

Beliefs in a trial of treatment for pain

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BACKGROUND

- Beliefs about treatments can influence treatment effectiveness and compliance
- Experience of treatment can affect beliefs

AIM

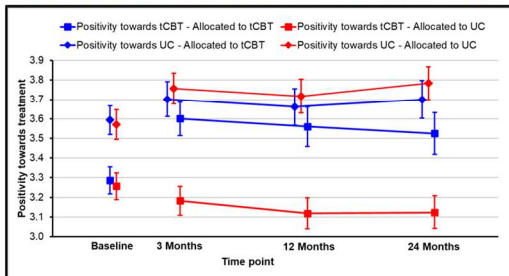
To examine treatment beliefs in a trial of telephone-delivered cognitive behaviour therapy (tCBT) for prevention of chronic widespread pain (CWP)

METHODS

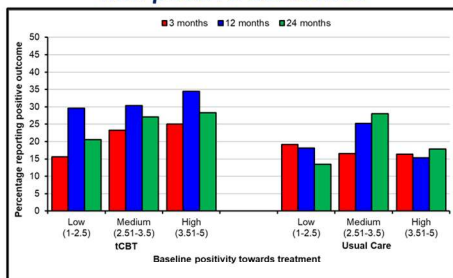
- Trial of tCBT for prevention of CWP in high-risk individuals

RESULTS

Greater positivity towards tCBT at follow-up in those allocated to tCBT than in those allocated to Usual Care



Baseline positivity to allocated treatment not strongly associated with positive outcomes

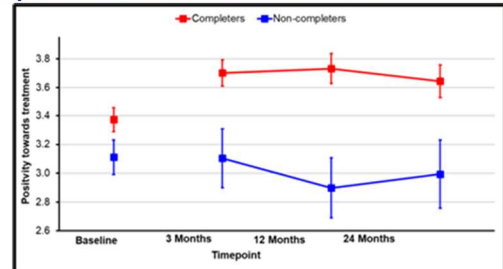


DISCUSSION

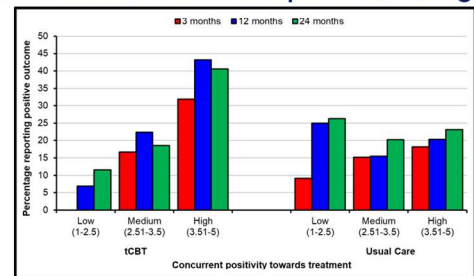
- Baseline treatment beliefs not available for all participants
- Not possible to determine whether people completed treatment because they had positive beliefs towards treatment or vice versa
- Return of follow-up questionnaires was associated with initial treatment beliefs

- Screening questionnaire sent to GP patients in Scotland
- 996 participants in trial; 731 participants with baseline treatment beliefs included in this analysis
- Participants randomised to tCBT or Usual Care (UC)
- tCBT intervention: Assessment, six weekly sessions, boosters at 3 & 6 months
- Follow-up questionnaires: 3, 12, and 24 months
- Beliefs measured with 4-item Treatment Beliefs Questionnaire (TBQ)
- Positive outcome is health "very much better" or "much better" compared to before start of trial

Greater positivity towards tCBT in participants allocated to tCBT who complete treatment than in those who do not complete



Concurrent positivity to allocated treatment associated with positive outcome at all timepoints for tCBT group



CONCLUSIONS

- Beliefs and attitudes towards treatment affect outcomes
- Complex relationship between patient beliefs, allocation to treatment, engagement with treatment, outcomes, and participation in follow-up

ACKNOWLEDGEMENTS

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