

CMarhold et al. Pain March (2001) Vol.91 #1-2 p.155.

A randomised controlled trial of cognitive behaviour therapy (CBT) for chronic neck and shoulder pain cases involving sickness absence.

Neck and shoulder pain 58%, LBP 29%.

A well designed but small study of 36 women with long term absence (>12 months) and 36 women with short term absence (2 – 6 months) divided into four groups of 18.

The two treatment groups were taught coping strategies, given return to work counseling and guidance, by a clinical psychologist; 12 weekly sessions of 2.5 hours. Return to work process begun at week 6.

Outcome measures: sick leave, Multidimensional Pain Inventory, Coping Strategies Questionnaire, Beck Depression Inventory, Pain and Impairment Rating Index, Disability Rating Index, at, pre-treatment, immediately post treatment and at 6 months. Average outcomes were reported.

CBT treatment worked to a statistically significant extent for the short-term absentees, though a small proportion of short-term cases also improved without CBT. Those short term cases that did not improve without CBT developed into chronic cases.

CBT did not work for chronic cases.

Comment

In some ways this was a severe test of CBT as a proportion of the short-term controls had very short periods of absence before assignment to the trial.

It remains possible that a more intensive and individually guided programme would have worked better for the chronic cases, but this would be much more expensive and was not addressed in this study.