36 x Q12; Q42 x Q12; Q23 x Q12



Caregivers, combined (n=538). About one in four caregiving situations involve more than one caregiver (n=134). The combination-product and label-reading differences are significant at p<0.05; the difference in feeling overwhelmed is not (p=0.20).

Caregiver resources. Among caregiver respondents who do not "strongly agree" that they already have enough information about effective OTC medication use (n=234), the highest percentage said they'd find informational resources most helpful in the form of a website (50.4%) or one-page guide (48.3%). Other formats requested included a checklist (36.3%), a conversation guide for speaking with providers or pharmacists (35.0%), and a tracking chart or tool (31.2%).

Conclusion

Most consumers in this study frequently incorporate OTC pain medication into broader pain-management routines. Pain interferes with daily life "a lot" for more than a third of consumers, and a majority take an OTC pain reliever daily or more often. Only 2.0% rely exclusively on OTC pain medications. Among consumers who use prescription pain medication, about 4 in 5 use OTC pain medication in combination with them. Effectiveness is the top priority for both consumers and caregivers when choosing OTCs, and more than half of consumers who aren't getting relief from current OTC options say it's because they're not strong enough.

Self-reported understanding of, and confidence around, effective OTC pain medication use are high, but responses to specific knowledge questions reveal important gaps and dosing uncertainty. These knowledge gaps do not consistently decline with greater experience or more frequent use. Dosing uncertainty is somewhat higher among consumer respondents managing more health conditions, and appears at both ends of the age range. The likelihood of taking the same active ingredient across multiple medications rises from 28.2% among consumer respondents taking one or two medications regularly to 60.5% among those taking five or more, while label-reading rates change little.

Caregivers also face substantial medication-management demands, with 3 in 4 managing their care recipient's OTC pain medication alone, and nearly 2 in 5 reporting that the responsibility is overwhelming. When caregiving responsibility is shared, caregivers generally report solid coordination but show some gaps in shared medication information.

Healthcare providers are the most relied-on source of information for both audiences. Pharmacists also play an important role, particularly for caregivers. Across the study, both audiences express interest in additional pain-relief options, including non-opioid options.

Appendix A: Potential Next Steps

- **Develop plain-language education on medication interactions and safe OTC use.** Among respondents who want additional information, medication interactions are the most commonly requested topic for both consumers and caregivers. Resources should help people understand active ingredients, potential interactions, and how to make informed medication decisions.
- **Help people recognize and avoid duplicate active ingredients.** Education can show how the same ingredient may appear across multiple products, including cold, flu, and allergy medications as well as combination prescription products. This may be especially important for people managing multiple medications, as duplicate active-ingredient exposure rises from 28.2% among consumer respondents taking one or two regular medications to 60.5% among those taking five or more.
- **Engage healthcare providers and pharmacists as key messengers.** These are among the most relied-on sources of information for both audiences. U.S. Pain Foundation can help equip them with clear, patient-friendly resources that support conversations about OTC pain medication use, interactions, and pain-management options.
- **Strengthen pain-management education after a procedure.** Nearly 1 in 5 consumer respondents who managed pain at home after a surgery, procedure, or injury reported receiving no medication instructions, and fewer than half (44.4%) were told how to combine OTC and prescription medications. This points to an opportunity for clearer discharge education and better communication about pain-management plans.
- **Create caregiver-specific tools informed by stated needs.** Caregivers who want additional information most often identify resources such as a website, one-page guide, checklist, and conversation guide for speaking with providers and pharmacists. Content should address medication interactions, choosing among medication options, combination products, and shared medication management.
- **Design education for people across the lifespan.** Younger and older consumer respondents show many similarities in pain interference, label reading, and product knowledge, while other medication-management behaviors differ by age. Outreach should be accessible to adults of all ages while allowing for targeted education where differences emerge.
- **Center lived experience in future education and research.** U.S. Pain Foundation can use these findings alongside input from people with pain and caregivers to help shape practical resources, identify unanswered questions, and ensure future work reflects the realities of managing pain day to day.
- **Explore key questions through follow-up research.** Areas for deeper study include how medication preferences change with pain interference and duration, what drives label reading and dose tracking, how caregivers and care recipients share medication decisions, and whether simplified medication-management approaches could reduce uncertainty.

Appendix B: Data Limitations

- All results are self-reported perceptions and behaviors, not clinical measurements. The surveys did not capture doses, timing, or clinical outcomes through empirical methods, so an overlap between a medication and a cautioned condition does not establish that any harm occurred.
- Respondents from the paid research panel self-selected to join the list of potential participants, and respondents from the U.S. Pain Foundation community sample answered an open link shared through the Foundation's mailing list. Neither pool was randomly selected from a known population. For this reason, no margin of error is reported here. While quotas were set to enhance diversity of responses, results describe the people who responded and should not be interpreted as estimates of the overall U.S. adult population living with persistent pain.
- Differences discussed in this report were tested for statistical significance at the 95% confidence level ($p < 0.05$), using standard tests of proportions (pairwise z-tests in the cross tabulations, and chi-squared or Fisher's exact tests for comparisons across more than two groups). These tests assess differences among respondents within the study sample; they do not account for potential selection bias or artificially render the sample nationally representative. Significance was not tested for subgroups smaller than n=30, and small subgroup bases are noted throughout the report wherever they appear.
- The recruited panel and the U.S. Pain community sample are drawn from different pools that do not overlap.
- The caregiver sample from the U.S. Pain network is only 30 respondents — too small to segment into its own findings.
- Caregivers answered as proxies for their care recipients, who on average are older and carry more health conditions than the consumer respondents. Consumer and caregiver responses come from separate samples and should not be interpreted as paired responses.
- Consumer respondents were predominantly women (79.0%). Several subgroups used in this report are small and directional, including consumers age 18–24 (n=52) and 80 or older (n=49), caregivers age 35–44 (n=73), and caregivers who share the role with someone else (n=134).
- Three questions about what information and formats would help are asked only of respondents who did not strongly agree they already have enough information, about 43% of each audience. Those figures are shares of that subgroup, not of everyone, and are labeled accordingly.