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Frontline Medical Communications
7 Century Drive, Suite 302
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CBT is worthwhile— but are we making use of it?

Even though I was a psychology major, psychotherapy has always been a bit of a mystery to me. Is it truly effective in relieving patients' distress? Which methods work?

As a practitioner who tries to recommend evidence-based treatments, I have often wondered what kinds of psychotherapy have evidence of effectiveness from randomized trials.

Cognitive behavioral therapy (CBT) is certainly one of them. A vast amount of re-

**CBT is effective not
only for anxiety
and trauma-related
distress, but also for
somatic complaints
such as headache
and irritable bowel
disease.**

search supports its effectiveness for a variety of conditions. A recent PubMed search for "cognitive behavioral therapy" yielded 34,507 original references and 5027 systematic reviews!

In this issue, Vinci et al provide an excellent summary with guidance for family physicians about using CBT to treat anxiety and trauma-related psychological distress. (See page 232.) This review's case study is especially interesting because the patient initially presented with abdominal symptoms—not with psychological distress.

The long list of conditions for which CBT has been studied and found effective is quite impressive. In addition to effectively treating psychological conditions, CBT works for various somatic complaints as well, including headache, chronic pain syndromes, insomnia, irritable bowel disease, and nonspecific abdominal pain in children.¹ Research has shown that it also is effective for improving medication compliance.² For some conditions, CBT might work by reducing inflammation.³

Although usually delivered by a health care practitioner trained in its use, CBT may also be delivered electronically via computer programs and the Internet. Randomized trials of "computerized" CBT have found positive treatment effects for anxiety and depression.⁴ Computerized CBT helps reduce psychological distress in patients with physical illness.⁵ Some insurers now offer online CBT as a covered benefit.

I am convinced that CBT has something to offer many of our patients who have conditions that we find difficult to treat. It's time we made better use of it.

1. Rutten JM, Korterink JJ, Venmans LM, et al. Nonpharmacologic treatment of functional abdominal pain disorders: a systematic review. *Pediatrics*. 2015;135:522-535.
2. Spoelstra SL, Schueller M, Hilton M, et al. Interventions combining motivational interviewing and cognitive behaviour to promote medication adherence: a literature review. *J Clin Nurs*. 2014. [Epub ahead of print].
3. Irwin MR, Olmstead R, Breen EC, et al. Cognitive behavioral therapy and tai chi reverse cellular and genomic markers of inflammation in late life insomnia: a randomized controlled trial. *Biol Psychiatry*. 2015. [Epub ahead of print].
4. Pennant ME, Loucas CE, Whittington C, et al; Expert Advisory Group. Computerised therapies for anxiety and depression in children and young people: A systematic review and meta-analysis. *Behav Res Ther*. 2015;67:1-18.
5. McCombie A, Geary R, Andrews J, et al. Computerised cognitive behavioural therapy for psychological distress in patients with physical illnesses: a systematic review. *J Clin Psychol Med Settings*. 2015;22:20-44.

jfp.eic@gmail.com