

Cognitive behavioral therapy with fibromyalgia? The results of a study with a mean 1,8 years follow-up

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Aim:

In an uncontrolled, prospective study at 76 selected inpatients with fibromyalgia (ACR criteria) the long-term effects of a cognitive-behavioral and physical exercise group treatment in a rheumatological clinic were examined.

Method:

The effects of the interventions were evaluated across a 3 week treatment period and at 1,8 year follow-up on measures of pain, depression, disability,

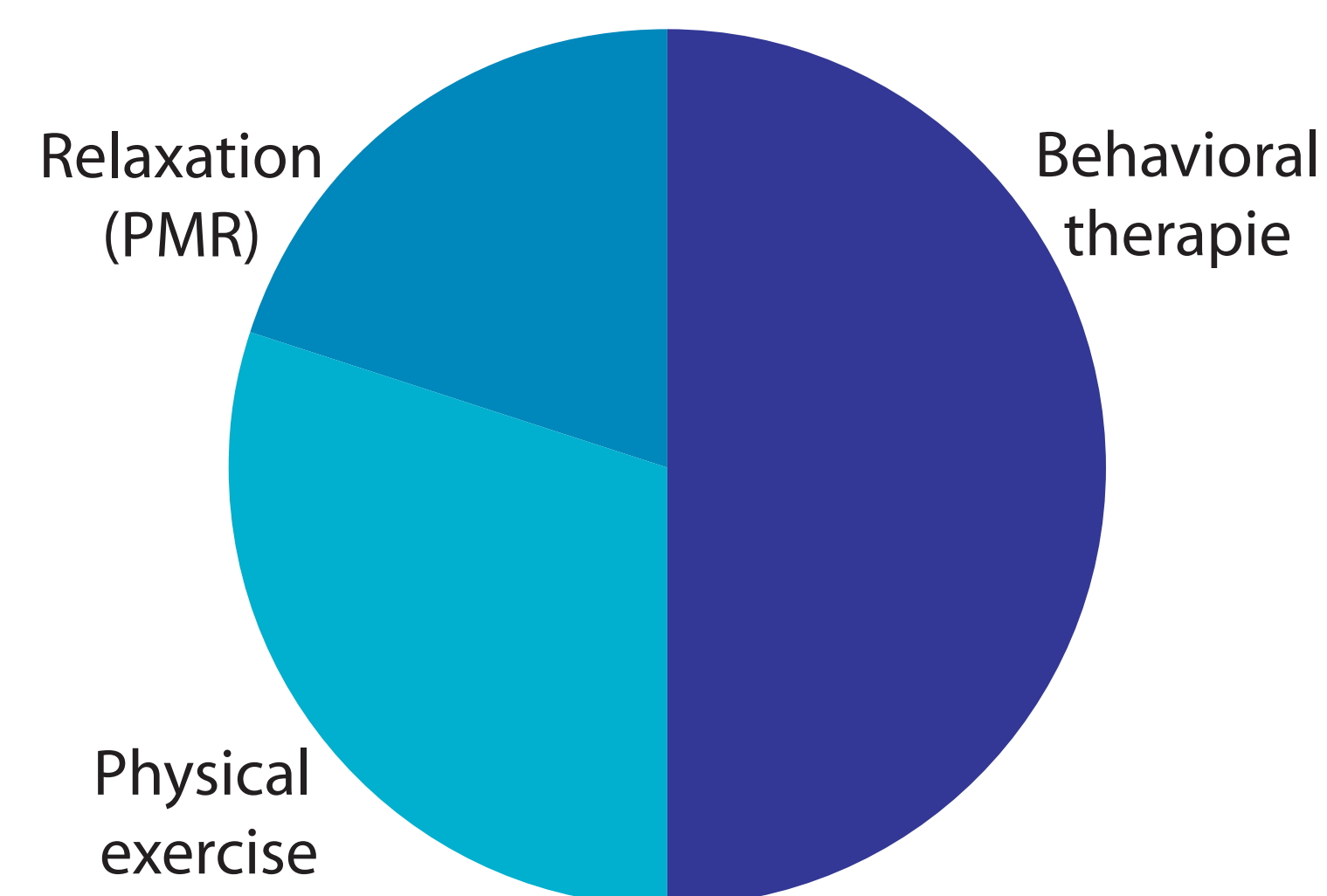


Figure 1: proportion of the therapy items

The behavioral treatment (min. 20, max. 24 sessions, min. 100 minutes of duration) focused on the development of stress and pain coping skills, the physical training (daily min. 60 minutes of duration) covers aquajogging, walking and medical training therapy. The patients execute completing behavior exercises independently within and outside of the hospital. The entire handling team (psychologist, physician, exercise physiologist, nurses) orients itself at behavior-therapeutic principles.

pain coping, quality of life, patient assessment of benefit and health care use. Usually pain medication and basically passivating treatments were not used. All patients had participated in preliminary talks for clarifying the therapy motivation before beginning of treatment. Refresher sessions followed 2 weeks and 6 months after end of treatment. Figure 1 shows the proportion of the therapy items.

Measuring instruments:

- **Depression**
German version (ADS) of the CES-D.
- **Pain**
