Policy requirements on psycho-education including cognitive behavioral therapy and exercise for chronic pain patients

Pr Françoise LAROCHE,

MD – PHD

Director of Pain and Palliative Care Department, Saint-Antoine University Hospital, Paris

Vice-President of the French Rheumatologic Pain Study Group

SIP

Societal Impact of Pain

Disclosure Statement of conflict of interest in the context of the subject of this presentation

Within the past 12 months, I have had following financial interest/arrangement(s) or affiliation(s) :

Honoraria for lectures and for advisory board activities :

Pfizer, Grünenthal, Mylan, Mundipharma

Disclosure Statement of Financial Interest

I, Pr Françoise Laroche DO NOT have financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Rationnal

- **multidisciplinary programs : improve pain, psychologic, physical fonctioning, health care utilization and interference to return to work** ***(Flor, Pain 1992)***

- **CBT : improve domains of pain experience, cognitive coping, appraisal, behavioral expression of pain** ***(Morley, Pain 1999)***

Multidisciplinary interventions and psychoeducation

Effective in Chronic Low Back Pain

- **pain intensity**
- **cognitive coping**
- **behavioral expression of pain**
- **health-related quality of life**
- **depression**

Morley S, Pain 1999, Hoffman B, Health Psychol 2007,
Lamb S, Lancet 2010, Henschke Cochrane Database 2010

Cognitive behavioural therapy alone or including exercise

Trials – Overview for Chronic Low Back Pain

- ***Turner, Spine 1996***
- ***Morley, Pain 1999***
- ***van Tulder, Spine 2000***
- ***Linton, Clinical J of Pain 2005***
- ***Ostelo, The Cochrane Library 2006***
- ***Hoffman, Health Psychology 2007***
- ***Johnson, Spine 2007***
- ***Henschke, Cochrane Database Syst Rev 2010***
- ***Cramer, BMC Complement Altern Med 2012***
- ***Richmond, PLoSOne 2015***
- ***Cherkin, JAMA 2016***
- ***Turner, Pain 2016***
- ***Morone, JAMA Intern Med 2016***

Multidisciplinary interventions and psychoeducation

Recommendations - LBP

- Chou, 2007. Non pharmacologic therapies for acute and chronic low back pain: a review of the evidence for the American Pain Society and American College of Physicians clinical practice guideline

- European Guidelines for the management of chronic non specific low back pain (COST B13), 2004

- Koes, van Tulder, Thomas. Diagnosis and treatment of low back, BMJ 2006

- French recommendations. Haute Autorité Santé, 2000

Multidisciplinary interventions and psychoeducation

« What works for whom? - Challenges

- **Patients selection → Matched intervention to patient's characteristics**
  - **early in the disease**
  - **psychosocial yellow flags**
  - **patient knowledge**
  - **personal locus of control**
  - **kinesiophobia**
  - **readiness to change**
  - **coping**
  - **efficacy expectations**
  - **treatment credibility**
  - **patient's preference**

Vlaeyen and Morley, Clin J Pain 2005
Smeets, Clin J Pain 2008

Cognitive behavioural therapy alone or including exercise

Our program

- **General objectives : understanding, restoring function, decreasing limitations, catastrophyzing and fear, increase health behaviour** *(Smeets, J Pain 2006)*

- **Patients : CLBP patients referred for outpatient multidisciplinary rehabilitation care and CBT**

