



ASSESSMENT OF THE PREVALENCE OF ANXIETY AND DEPRESSION IN PATIENTS WITH CHRONIC CERVICALGIA

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ABSTRACT

Currently, spinal pain is one of the most widespread and urgent medical problems among the population. It causes significant socio-economic damage to society, negatively affects the quality of life of patients and limits their daily activity. Psychological risk factors, particularly anxiety and depression, may influence the development of myofascial pain syndrome similarly to physical factors. Their assessment can be considered an additional approach in the management of neck pain..

Introduction. Currently, spinal pain is one of the most widespread and urgent medical problems among the population. It causes significant socio-economic damage to society, negatively affects the quality of life of patients and limits their daily activity. Psychological risk factors, particularly anxiety and depression, may influence the development of myofascial pain syndrome similarly to physical factors. Their assessment can be considered an additional approach in the management of neck pain.

Objective of the study. To investigate the correlation between cervicalgia, anxiety and depression.

Materials and methods. The study included 235 patients with nonspecific reflex pain syndrome of the cervical region; 68% of them were females and 32% males. The mean age was 37.44 ± 1.4 years. A numeric rating scale (NRS) was used for the subjective assessment of neck pain, while the muscle syndrome index (MSI) was applied to determine the severity of muscle-tonic syndrome. The MSI consists of five criteria evaluated according to a three-point system: severity of spontaneous pain, muscle tone, muscle tenderness, duration of tenderness, and degree of pain irradiation on palpation. The Hospital Anxiety and Depression Scale (HADS) was used to determine the presence and severity of anxiety and depression.

Results and discussion. Chronic cervicalgia was detected in all patients (100%). The mean duration of the pain syndrome was 5.7 ± 2.1 years. Reflex syndromes were distributed as follows: cervicalgia — 62%; cervicobrachialgia — 24%; cervicocranialgia — 14%. The mean NRS score was 7.17 ± 1.06 , corresponding to an intense pain syndrome; pain severity was significantly higher in females than in males ($p < 0.001$). The mean MSI value was 8.55 ± 1.28 , indicating a second-degree severity of muscle-tonic syndrome.

According to HADS, the mean anxiety score was 8.22 ± 3.44 (absence of significant anxiety symptoms — 30%, subclinical anxiety — 28%, clinically significant anxiety — 42%), while the mean depression score was 5.74 ± 3.4 (absence of significant depressive symptoms

— 57%, subclinical depression — 24%, clinically significant depression — 19%). The results demonstrated that chronic cervicgia shows a positive correlation with anxiety ($p < 0.001$), whereas no clear trend was observed with depression ($p = 0.018$). Furthermore, anxiety and depression levels were significantly higher in females than in males.

Conclusion. Chronic cervicgia is associated with affective disorders: anxiety is observed in 66% of patients, and depression in 36%. The severity of anxiety and depression is directly associated with the intensity of cervicgia. The study emphasizes the necessity of assessing and correcting anxiety as one of the psychological factors related to chronic pain syndrome in the cervical region.

