



REVIEW

Description and narrative review of well-established and promising psychological treatments for fibromyalgia



Adrián Pérez-Aranda^{a,b,c}, Alberto Barceló-Soler^d, Laura Andrés-Rodríguez^{a,b,c,*},
M. Teresa Peñarrubia-María^{e,f}, Raffaele Tuccillo^g, Gemma Borraz-Estruch^h,
Javier García-Campayo^{c,i,j}, Albert Feliu-Soler^{a,b,c}, Juan V. Luciano^{a,b,c}

^a Institut de Recerca Sant Joan de Déu, Esplugues de Llobregat, Spain

^b Teaching, Research & Innovation Unit, Parc Sanitari Sant Joan de Déu, St. Boi de Llobregat, Spain

^c Primary Care Prevention and Health Promotion Research Network, RedIAPP, Madrid, Spain

^d Aragon Health Research Institute (IIS), Zaragoza, Spain

^e Primary Health Centre Bartomeu Fabrés Anglada, DAP Costa de Ponent, Institut Català de la Salut-IDIAP Jordi Gol, Gavà, Spain

^f Centre for Biomedical Research in Epidemiology and Public Health, CIBERESP, Madrid, Spain

^g Cognitive Therapy Centre, Barcelona, Spain

^h Tandem Center: Psychological Services and Psychotherapy, Spain

ⁱ Department of Psychiatry, Miguel Servet Hospital, Zaragoza, Spain

^j Aragon Institute of Health Sciences (I+CS), Zaragoza, Spain

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Compassion Focused
Therapy

Abstract Fibromyalgia (FMS) is a prevalent, disabling syndrome characterized by chronic widespread musculoskeletal pain and symptoms such as sleep disturbance, fatigue, stiffness, distress, cognitive impairments and a high comorbidity with anxiety and depressive disorders. Although no curative treatment has yet been found, various therapeutic approaches have been developed in the fields of pharmacology and psychology. The present paper aims to offer a narrative review and a description for clinicians and researchers of psychological therapies that have been applied in a format group in FMS with strong or promising empirical support: i.e., Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Mindfulness-Based Stress Reduction (MBSR), Psychoeducational program for FMS (FibroQoL), Amygdala Retraining Therapy (ART), and Attachment-Based Compassion Therapy (ABCT). This review will offer a brief practical summary of each therapy protocol (session-by-session), their rationale and available evidence of their effectiveness.

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* Corresponding author.

E-mail address: l.andres@pssjd.org (L. Andrés-Rodríguez).

PALABRAS CLAVE

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Terapia
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Intervenciones
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Psicoeducación;
Terapia de aceptación
y compromiso;
Técnica de
reentrenamiento de
la amígdala;
Terapia de compasión
basada en los estilos
de apego

Descripción Y Revisión Descriptiva De Los Tratamientos Psicológicos De Eficacia Comprobada Y Prometedores Para La Fibromialgia

Resumen La fibromialgia es un síndrome frecuente e incapacitante caracterizado por dolor crónico generalizado en el sistema musculoesquelético y síntomas como alteraciones del sueño, cansancio, rigidez, problemas cognitivos y una elevada comorbilidad con trastornos de ansiedad y depresivos. Aunque actualmente no se ha hallado un tratamiento curativo, existen varios tratamientos farmacológicos y no farmacológicos que han demostrado cierta efectividad. El presente artículo trata de ofrecer una descripción y una revisión descriptiva para especialistas clínicos e investigadores sobre los principales tratamientos psicológicos que se han sido aplicados en formato grupal para tratar la fibromialgia y que han obtenido un apoyo empírico consistente o prometedor: la terapia cognitivo-conductual (TCC), la terapia de aceptación y compromiso (ACT), el programa de reducción del estrés basado en *mindfulness* (REBM), el programa FibroQoL, la técnica de reentrenamiento de la amígdala (TRA) y la terapia de compasión basada en los estilos de apego (ABCT). Esta revisión ofrecerá una descripción de cada terapia (sesión a sesión) y una breve exposición de los principales resultados de efectividad.
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Introduction

Fibromyalgia syndrome (FMS) is a disabling condition characterized by chronic widespread musculoskeletal pain, increased pain sensitivity, including allodynia and hyperalgesia, with tenderness to touch but no known structural pathology in muscles, ligaments, or joints. Stiffness throughout the body, along with fatigue, and sleep, cognitive and mood disturbances are also common symptoms (Häuser et al., 2015). Patients with FMS typically present comorbidities with psychiatric disorders such as anxiety (13–63.8%) and depressive disorders (20–80%) (Fietta, Fietta, & Manganeli, 2007). It is usually diagnosed in women between the ages of 20 and 50 years (Häuser et al., 2015), and with an estimated prevalence of 1.8–2.9% in the general population (Branco et al., 2010; Heidari, Afshari, & Moosazadeh, 2017), it is the second most common rheumatic syndrome, after osteoarthritis (Sanada et al., 2015). FMS is associated with high direct and indirect costs in industrialized countries (Schaefer et al., 2011). It is the leading chronic pain condition in unemployment, produces the greatest number of days of absenteeism, and leads the incapacity benefits claim rate (Leadley, Armstrong, Lee, Allen, & Kleijnen, 2012).

Unfortunately, a curative treatment for FMS has not yet been found (Häuser et al., 2015). This, linked with an absence of knowledge about its specific pathophysiological mechanisms, makes FMS a great challenge for health professionals. More ubiquitous effects from non-pharmacologic than from pharmacologic treatments have been reported (Perrot & Russell, 2014) and, recently, Thieme, Mathys, and Turk (2017) compared the guidelines on treatment of FMS issued by the American Pain Society (APS; Buckhardt et al., 2005), the Association of the Scientific Medical Societies in Germany (AWMF, 2012), the Canadian Pain Society (CPS; Fitzcharles et al., 2013), and the European League Against Rheumatism (EULAR; Macfarlane et al., 2017) and observed differences among their recommendations. Their

work also revealed that the only consensual, strongly recommended treatment for FMS is physical exercise. Additionally, Cognitive Behavioral Therapy (CBT) and multicomponent therapy (including at least 1 educational or other psychological therapy with at least 1 exercise therapy; Häuser, Bernardy, Arnold, Offenbacher, & Schiltenswolf, 2009) are also strongly recommended by all the groups except EULAR. Pharmacotherapy is not recommended by AWMF and EULAR, while CPS and APS only recommend the use of amitriptyline, anticonvulsants and duloxetine, or only amitriptyline, respectively.

Psychological approaches in FMS aim to treating specific symptoms such as sleep problems, stress, anxiety and depression or unhelpful coping strategies which are highly relevant in the syndrome (Macfarlane et al., 2017). The present review will describe both well-established and other promising psychotherapies not yet included in the guidelines for FMS or other chronic-pain conditions. Our goal is to inform clinicians and researchers on the state of the art in psychological interventions for FMS and, thus, each intervention will contain a brief description of the theoretical foundation and indications for FMS, together with a summary of the evidence of their rationale and effectiveness. A summarized treatment protocol, detailed session-by-session, is also provided.

Well-established psychological therapies for FMS

The gold-standard psychotherapy for FMS is Cognitive Behavioral Therapy (CBT) according to the Division 12 of the American Psychological Association (2016), as it is a research-supported psychological treatment with strong evidence. Similarly, “third wave” CBT – Acceptance and Commitment Therapy (ACT) – has strong research support for chronic/persistent pain and the FibroQoL program has also obtained strong evidence of effectiveness in FMS.

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