Psychodynamische Therapieverfahren bei chronischen Schmerzerkrankungen: eine systematische Literaturubersicht [Psychodynamic therapy in chronic pain patients: a systematic review]

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Authors' objectives
To evaluate the evidence on the indication and modification of psychodynamic therapy procedures and their effectiveness in the treatment of patients with chronic pain. Only the effectiveness data will be considered in this abstract.

Searching
The reviewers searched MEDLINE (from 1984 to 2000), PSYNDEX (from 1977 to 2000) and Evidence Based Medicine (from 1996 to 2000) for studies published in English or German, and also screened relevant reviews.

Study selection
Study designs of evaluations included in the review
Studies comparing the treatment group with a non-psychologically treated control group (waiting group, attention placebo group) or a supportive therapy group, with a follow-up data collection of at least a year, were eligible for inclusion.

Specific interventions included in the review
Studies of treatments based on psychodynamic approaches, such as addressing unconscious motives and relationship aspects with the methods of clarification or settlement, confrontation and interpretation, and considering transference and counter transference, were eligible for inclusion in the review. Studies that incorporated psychodynamic therapy only within a multimodal treatment strategy were excluded.

Participants included in the review
Studies of patients with chronic intractable pain for more than 6 months, or with chronic or chronic-relapsing non-malignant pain, were eligible. The patients in the included studies were treated for somatoform abdominal pain, pain with various localisations, and chronic pelvic pain and dysuria.

Outcomes assessed in the review
The reviewers did not specify any inclusion criteria for the outcomes. The individually analysed effects on pain symptoms, gastrointestinal symptoms, dysuria, anxiety, posture relief, depression, number of doctor consultations, disability, and activity and/or emotional distress were presented for the included studies. The assessment methods varied (e.g. visual analogue scales).

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction. The review reported a variety of outcomes and the number of drop-outs.
Methods of synthesis
How were the studies combined?
The studies were discussed in a narrative synthesis and presented in a tabular overview.

How were differences between studies investigated?
The results of the individual studies were presented and grouped according to the outcomes.

Results of the review
Six studies (n=450) met the inclusion criteria, four of which were randomised controlled trials (RCTs; n=354).

Five of the 6 studies reported a reduction in pain in the treatment group compared with a control group receiving standard medical care, supportive psychotherapy or supportive listening; the reduction was statistically significant in four cases.

Psychodynamic therapy also improved functional disability measures (based on 3 studies) and decreased the use of the health care system (based on 2 studies), but only one out of 3 studies reported a reduction in emotional distress.

Authors’ conclusions
Psychodynamic therapy is indicated primarily in patients with psychic co-morbidity and those with somatoform pain disorder. Modifications to the psychotherapeutic technique, such as more structure and, at least initially, support, are necessary. Greater importance should be attached to the physical level and to the ‘holding function’ of the therapist.

CRD commentary
The review addressed a clear review question and formulated clear inclusion criteria for the intervention and eligible study designs. The reviewers undertook a literature search that was limited in its scope and the databases searched, and it was unclear whether unpublished studies would have been identified. In addition, only studies published in English and German were eligible for inclusion in the review. No measures seem to have been taken to reduce bias and errors in the study selection and data abstraction processes. The patients in the included studies were treated for a variety of reasons. The authors’ conclusions did not seem to be based primarily on the effectiveness data and, therefore, are difficult to evaluate.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice that followed from the effectiveness data.

Research: The authors stated that more controlled multicentre studies are needed to evaluate the effectiveness of psychodynamic approaches in different pain disorders, and also to investigate different settings and modifications of psychodynamic therapy.

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.