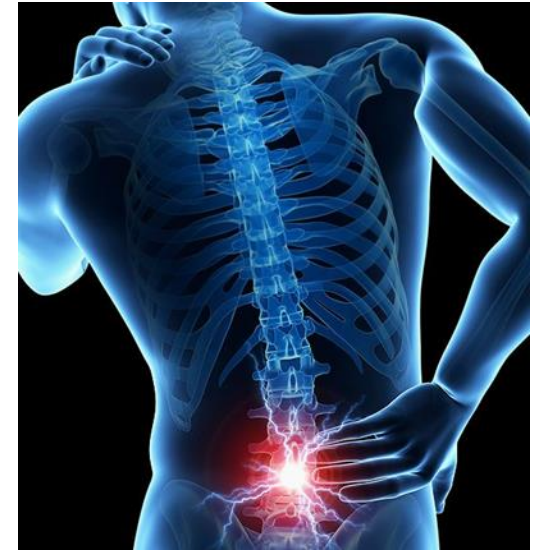


Psychological Treatments Improve Outcomes in Opioid-Treated Chronic Low Back Pain: A Pragmatic Randomized Controlled Trial

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The Research Question

Among adults with opioid-treated chronic low back pain (CLBP), is Mindfulness-Based Therapy (MBT) more effective than standard-of-care Cognitive Behavioral Therapy (CBT) in improving clinically-relevant outcomes?



Research Design and Method

- Pragmatic multisite randomized clinical trial
- Patient-oriented, stakeholder-informed
- Comparative effectiveness of MBT vs CBT for opioid-treated CLBP
- Outcomes: pain, function, quality of life, daily opioid dose at 6 and 12 months post-enrollment.
- Interventions: eight weekly, 2-hour, therapist-led group sessions and regular at-home practice.

What the Research Found

- Outcomes improved in both groups over time, without superiority of either therapy at 6 and 12 months.
- MBT, relative to CBT, showed non-inferiority (pain, function).
- Some dose-response relationship was noted, but no differences in outcomes were found by subgroups (sex, mental health, opioid misuse scores, or virtual vs in-person intervention delivery).
- Through qualitative responses, participants linked improvements to the study interventions.
- No serious adverse events were reported.

What this means for Clinical Practice

- MBT and CBT can safely improve health and QoL, and reduce opioid use in adults with refractory, opioid-treated CLBP.
- If accessible, they could help improve outcomes and reduce opioid-related harms in people with complex chronic pain for whom existing care is often ineffective.