

Internet-Delivered Cognitive Behavioural Therapy for the Management of Chronic Non-Cancer Pain: A Summary of a Health Technology Assessment

Key Take-Away Messages for Decision-Makers

- Due to the uncertain evidence, we are unable to draw a strong conclusion about the safety and effectiveness of internet-delivered cognitive behavioural therapy (iCBT) as a treatment option when in-person cognitive behavioural therapy would otherwise be offered for chronic non-cancer pain. If decision-makers decide to implement an iCBT program for chronic pain as part of their multidisciplinary approach to pain care, they should consider offering programs that:
 - are guided by therapists specifically trained in chronic pain
 - foster strong therapeutic relationships, encourage shared decision-making practices, and can be tailored to the needs of the person living with chronic pain
 - take into account the readiness and suitability of the person living with chronic pain before offering iCBT
 - address privacy and technological concerns or challenges.

What Did We Study?

We conducted a Health Technology Assessment (HTA) to inform decision-makers about whether internet-delivered cognitive behavioural therapy (iCBT) should be offered, as part of a multidisciplinary care approach, when in-person cognitive behavioural therapy (CBT) would otherwise be provided for the management of chronic non-cancer pain.

iCBT was defined as psychotherapy based on CBT principles delivered through the internet, including self-directed app-based programs (with or without therapist support) and CBT provided in real time by a therapist (e.g., videoconference).

Why Did We Study iCBT for Chronic Non-Cancer Pain?

In-person CBT is one of the most frequently used psychological interventions for chronic pain; however, it is not always available or accessible to patients. Barriers such as financial burden, stigma, and long wait times can prevent people from accessing this treatment.

iCBT may be an option for chronic pain that could help improve access to psychological care. Canadian jurisdictions have indicated an interest in exploring and using iCBT as an option for the management of chronic pain.

How Did We Study iCBT for Chronic Non-Cancer Pain?

As part of this HTA, we conducted:

- a systematic review of primary studies that examined the comparative clinical effectiveness and safety of iCBT versus in-person CBT for the management of chronic non-cancer pain
- an interview study to explore patient's expectations or experiences with iCBT for chronic pain
- an Environmental Scan to identify iCBT programs for the management of chronic non-cancer pain that are available or in development in Canada.

What Did We Learn?

Clinical review:

- We reviewed 4 primary studies on chronic non-cancer pain. In general, there was little to no difference between iCBT and in-person CBT for most outcomes. However, the evidence was very uncertain, and none of the identified studies reported on the comparative safety of the programs.
- The clinical evidence is uncertain due to risk of bias, inconsistency across studies, indirectness, and imprecision of effect estimates. Higher-quality research is needed on the effectiveness and safety of iCBT programs compared with in-person CBT programs for chronic pain.

Patients' perspectives:

- Five women living with chronic non-cancer pain were interviewed regarding their experiences with, or perspectives on, the use of iCBT for chronic pain. All the women interviewed felt iCBT has the potential to be a supportive treatment option if offered as part of comprehensive, multidisciplinary pain care.
- Based on their experiences, the women we interviewed reported that multidisciplinary pain care does not always happen in practice. They also described concerns about iCBT being offered in the absence of other treatments.

- A patient's readiness for iCBT is another important consideration that was raised by the women we spoke with.
- The women we interviewed also emphasized that a tailored treatment approach and a strong therapeutic relationship between the patient and iCBT provider might improve the success of iCBT treatment for chronic pain. They also indicated that it is important for the provider to have training in chronic pain care.

Operational aspects:

- Our Environmental Scan identified 16 iCBT programs for chronic pain that are available or in development in Canada.
- The programs vary by level of therapist involvement, program length, number of modules, topics covered, funding, and patient reimbursement eligibility.
- We identified many potential facilitators (e.g., improved access, treatment experience, efficiency, and convenience) and barriers (preference for in-person, privacy concerns, technology issues, and no access to a device or internet connection) for iCBT programs in Canada.



Full Report

[Internet-Delivered Cognitive Behavioural Therapy in the Treatment of Chronic Non-Cancer Pain](#)

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