KOGNITIV ATFERDSTERAPI (CBT)

Aggarwal VR, Lovell K, Peters S, Javidi H, Joughin A, Goldthorpe J. Psychosocial interventions for the management of chronic orofacial pain. The Cochrane Library 2011, Issue 11

CBT compared to usual care for management of chronic orofacial pain

Patient or population: Management of chronic orofacial pain
Intervention: CBT
Comparison: Usual care

Outcomes	**Anticipated absolute effects*** (95% CI) **Risk with CBT**	Relative effect (95% CI)	№ of participants (Studies)	Quality of the evidence (GRADE)	Comments
Pain intensity short term assessed with: VAS follow up: range 1-3 months	The mean pain intensity short term in the intervention group was 0.03 standard deviations higher (0.17 higher to 0.22 higher)	-	411 (4 RCTs)	⊕⊕◯◯ LOW [2] [3]	Data could not be pooled because of heterogeneity. There were not statistically significant differences between the intervention group and usual care for CBT
Pain intensity long term assessed with: VAS follow up: mean 3 and more months	The mean pain intensity long term in the intervention group was 0.25 standard deviations lower (0.46 lower to 0.05 lower)	-	383 (4 RCTs)	⊕⊕◯◯ LOW [3] [4]	There were statistically significant differences between the intervention group and usual care for CBT.
Muscle palpation pain (long term) assessed with: VAS follow up: 3- months	The mean muscle palpation pain (long term) in the intervention group was 1.11 standard deviations lower (1.63 lower to 0.59 higher)	-	41 (1 RCT)	⊕⊕◯◯ LOW [2] [3]	There was insufficient evidence to draw any conclusions regarding CBT to muscle palpation pain (long term).
Activity interference/disability long term assessed with: scale from MPI follow up: mean more than3 months	The mean activity interference/disability long term in the intervention group was 0.27 standard deviations lower (0.51 lower to 0.03 lower)	-	285 (4 RCTs)	⊕⊕◯◯ LOW [1] [3]	There were statistically significant differences between the intervention group and usual care for CBT
Depression long term assessed with: CES-D follow up: mean more than 3 months	The mean depression long term in the intervention group was 0.31 standard deviations lower (0.55 lower to 0.66 lower)	-	252 (4 RCTs)	⊕⊕⊕◯ MODERATE [3]	There were statistically significant differences between the intervention group and usual care for CBT

***The risk in the intervention group** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).
CI: Confidence interval; **RR:** Risk ratio; **OR:** Odds ratio;

GRADE Working Group grades of evidence
High quality: We are very confident that the true effect lies close to that of the estimate of the effect
Moderate quality: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different
Low quality: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect
Very low quality: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

1. No explanation was provided
2. Substantial heterogeneity
3. Allocation was reported only in one study (Turner 2006)
4. Combined CBT and combination therapy

Oppsummering: Resultatene viser smertereduksjon (langsiktig), bedret funksjonsnivå og redusert depresjon i favør av kognitiv behandling sammenlignet med annen aktuell behandling («usual care») for langvarige kjeve- og ansiktssmerter. Dokumentasjonen er vurdert å være av moderat til lav kvalitet.