CBT and exercise for chronic low back pain

Our program

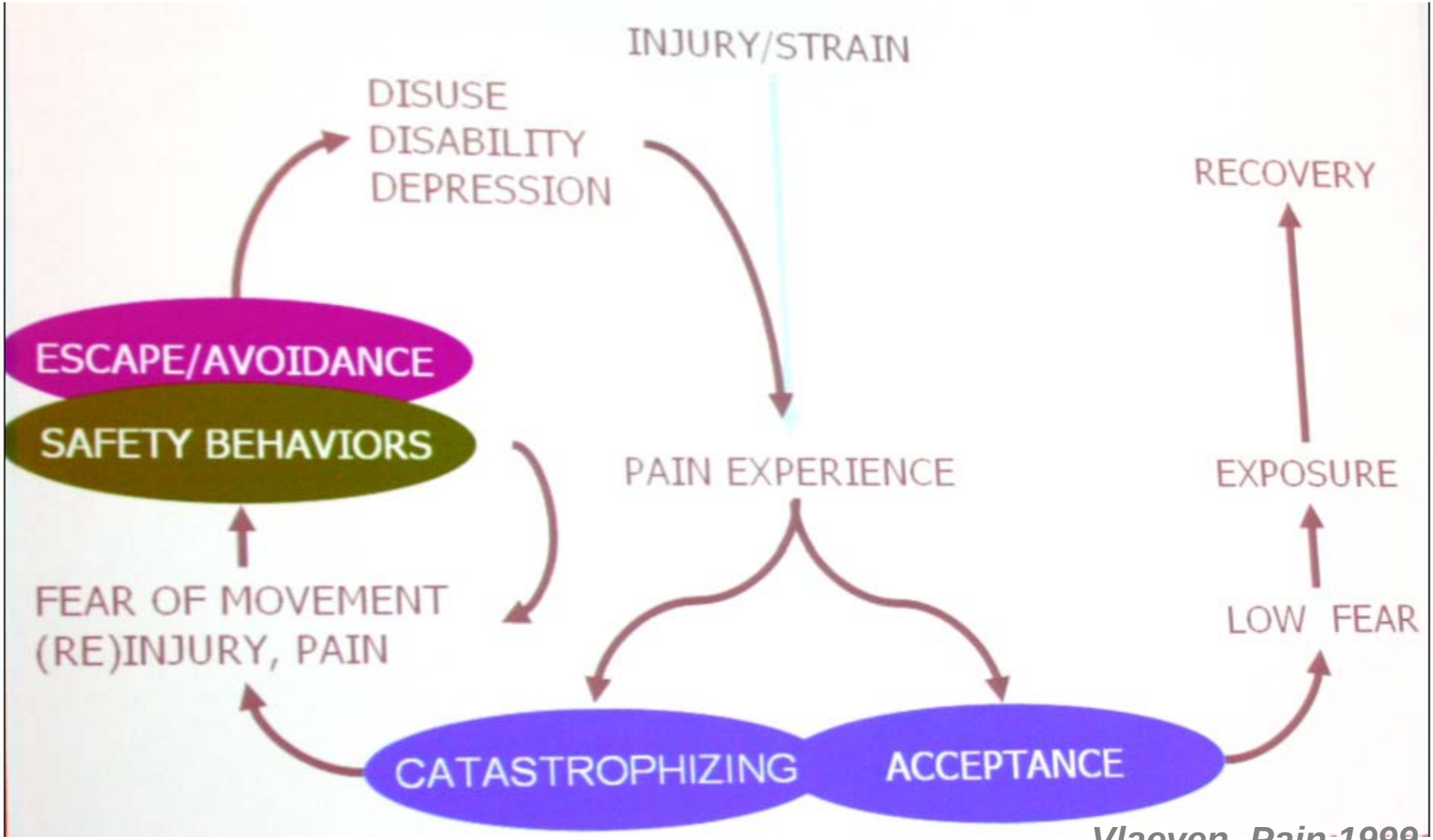
- **Intervention :**
  - **8 weekly, 2.30 hour session**
  - **5 - 8 patients**
  - **Education, CBT and physical exercises**

- **Outcome measures :**

  Satisfaction, PGIC, VAS pain, Dallas Pain Q, Hamilton scale, FABQ, Coping Strategy Q

What about our patients ?

