

Talking therapy can improve quality of life in people at risk of chronic pain



Low-cost, short-duration intervention can benefit people at risk of developing chronic widespread pain

INTRODUCTION

Chronic pain affects around 1 in 10 people. Chronic pain is the key feature of fibromyalgia – the second most common reason for seeing a rheumatologist. Fibromyalgia is a long-term condition that causes pain all over the body, as well other symptoms such as extreme tiredness (fatigue). There is currently no cure for fibromyalgia, but there are treatments to help relieve some of the symptoms, including chronic pain. A talking therapy called cognitive-behavioural therapy (shortened to CBT) has been shown to be helpful in managing chronic pain.

It is possible to identify some people at high risk of developing chronic pain. Typically, these people have consulted their GP or family doctor about pain in a specific area, such as their knees, shoulder or back. They may also have sleep problems, other bodily symptoms, and have specific beliefs about their symptoms.

WHAT DID THE AUTHORS HOPE TO FIND?

The authors wanted to find out whether CBT could prevent at-risk people from developing chronic pain.

WHO WAS STUDIED?

The study looked at 996 people who were identified as being at high risk of developing chronic pain.

HOW WAS THE STUDY CONDUCTED?

This was a randomised controlled trial, meaning that people were split into one of the two groups by chance. The first group received talking therapy (CBT), and the second group received whatever management their GP recommended. Using chance in this way means that the groups were similar, and allowed the effect of CBT to be compared in a fair way.

After joining the study, people taking part were contacted after 3 months, 1 year, and 2 years. Each time they were asked to complete a short questionnaire on topics including pain, sleep quality, and general quality of life.

WHAT WERE THE MAIN FINDINGS OF THE STUDY?

The main finding was that CBT did not prevent people developing chronic pain. About the same number of people in both groups developed chronic pain at each time point over the 2-year period. However, there were some aspects of health which improved much more in the group of people with access to CBT. For example, people who received CBT reported less fatigue, better sleep, and lower levels of distress. They were also more likely to report that they considered their health to be improved, and their quality of life was better. Therefore – although a short course of CBT did not prevent people from developing chronic pain – it did improve their quality of life and was cost-effective.

ARE THESE FINDINGS NEW?

Yes. The authors believe that this is the first large-scale study looking at CBT in preventing chronic pain. They hope the success of the study will promote other similar approaches focused on prevention rather than treatment.

WHAT ARE THE LIMITATIONS OF THE STUDY?

One limitation in interpreting the results is that only two-thirds of people completed their CBT course. Since some people in the study had not been diagnosed with chronic pain, they may have thought that CBT was not relevant to them.

WHAT DO THE AUTHORS PLAN ON DOING WITH THIS INFORMATION?

These results will be important for people making recommendations about how chronic pain is managed. It is important to weigh the benefits of any treatment against the costs. In the UK, the NHS is usually willing to pay for treatments if they deliver an extra year of high-quality life as long as they cost less than £20,000–30,000. In this study, each course of CBT cost less than £2000 – which makes it very cost-effective.

WHAT DOES THIS MEAN FOR ME

If you have fibromyalgia, chronic pain, or are at risk of developing chronic pain, CBT may be useful for you. Although it may not stop you developing chronic pain, it can improve your quality of life, and benefits are seen even with just a short course.

If you have any concerns about your disease, its treatment, or other symptoms, you should talk to a health-care professional.

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