SJ Linton et al. Spine (2006) Vol.31(8) p 853 – 858

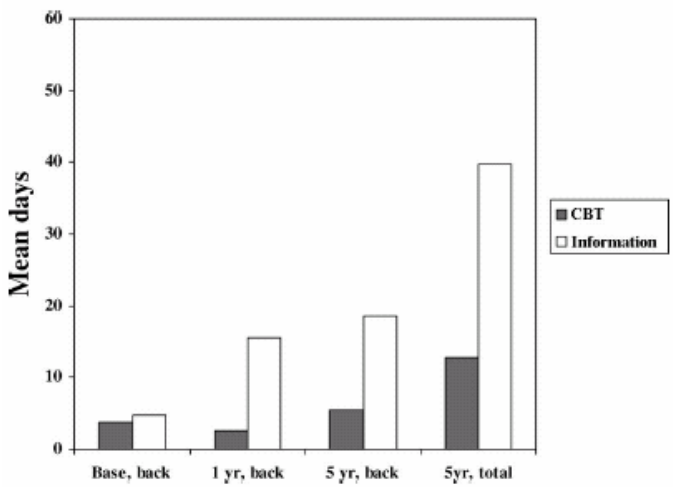
A 5-Year Follow-Up Evaluation of the Health and Economic Consequences of an Early Cognitive Behavioral Intervention for Back Pain: A Randomized, Controlled Trial

The study provides support for the use of cognitive behavioural therapy (CBT) in enabling people to cope with back pain. The beneficial effect seems to last at least 5 years.

This was a 5 year randomised controlled trial. Participants were treated with 6 × 2 hour sessions of cognitive behavioural therapy (n = 92) or, were provided with information about back pain (n= 121). Outcomes were determined at 5 years.

In our view, the outcome measures based on self perception showed very little difference on pain or general wellbeing scores [though, the authors view was that there was significant difference worth mentioning]. Measures that relate to activities of daily living revealed lower levels of impairment for the CBT group.

Work records were checked for back pain related time off work. The following figure provides a summary of these findings for the number of day taken off work with back pain:



In our view, time off work with back pain is a subjective outcome; the decision to take time off work is not predetermined by the presence of pain, but by the ability to cope with it.

Comment

The most significant effect of CBT seems to be in the ability to cope with back pain when it recurs. So long as episodes of back pain are considered to be public health issues, the costs of work absence will fall on employers and the state. If it becomes a liability issue it may be worthwhile investing in CBT.

The precise method of CBT provision was not reported in this paper.

Similar results were recently reported for the treatment of temporomandubular disorder; activity interference was much lower in the CBT arm of a randomised controlled trial. Pain (2006) Vol.121 p 181–194.