Distress and fear - Fear avoidance model

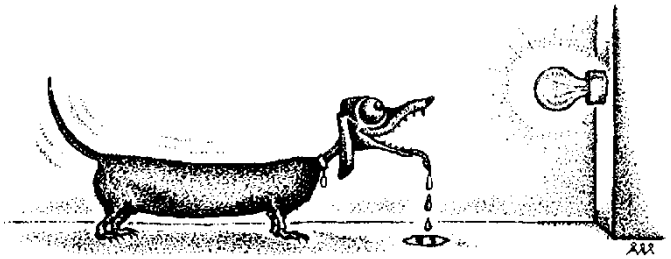


Vlaeyen, Pain 1999

What about our patients ?
Maladaptative behaviors

- **BOTH** : patients and health care providers

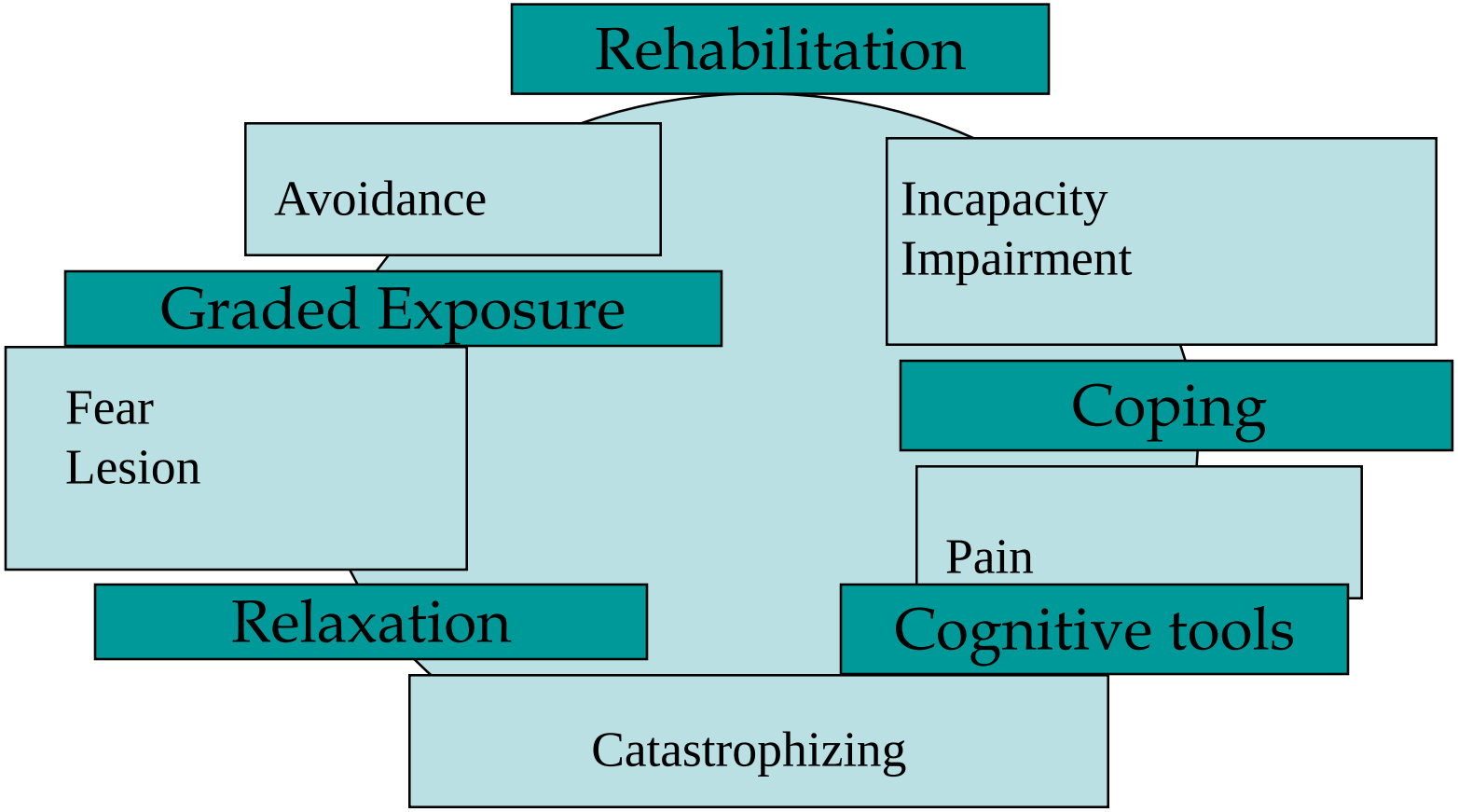
- **ON** : Physical activities and work



Poiraudeau, Pain 2006

Psycho-education for chronic low back pain

Targeting therapy



Psycho-education for chronic low back pain

Operant therapy and Graded activity

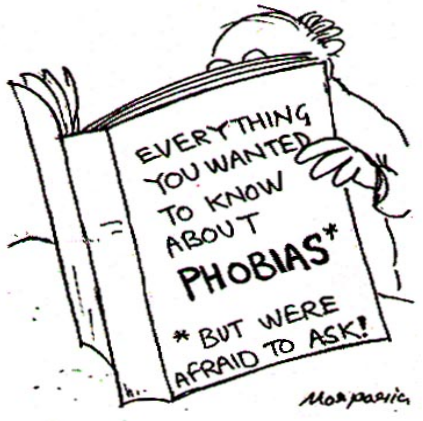
- **Objectives** : decrease fear and avoidance
- **Therapy** : in vivo exposure - activity
  - Establishing functional goals
  - Fear hierarchy
  - Problem solving
  - Behavioral experiments

Henschke N, The Cochrane Library 2011

Psycho-education for chronic low back pain

Sharing experience and relaxation

- **Objectives** : decrease hypervigilance and anxiety
- **Therapy** :
