

PSYCHOSOCIAL COMORBIDITIES IN CHRONIC PAIN: ANXIETY, DEPRESSION, AND THEIR INFLUENCE ON INTERVENTIONAL PAIN MANAGEMENT OUTCOMES

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Introduction

- ❖ Chronic pain is a multidimensional condition in which psychosocial comorbidities such as anxiety and depression are highly prevalent, affecting 30–60% of patients.
- ❖ These disorders amplify pain perception, increase disability and undermine responses to interventional procedures. Yet, psychosocial assessment remains inconsistently integrated into pain practice.
- ❖ We tried to look through the literature to review the influence of anxiety and depression on interventional pain management outcomes, and evaluate current practices and opportunities for integration of psychosocial care.

Methods

We conducted a narrative synthesis of epidemiological, clinical, and interventional studies addressing psychosocial comorbidities in chronic pain. Data sources included PubMed-indexed observational cohorts, randomized controlled trials, and systematic reviews from 2015 to 2025, evaluating prevalence, impact on outcomes, and management strategies



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Untangling the Mind-Pain Knot: Anxiety, Depression, and Pain Management Outcomes

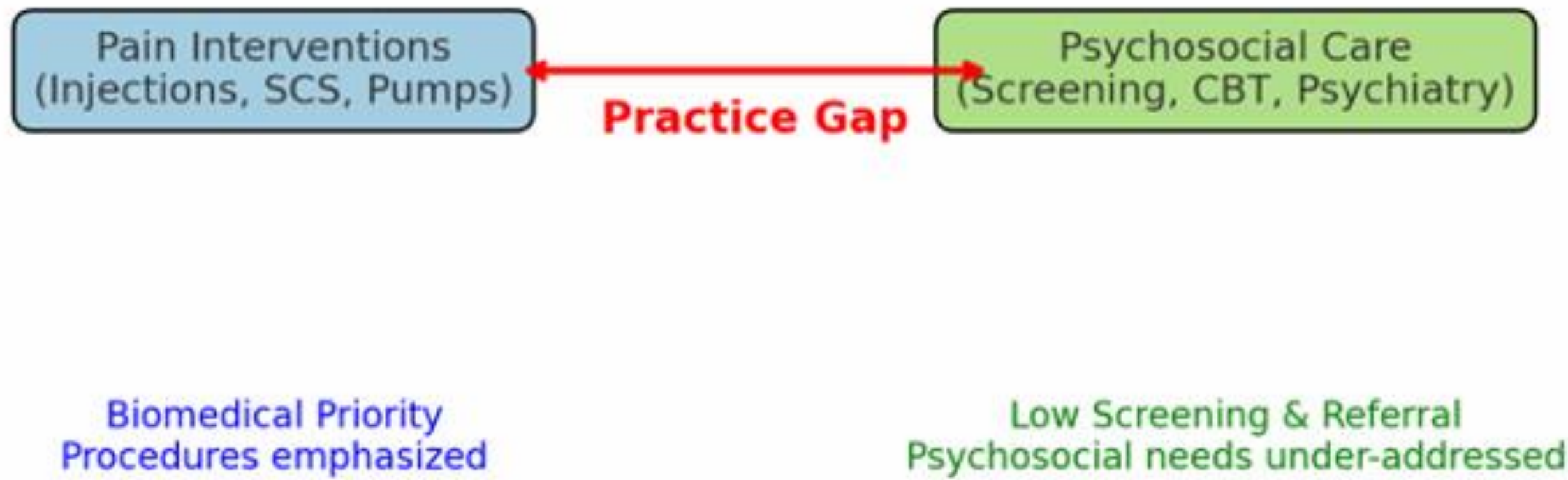
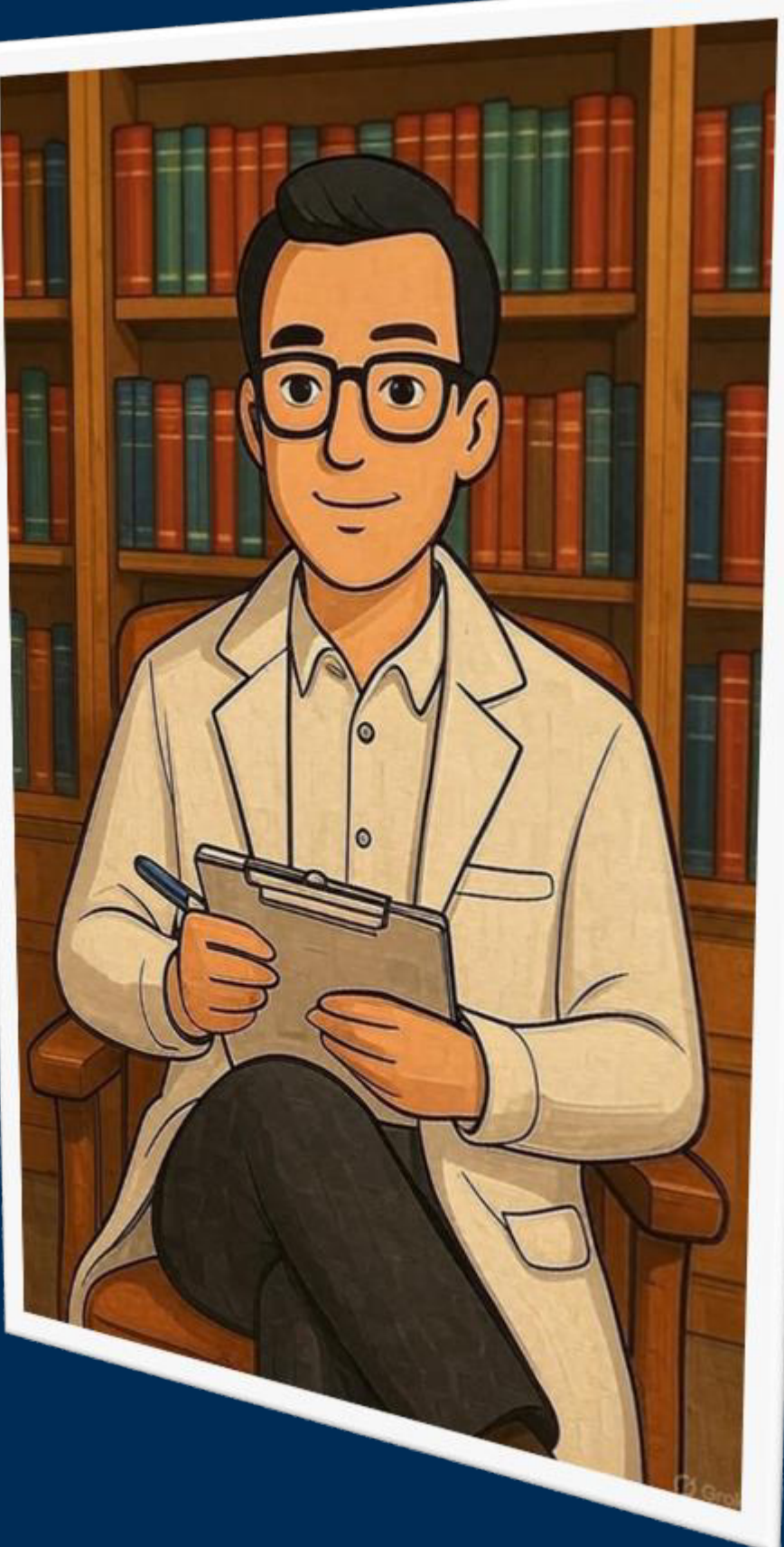
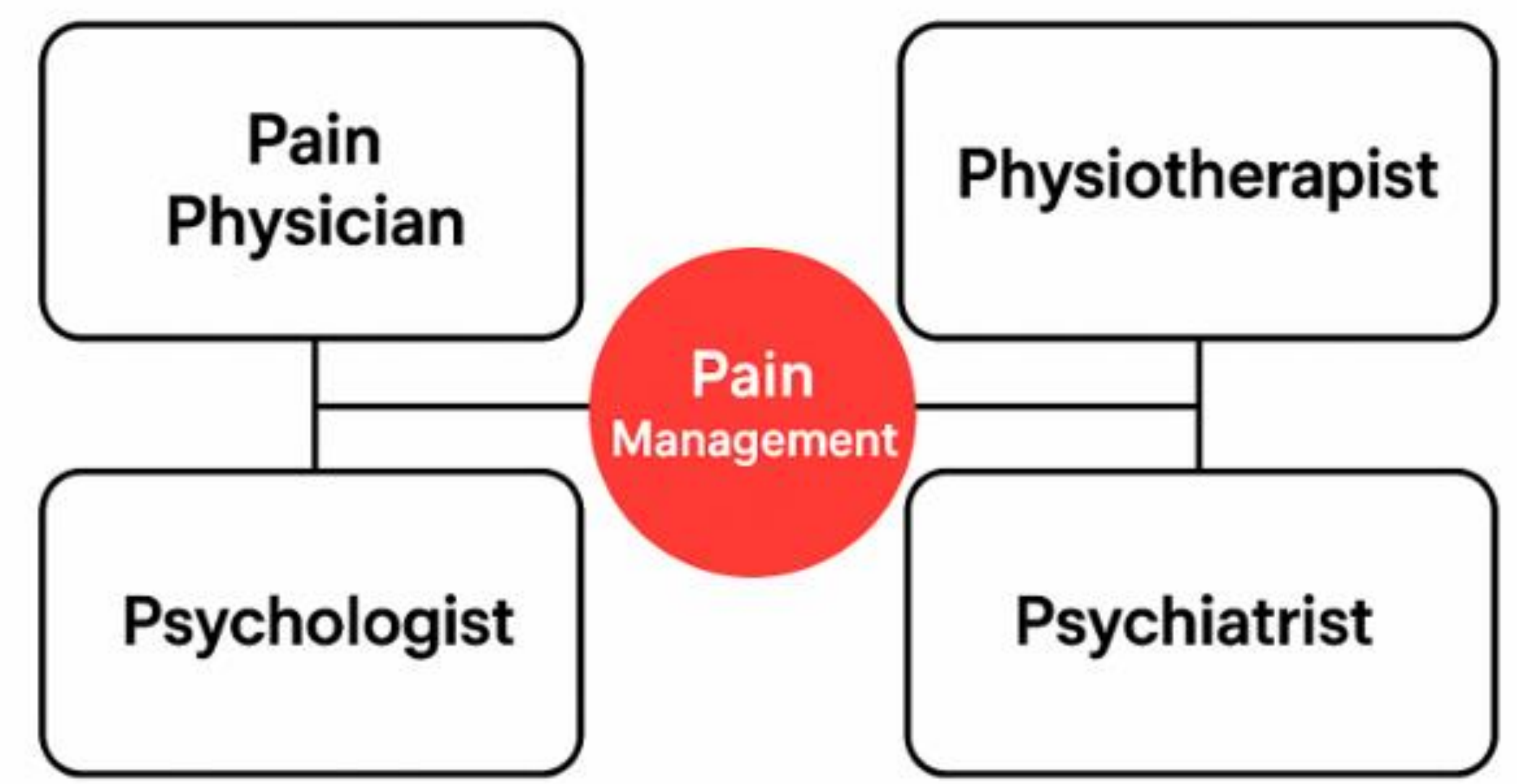


