

# Efficacy of operant- and cognitive-behavioral treatments in fibromyalgia syndrome: analysis of psychophysiological reactivity (Th 899/2-1) and analysis of psychophysiological reactivity in fibromyalgia-syndrome after operant- or cognitive-behavioral pain therapy in fibromyalgia-syndrome (Th 899/2-2)

<b>Submission date</b> 17/02/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 20/02/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 28/10/2008	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Kati Thieme

**Contact details**  
1959 NE Pacific Street  
Box 356540  
Seattle  
Washington  
United States of America  
98195-6540  
+1 206 685 2082  
thiemek@u.washington.edu

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

Th 899/2-1, Th 899/2-2

## **Study information**

**Scientific Title**

**Acronym**

CBTOBTFMS

### **Study objectives**

1. Cognitive-Behavioral Therapy (CBT) and Operant-Behavioral Therapy (OBT) will produce significant improvements in pain, physical functioning, and emotional distress in Fibromyalgia Syndrome (FMS) patients
2. CBT and OBT will produce significantly greater improvements in pain, physical functioning, and emotional distress than the Attention Placebo (AP) treatment
3. CBT will produce significantly greater effects than the OBT and AP groups on coping and catastrophizing responses. Since the OBT indirectly focuses on inappropriate beliefs, it will produce significantly greater improvements on coping and catastrophizing than the AP group.
4. OBT will produce significantly greater reductions in pain, behaviors, physical therapy, and medication than CBT or AP treatments. Since CBT indirectly focuses on maladaptive behaviors, it will produce significantly greater improvements in pain behaviors than the AP group.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Approved by Charite, Humboldt-University, Berlin, Germany on 01/02/2000, reference number 1270/2000

### **Study design**

Randomized, placebo-controlled clinical trial

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

### **Study setting(s)**

Not specified

### **Study type(s)**

Treatment

**Participant information sheet**

**Health condition(s) or problem(s) studied**

Fibromyalgia syndrome

**Interventions**

The operant- and cognitive-behavioral pain therapy were compared to an attention placebo group (a social discussion group), a physiotherapy and a wait-list control group

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome measure**

1. Pain
2. Physical impairment
3. Affective distress

**Secondary outcome measures**

1. Coping
2. Catastrophizing
3. Pain behaviour
4. Number of physician visits
5. Spouse behavior

**Overall study start date**

01/04/2000

**Completion date**

01/04/2005

**Eligibility**

**Key inclusion criteria**

1. Participants must suffer from FMS as validated by a rheumatologist
2. They must meet the American College of Rheumatology (ACR) criteria for FMS
3. Pain for a period of at least six months
4. Married, and must show willingness of the spouse to be involved
5. Ability to complete the questionnaires and understand the treatment components

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

180

**Key exclusion criteria**

1. Inflammatory rheumatic diseases
2. Acute episode of carcinoma
3. Psychotic episode
4. Opioid abuse

**Date of first enrolment**

01/04/2000

**Date of final enrolment**

01/04/2005

**Locations****Countries of recruitment**

Germany

United States of America

**Study participating centre**

1959 NE Pacific Street

Washington

United States of America

98195-6540

**Sponsor information****Organisation**

German Research Council (Deutsche Forschungsgemeinschaft) (DFG)

**Sponsor details**

DFG

Kennedyallee 40

Bonn

Germany

53170

+49 (0)22 8885 2626

Anne.Brueggemann@dfg.de

**Sponsor type**

Research organisation

**Website**

<http://www.dfg.de>

**ROR**

<https://ror.org/018mejw64>

## Funder(s)

**Funder type**

Charity

**Funder Name**

German Research Council (Deutsche Forschungsgemeinschaft) (DFG)

## Results and Publications

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/12/2006		Yes	No