

Cognitive behavioral therapy

Psychological traits, such as fear-avoidance belief and catastrophic thinking, have become increasingly accepted as potentially important determinants of patient-related outcomes following spinal surgery.

In particular, characteristics such as maladaptive coping strategies, fear-avoidance beliefs and catastrophic thinking seem to be predictive of worse outcomes regarding pain, function and quality of life. These psychological traits seem susceptible to change through the application of cognitive-behavioural therapy (CBT), which, in short, is defined as a psychotherapeutic approach aiming to solve problems concerning dysfunctional cognitions and behaviours through a goal-oriented, systematic procedure. The use of CBT has empirical support in chronic pain populations, with randomised controlled trials documenting a positive effect on catastrophising and fear of movement.

However, CBT, or elements thereof, have been used in only few studies in the spinal surgery population, suggesting a positive effect on pain, disability and return to work.

Another factor found to influence the postoperative outcome in several fields of surgery is the timing of the rehabilitation effort, with superior outcomes resulting from interventions initiated prior to surgery ¹⁾.

Preoperative CBT appears to be more effective and cost neutral when considering the overall health care sector and labor market perspective, supporting the implementation of preoperative CBT in the course of treatment for LSF surgery in a Danish context ²⁾.

¹⁾

<http://www.spinalnewsinternational.com/sn-features/spinal-news---features/can-cognitive-behavioural-therapy-help-spinal-surgery-patients-return-to-work-and-daily-life#sthash.TS1cY4Zw.dpuf>

²⁾

Rolving N, Sogaard R, Nielsen CV, Christensen FB, Bünger C, Oestergaard LG. Preoperative Cognitive-Behavioral Patient Education Versus Standard Care for Lumbar Spinal Fusion Patients: Economic Evaluation Alongside a Randomized Controlled Trial. Spine (Phila Pa 1976). 2016 Jan;41(1):18-25. doi: 10.1097/BRS.0000000000001254. PubMed PMID: 26536443.

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Last update: **2024/06/07 02:57**