German adjective list (SES) by Geissner for the measurement of the affective and sensory qualities of pain, numeric ratingscale (NRS; 0-10).
- **Pain coping**
German questionnaire (FESV) by Geissner for the measurement of the pain related psychological impairment (helplessness, anxiety, annoyance), the cognitive pain coping (self-efficacy, self-confidence, cognitive restructuring) and the behavioral pain coping (mental distraction, to against-control with social or motor activity, relaxation).
- **Disability**
German version of the Pain Disability Index (PDI) by Tait et al..
- **Quality of life**
German version of the SF-36.
- **Patient assessment of benefit and health care use**
Patient questionnaire.
- **Demographic data**
Patient questionnaire.

Variable	Group (n= 58)
Age (years)	52
Female	57 (98,28)
Male	1 (1,72)
Fixed partnership	48 (82,76)
Middle educated or higher	25 (43,1)
Working	31 (53,45)
Ill posting (> 6 month)	1 (1,72)
Compensation	2 (3,45)
Litigation	1 (1,72)
Duration of pain (years)	15,27
Time since diagnosis (years)	2,70
Severely disabled document of identification	18 (31,03)
Clinically relevant depression ¹	34 (58,62)

¹= ADS >23

Results:

58 patients returned for the follow-up testing. The demographic characteristics are shown in Table 1. The patients also still show after 1.8 years in relation to baseline significant improvements of depression (p < .0001; ADS), pain (p < .0001 affective, p = .03 sensory; SES and p = .02 numeric pain scale), disability (p = .002; PDI), psychological load by pain (p < .0001, all scales; FESV), cognitive pain coping (p < .0001, all scales;

