

Pain as a Source of Motivation for Behavioral Adherence in knee Osteoarthritis Patients

ARTICLE INFO

Article Type Editorial

Authors

Kambiz Karimzadeh Shirazi,^{1*} PhD

How to cite this article

Karimzadeh Shirazi K. Pain as a Source of Motivation for Behavioral Adherence in knee Osteoarthritis Patients. IJMPP. 2020;5(2): 316-317.

¹ Department of Health Education and Promotion, School of Health and Nutrition Sciences, Yasuj University of Medical Sciences, Yasuj, Iran.

* Correspondence

Address: Department of Health Education and Promotion, School of Health and Nutrition Sciences, Yasuj University of Medical Sciences, Yasuj, Iran.

Tel: +98 7433223505

Fax: +98 7433226715

Email: Shirazi.kambiz@yums.ac.ir

Article History

Received: July 10, 2020

Accepted: July 11, 2020

ePublished: Aug 31, 2020

Background and Evidence

Osteoarthritis (OA) of the knee is a progressive disorder of the knee joint cartilage that varies in pain. This disorder is usually unrelated to the severity of the visible joint changes seen on radiography. Pain is an important factor that can affect aspects of a person's quality of life and shape patients' beliefs about pain, behavior, and their tendency to manage illness^[1]. However, evidence suggests that in many cases, patients with chronic pain are less likely to engage in healthy behaviors than those without pain. Analysis of such findings shows that the mere transfer of information with the content of the necessity of adopting a healthy lifestyle to these patients, sometimes due to their limitations, can be perceived in reverse and as an unpleasant truth, and adversely affect other psychological variables in patients^[2].

Behavioral Interventions

Controlled trials show that patient education, exercise and weight loss are the mainstays of non-pharmacological treatments for knee osteoarthritis and pain management. For example, the results of a recent meta-analysis showed that combined

hip and quadriceps exercises were effective in reducing pain in these patients^[3], but these programs should be tailored to each patient's condition through the use of personalization techniques^[4]. In this regard, the use of strategies such as motivational interviewing with the correct principles of its implementation in order to achieving the goal of enhancing patients' perceived competence and autonomy is a more appropriate way than conveying seemingly valuable information to patients.

Training skills with such methods is easier to accept and implement in patients^[5].

The ability to cope with chronic pain in non-cancerous patients is affected by a variety of biological, psychological, and sociocultural conditions and resources. The existence of this diversity made it possible to conduct a review study with the aim of examining the types of pain adaptation scales in purely European studies.

Different species of pain-tolerance scales were used in these studies, while explaining other unseen pain-tolerance scales in non-cancer patients^[6]. It seems that pain can provide

the necessary motivation for compliance and continuity of behavior in patients by interacting with some cognitive variables. For example, there is evidence of correlation between pain self-efficacy and preventative or palliative behaviors in patients. In many patients, exacerbation or reduction of pain can mean that the disease is moving toward deterioration or recovery.

Conclusion

Considering the role of pain as a prominent feature of knee osteoarthritis that can play a role in motivating or inactivating patients in managing their disease, the assessment and monitoring of pain and its associated variables can be used for recognizing some of the motivations of patients to accept and follow behavioral and therapeutic protocols. Accordingly, it may be beneficial for researchers to pay more attention to these variables.

References

1. Fingleton, C., et al. (2015). "Pain sensitization in people with knee osteoarthritis: a systematic review and meta-analysis." 23(7): 1043-1056.
2. Nijs J, D'Hondt E, Clarys P, Deliens T, Polli A, Malfliet A, et al. Lifestyle and chronic pain across the lifespan: an inconvenient truth?. *PM R*. 2020; 12(4):410-419.
3. Hislop AC, Collins NJ, Tucker K, Deasy M, Semciw AI. Does adding hip exercises to quadriceps exercises result in superior outcomes in pain, function and quality of life for people with knee osteoarthritis? A systematic review and meta-analysis. *Int J Sports Med*; 54(5):263-71.
4. Gay C, Chabaud A, Guilley E, Coudeyre E. Educating patients about the benefits of physical activity and exercise for their hip and knee osteoarthritis. Systematic literature review. *Ann Phys Rehabil Med*;59(3):174-83.
5. Lee H, Wiggers J, Kamper SJ, Williams A, O'Brien KM, Hodder RK, et al. Mechanism evaluation of a lifestyle intervention for patients with musculoskeletal pain who are overweight or obese: protocol for a causal mediation analysis. *BMJ Open*. 2017. PMID: 28674135.
6. Cáceres-Matos R, Gil-García E, Cabrera-León A, Porcel-Gálvez AM, Barrientos-Trigo S. Factors that influence coping with chronic noncancer pain in European countries: a systematic review of measuring instruments. *Pain Manag Nurs*. 2020; 21(2):123-33.