  - Beck columns (pain situation → cognitions → emotions → behaviour)
  - Acceptance
  - Self efficacy (learned helplessness)
  - Distraction
  - Optimism – life objectives



Peters, Pain 2005

National Health Politics
psycho-education

- **HAS national psycho-education guidelines since 2007**
- **ARS agreement since 2010**
- **ARS national follow-up (each 1 and 4 years)**

POUR UNE POLITIQUE
NATIONALE D'EDUCATION
THERAPEUTIQUE DU PATIENT

Haute Autorité de Santé, 2007

Rapport présenté à Madame Roselyne BACHELOT-NARQUIN,
Ministre de la santé, de la jeunesse, des sports et
de la vie associative

French Guidelines
Psycho-education

HAS

HAUTE AUTORITÉ DE SANTÉ

RECOMMANDATIONS

Éducation thérapeutique du patient

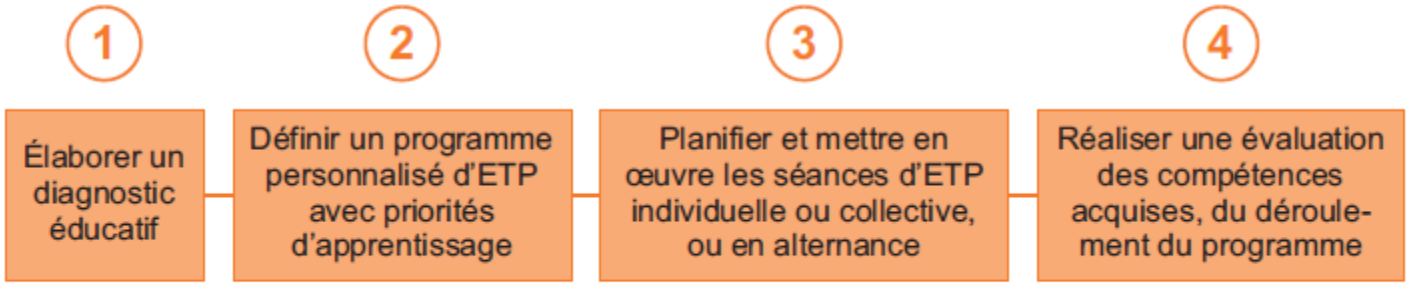
Comment la proposer et la réaliser ?

Juin 2007

French Guidelines Psycho-education

COMMENT RÉALISER L'ETP, DÈS L'ACCORD DU PATIENT ?

La démarche d'ETP se planifie en 4 étapes.



