

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Mindfulness-Based and Cognitive Behavioral Therapies: A Qualitative Study on What Helps Opioid-Treated Chronic Low Back Pain

Priority 1 (Research Category)

Pain management

Presenters

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Abstract

Context: Chronic low back pain (CLBP) is a serious public health problem impacting function and quality of life (QoL). Existing therapies are suboptimal and many patients resort to opioid therapy. Although cognitive behavioral (CBT) and mindfulness-based (MBT) therapies are safe and evidence-supported, their long-term effects have not been well-studied in chronic pain, especially in opioid-treated populations. Therefore, we conducted a comparative effectiveness trial (N=770) to assess the impact of MBT and CBT over one year on pain, function, QoL and opioid dose. The present study reports on the findings from one-year follow-up qualitative data collected to better understand the interventions' effects.

Objective: To qualitatively better understand if and how MBT and CBT impacted participants' CLBP symptoms and opioid use, and how to improve these interventions so that more people can benefit from them.

Study Design: In-depth interviews, completed at the 12-month follow-up, yielded qualitative data, which were transcribed and analyzed (thematic analysis) through NVivo software.

Setting: Multi-site study, with participants recruited from outpatient clinical and community settings.

Population: Adults ≥ 21 years old with opioid-treated CLBP who reported (using validated surveys yielding quantitative data) reduced pain, opioid dose, and increased function and QoL scores.

Intervention: Participants were randomly assigned to the CBT or MBT interventions, each comprising eight weekly two-hour sessions and daily at-home practice at home during the study.

Outcome Measures: Open-ended scripted questions on the interventions' impact on pain, function, mental and physical health QoL, and opioid use .

Results: Fifty participants (26 MBT, 24 CBT) were interviewed. When asked what overall helped their CLBP, they most frequently cited the MBT/CBT techniques learned through the study. The respondents attributed their specific improvements in pain, function, mental health (mood, stress, anxiety), and opioid use to the interventions. Many respondents reported adverse effects related to their opioid therapy; they also noted the MBT/CBT interventions helped them cope with these adverse effects.

Conclusion: MBT and CBT are safe, and can help improve health and QoL and decrease opioid dose in adults with opioid-treated CLBP. They could help people with complex, refractory pain, and mitigate opioid-related harms, calling for improved access to these evidence-based treatments.

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