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# Influence of Psychological Factors on Pain and Disability in Anterior Knee Pain Patients

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AKP patients express chronic pain but also disability. However, the correlation between pain and disability is not complete and linear. Some patients with a lot of pain show mild disability while others with much less pain also show great disability. The disability is profoundly influenced by other emotional and cognitive factors that are associated with the perception of pain. Therefore, the clinical efforts do not have to be focused only

on treating the pain as a feeling but on identifying and modifying these factors.

Can AKP have a psychological cause as it has been classically believed? We think not. There is a structural lesion that causes pain and disability although sometimes it may not be found. The psychological factors modulate the course of the disease but are not the cause. Even so, psychological factors are of utmost importance, which is why it is essential that physicians be aware of them.

Even if the importance of emotion in pain and disability in AKP patients seems clear, disorders in negative emotions (anxiety and depression) are also sources of suffering in these patients and deserve to be treated independently from other measures taken in the course of the condition.

In many AKP patients the classic biomedical approach has failed to provide adequate treatment despite decades of research. Given that the biopsychosocial model provides a better understanding of articular pain and has contributed to the improved treatment of other musculoskeletal conditions, it seems reasonable to think that a biopsychosocial approach would provide a useful tool for the conventional medical treatment of AKP. It is therefore interesting to contemplate cognitive-behavioral treatment models as another therapeutic option to help these patients.

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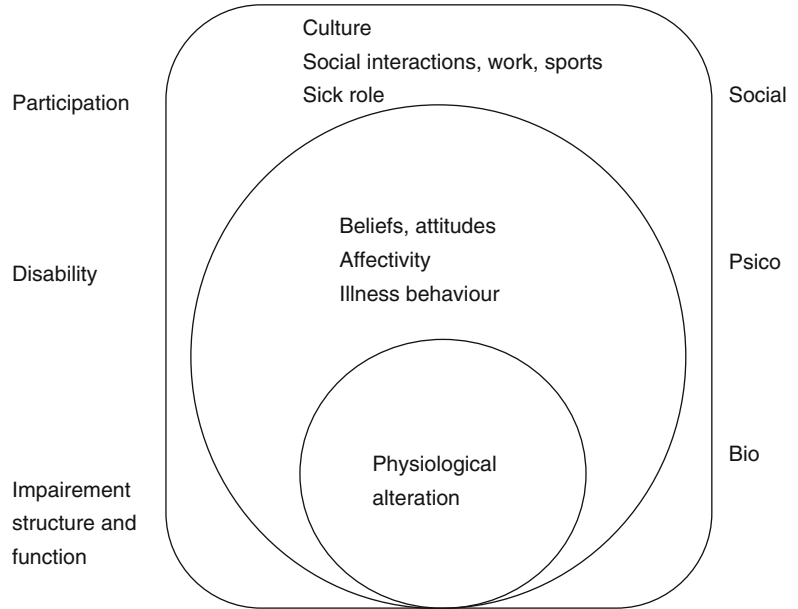
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**Fig. 9.1** The Biopsychosocial model of chronic pain and disability. ICF International Classification of Functioning Disability and Health, WHO World Health Organization (Modified from Waddell G. The back pain revolution. 2nd ed. London: Churchill-Livingston; 2004)



**Fig. 9.2** The fear-avoidance model of chronic pain based on the fear-avoidance model of Vlaeyen and Linton (Vlaeyen JWS, Linton SJ. Fear avoidance and its consequences in chronic musculoskeletal pain: a state of the art. Pain. 2000;85:317–32) and the fear-anxiety-avoidance model of Asmundson et al. (Asmundson GJ, Norton PJ, Vlaeyen JWS. Fear avoidance models of chronic pain: an overview. In: Asmundson GJ, Vlaeyen JWS, Crombez G, editors. Understanding and treating fear of pain. Oxford: Oxford University Press; 2004:3–24)

