Fibromyalgia: Can cognitive therapy groups decrease pain, improve mood and quality of life?

Kate Timbers Coggin
Why is fibromyalgia an appropriate topic for Integration?

- 30% Have major depression at time of diagnosis; 60 – 70 % develop depression
- 40–60% have been abused as a child

- Medications need to be coordinated, especially Savilla and Cymbalta, tramadol, pregabalin
- It is the epitomy of a mind/body illness
Problem significance

- FMS is most common rheumatological disorder
- More than one in ten women (6.88/100 males, 11.28 females)
- 12 months after diagnosis, only 41% working.
- 41% report continuing use of hydrocodone.
- $4500/yr increased health care cost.

(Bennet, Jones, Turks, Russell & Matallana, 2007)
Fibromyalgia Symptoms

- Widespread pain
- Low pain threshold
- Insomnia
- Fatigue
- Nonrestorative sleep
- Stiffness
- Cognitive impairment
- Depression
What is fibromyalgia?

- Central sensitivity syndrome
- Decrease in activity of descending anti-nociceptive pathways
- Allodynia
- Hyperesthesia
- Comorbidities: IBS, Migraine,
- (Hallega & Clauw 2005)
Childhood abuse can cause abnormal neurobiological development due to chronic stress.

Reduced hypothalmic–Pituitary and autonomic response to stress.

Heightened pain sensitivity, prolonged nocioceptive input from spinal cord.

FMS

Feeling of helplessness lack of control.

Lee, 2010
In adult patients with fibromyalgia, do Cognitive Behavioral Therapy Groups, plus usual treatment, compared to usual treatment only, improve pain, depression and functioning after 8 weeks?

Key words: fibromyalgia, cognitive behavioral therapy, pain, depression
What does the evidence support? Is CBT helpful?

- Two clinical practice guidelines give Cognitive behavioral Therapy (CBT) their highest level of recommendation
- 10 studies showed decreased pain
- 8 studies showed improved functioning as measured by the Fibromyalgia Impact Questionnaire
- 6 studies showed improved pain coping
- Only 8% of FMS patients have CBT

(Burckhardt, Goldenberg, Crofford, Gerwin, et al. 2005; Hauser, Thieme, & Turk, 2009)
## Synthesis Table

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Conceptual framework

- **Cognitive Behavioral Therapy**
  - Re-interpreting one’s experience to make it less negative
  - Rationally challenge negative beliefs

- **Self Efficacy**
  - Self efficacy is the belief that important life events can be influenced by one’s own efforts
  - Teach patients to face fears and increase mastery

Aaron Beck, 1961

Albert Bandura, 1977
“Pain is inevitable, suffering is optional”
Project Introduction

- Setting
  - North Country Community Health Care
- Intervention
  - 8 week, 1.5 hour CBT group
- Population
  - Adults with fibromyalgia
Methods

- 10 participated, 6 completed
- All signed consent form
- Group incorporates CBT and also Chronic Disease Self Management model
- Participants completed before and after questionnaires: Beck Depression Inventory, Fibromyalgia Impact Questionnaire (Which includes Visual Analog Pain Scale.)
CBT group

- Check in period
- Discuss ways to interpret thoughts
- Stages of grieving
- Pain acceptance vs pain catastrophization
- Education
- Share coping skills

- What is the problem?
- What can I do about it?
- How committed am I to this goal?
- What percentage likelihood do I have of meeting this goal?
- What might be a barrier
The BDI showed a decrease in depression between pre and post scores, however, this difference was not statistically significant (p=.29)

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<tr>
<td>Post</td>
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Pain  Average pain scores after group treatment were lower than before the group. Effect sizes were small. This difference was not statistically significant (p= .52). Patients reported that pain hadn’t changed, but they experienced it as less overwhelming.

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<td>Post</td>
<td>7.66</td>
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On average, FIQ scores were lower post intervention, showing improved functioning.

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<td>67.4</td>
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References

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