Program agreement and follow-up Psycho-education

AGENCE REGIONALE DE SANTE D'ILE-DE-FRANCE

DECISION N° ETP/10/278-R

LE DIRECTEUR GENERAL DE L'AGENCE REGIONALE DE SANTE D'ILE-DE-FRANCE

VU le code de la santé publique, et notamment les articles L. 1161-1, L. 1161-2, L. 1161-4, L. 1162-1 ;

VU les décrets n° 2010-336 du 31 mars 2010 et du 1er avril 2010 portant création des agences régionales de santé et portant nomination des directeurs généraux des agences régionales de santé ;

VU les décrets n° 2010-904 et n° 2010-906 du 2 août 2010 relatifs aux conditions d'autorisation des programmes d'éducation thérapeutique du patient et aux compétences requises pour dispenser l'éducation thérapeutique du patient ;

From real life to cost-utility…

Cost-effectiveness recommendations

- **26 RCT - for non specific low back pain**
- **NICE threshold (but no consensus)**
- **Results - cost-effectiveness for CLBP :**
  - **interdisciplinary rehabilitation**
  - **exercise**
  - **cognitive-behavioural therapy**
- **Limitations :**
  - **incomplete identification and measurement of costs**
  - **too short follow-up periods**

Lin CW, Eur J Spine 2011

From real life to cost-utility… recommendations

Study	Comparative treatments	Results of economic evaluation
Hollinghurst, BMJ 2008	GP care + exercise + behavioral counselling	Pain free days = 9 2,847 per QALY gained
Lamb, Lancet 2010	CBP + advice	1,786 per QALY gained
Johnson, Spine 2007	Exercise + CBT	5,000 per QALY gained
UK Beam trial team, BMJ 2004	GP care + exercises	8,300 per QALY gained

Lin CW, Eur J Spine 2011

From real life to cost-utility…

patients intervention

- French data, 1 year follow-up
- N = 132 LBP, randomized, parallel group
  - N = 68, functional restauration program
  - N = 64, active individual therapy

- Results
  - Pain intensity, flexibility, muscle endurance, Dallas daily activities for work – leasure scores
  - Decrease number of sick-leave days : 37,3 versus 72 (p=0,042)

Roche-Leboucher, Spine 2011

From real life to cost-utility…

primary care intervention

- Randomised, controlled, 12 month-study
- n = 701, CLBP
  - Usual care (n = 233)
  - Usual care + 6 CBT sessions (n= 468)
- Evaluation
  - Handicap de Roland Morris, Von Korff
  - SF12, FABQ, Pain Self Efficacy Scale
- Results
  - 85 % patients at 1 year
  - Usual care + 6 CBT sessions : more effective
  - Supplemental costs on QALY = £ 1786
    (cost – effectiveness probability > 90 % - thereshold £ 3000)

Lamb, Lancet 2010

From real life to cost-utility…
cost-utility of cognitive behavioral therapy

- **Persistent non specific low back pain**

- **Validated Markov intention-to-treat model to estimate the cost-utility of CBT with Sensitivity analyses assessed the distribution of service utilization, utility values, and rate of LBP recurrence**

- **Based on 5000 iterations of each model and expressed as an incremental cost per quality-adjusted life-year**

- **Results :**
  - **incremental cost-utility of CBT = $7197 per quality-adjusted life-year in the 1st year**

  - **Incremental cost-utility of CBT = $5855 per quality-adjusted life-year over 10 years**

Norton, Spine 2015

Psychoeducation and chronic low back pain

Linton S. The effects of CBT and physical preventive interventions on pain related sick leave. Clin J Pain 2005

Lambeek L. Randomised controlled trial of integrated care to reduce disability from chronic low back pain in working and private life. BMJ 2010

Henschke N. Behavioural treatment for chronic low-back pain (Review). The Cochrane Library 2011

Lamb S. CBT groups for LBP in primary care, Lancet 2010

Roche-Leboucher G. Multidisciplinary intensive functional restoration versus outpatient active physiotherapy in CLBP. Spine 2011

Vlaeyen J. Cognitive-behavioural treatments for chronic pain: what works for whom? Clin J Pain 2005