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Pain. 2016 Sep;157(9):2115-23

**Cognitive behavior**

Broderick JE<sup>1</sup>, Keefe FJ, Schneider S, Junghaenel DU, Bruckenthal P, Schwartz JF, Kaell AT, Caldwell DS, McKee D, Gould E.

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**Abstract**

Moderator analyses are reported for posttreatment outcomes in a hip and knee osteoarthritis (N = 256). Pain Coping Skills Training, Treatment was delivered by nurse practitioners in patients' community doctors' offices. Consistent with meta-analyses of pain cognitive behavioral therapy efficacy, treatment effects in this trial were significant for several primary and secondary outcomes, but tended to be small. This study was designed to examine differential response to treatment for patient subgroups to guide clinical decision-making for treatment. Based on existing literature, demographic (age, sex, race/ethnicity, and education) and clinical variables (disease severity, body mass index, patient treatment expectations, depression, and patient pain coping style) were specified a priori as potential moderators. Trial outcome variables (N = 15) included pain, fatigue, self-efficacy, quality of life, catastrophizing, and use of pain medication. Results yielded 5 significant moderators for outcomes at posttreatment: pain coping style, patient expectation for treatment response, radiographically assessed disease severity, age, and education. Thus, sex, race/ethnicity, body mass index, and depression at baseline were not associated with level of treatment response. In contrast, patients with interpersonal problems associated with pain coping did not benefit much from the treatment. Although most patients projected positive expectations, only those with moderate to high expectations benefited. Patients with moderate to high expectations showed stronger treatment effects. Finally, the oldest and most educated patients showed

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