Figure 1: Current practice gaps pain intervention vs psychosocial care



Results

- ❖ Depression and anxiety predict higher baseline pain scores, poorer functional outcomes, reduced durability of relief after interventions, and greater opioid utilization.
- ❖ Patients with untreated psychological distress demonstrate maladaptive coping, central sensitization, and diminished response to procedures such as epidural steroid injections, nerve blocks, and spinal cord stimulation.
- ❖ Despite validated tools (PHQ-9, GAD-7, PROMIS), fewer than 30% of pain clinics consistently employ psychosocial screening. Current practices vary; psychological evaluations are standard before high-cost procedures, but rare for routine interventions.
- ❖ Multimodal management, including pharmacotherapy (SSRIs/SNRIs), evidence-based psychotherapies (CBT, ACT), and mind–body approaches (mindfulness, yoga), improves pain coping, reduces disability, and enhances treatment efficacy.
- ❖ Multidisciplinary care models consistently outperform procedure-only approaches.

Discussion

- ❖ Anxiety and depression exert profound influence on interventional pain outcomes yet remain under-recognized in routine practice.
- ❖ Standardized screening and integration of psychological care are essential to improve patient selection, optimize outcomes, and reduce reliance on opioids.
- ❖ Policy-level initiatives mandating psychosocial assessment and fostering collaborative care models are needed to align interventional pain management with the biopsychosocial model.

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