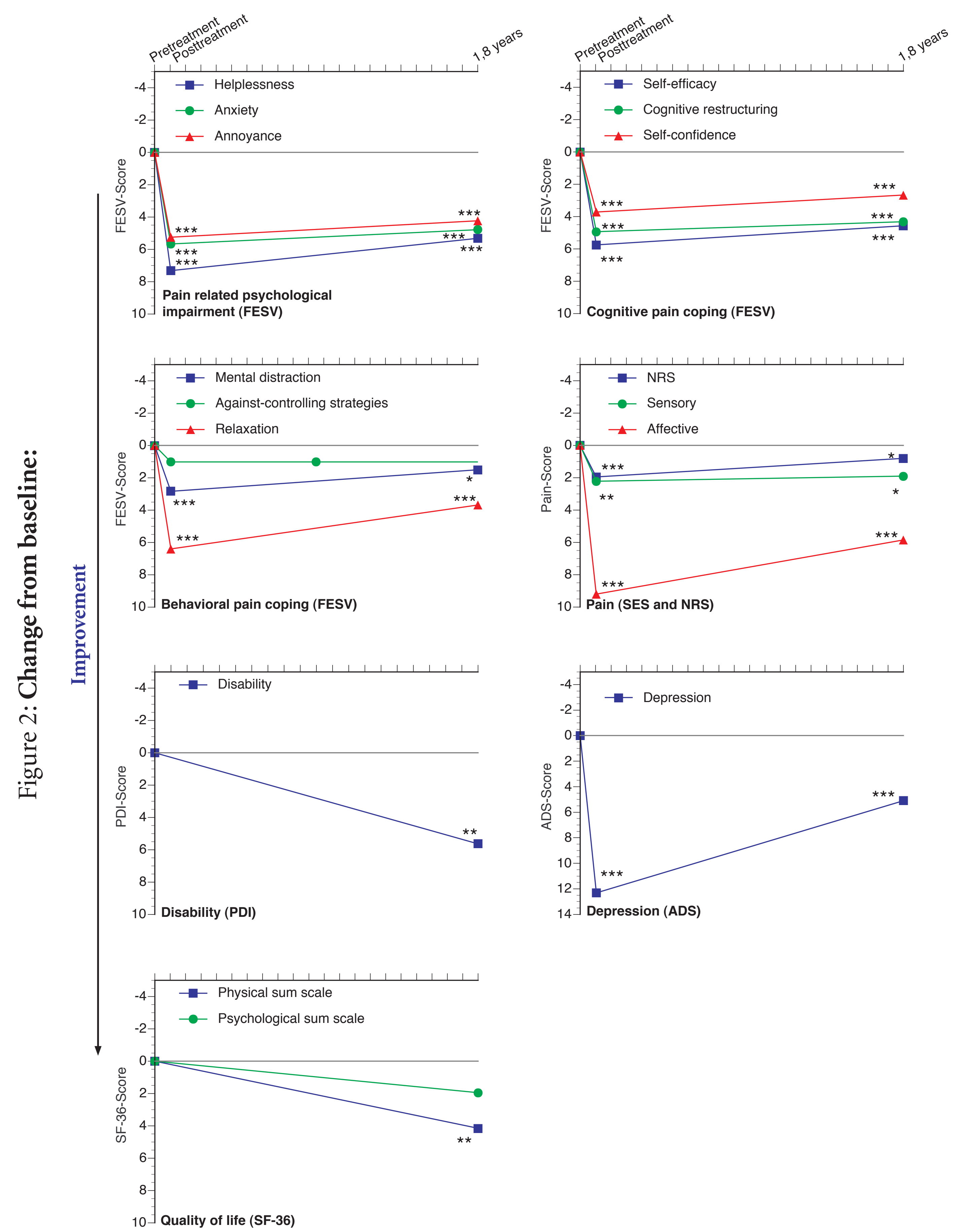
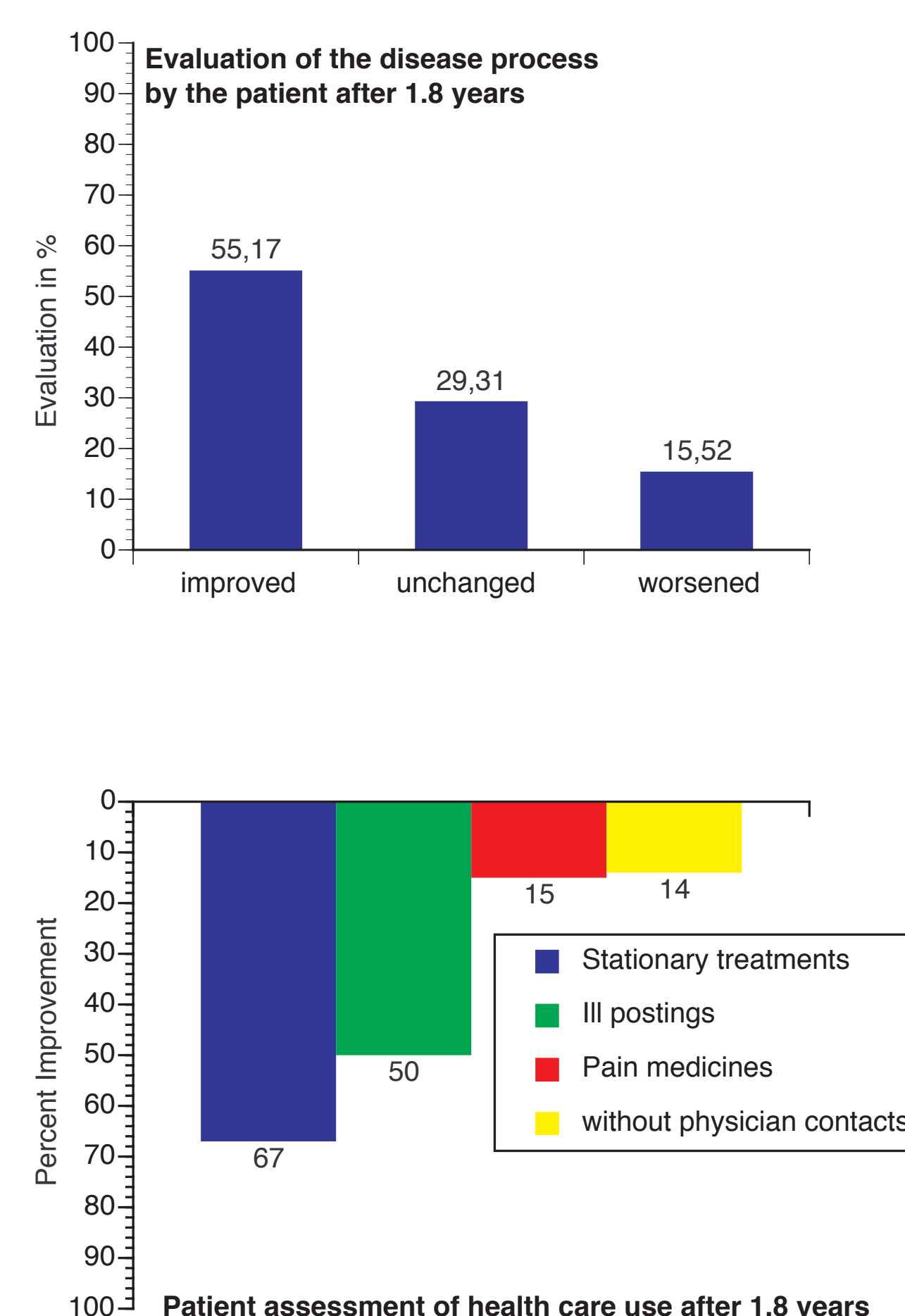


Figure 2: Change from baseline:

* = p < 0,05 prä/post; ** = p < 0,01 prä/post; *** = p < 0,001 prä/post

Figure 3: Number of patients:



FESV), behavioral pain coping (p < .0001 relaxation, p = .03 mental distraction, FESV), quality of life (p = .001 physical sum scale; SF-36). No improvement shows up in the against-controlling strategies (FESV) and in the psychological sum scale (SF-36). The proportion of the patients with stationary treatments sinks around 67%, with ill postings from the group of the working persons around 50%. The proportion of the patients without physician contacts rises around 14%. The number of pain medicines sinks around 15%. 32 (55,2%) patients indicate, their fibromyalgia improved by the treatment. The results are shown in Figure 2 and 3.

Conclusion:

The results of the study are encouraging. The cognitive-behavioral and exercise treatment concept could improve pain, disability, depression, pain coping, quality of life and health care use of the patients on a long-term basis crucially. The study is extended.