Abstract:
OBJECTIVE: We performed the first systematic review with metaanalysis of the efficacy of cognitive-behavioral therapies (CBT) in fibromyalgia syndrome (FM). METHODS: We screened Cochrane Library, Medline, PsychINFO, and Scopus (through June 2009) and the reference sections of original studies and systematic reviews for CBT in FM. Randomized controlled trials (RCT) comparing CBT to controls were analyzed. Primary outcomes were pain, sleep, fatigue, and health-related quality of life (HRQOL). Secondary outcomes were depressed mood, self-efficacy pain, and healthcare-seeking behavior. Effects were summarized using standardized mean differences (SMD). RESULTS: A total of 14 out of 27 RCT with 910 subjects with a median treatment time of 27 hours (range 6-75) over a median of 9 weeks (range 5-15) were included. CBT reduced depressed mood (SMD -0.24, 95% CI -0.40, -0.08; p = 0.004) at posttreatment. Sensitivity analyses showed that the positive effect on depressed mood could not be distinguished from some risks of bias. There was no significant effect on pain, fatigue, sleep, and HRQOL at posttreatment and at followup. There was a significant effect on self-efficacy pain posttreatment (SMD 0.85, 95% CI 0.25, 1.46; p = 0.006) and at followup (SMD 0.90, 95% CI 0.14, 1.66; p = 0.02). Operant behavioral therapy significantly reduced the number of physician visits at followup.
(SMD -1.57, 95% CI -2.00, -1.14; p< 0.001). CONCLUSION: CBT can be considered to improve coping with pain and to reduce depressed mood and healthcare-seeking behavior in FM.