[http://s0.2mdn.net/viewad/817-grey.gif](http://ad.doubleclick.net/click;h=v8/3d8d/0/0/*/i;44306;0-0;0;46370787;31-1/1;0/0/0;u=id_131.251.254.75-4074557232.30244533:lv_1361194158735:ss_1361194017599:trid_00a96b33066a3224c47b4dd7785ef73d:p_ng;~okv=;type=ArticleSponsor;sz=1x1;articleID=UKTRE7AD25J20111114;taga=aaaaaaaaa;nseg=ukuswapv1;nseg=g;nseg=uschromeankurundefined;seg1=10493;seg1=10538;seg1=10272;~aopt=2/1/63/1;~sscs=?)**REUTERS**

**Phone therapy and exercise can ease chronic pain**

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Patients with chronic and widespread pain who got a course of a talking treatment called cognitive behavioral therapy (CBT) on the phone reported feeling "better" or "very much better" after 6 months, the results of study showed Monday.

Researchers from Britain's universities of Aberdeen and Manchester who conducted the study also found that exercise improved pain and disability and helped people manage their symptoms, but there was no extra benefit for those who got both CBT and exercise treatment.

Chronic widespread pain is a main feature of a condition known as fibromyalgia that affects around 10 percent of the population and is extremely difficult to treat.

Pain in general is notoriously tricky to manage successfully and contributes a huge health burden worldwide -- estimated to cost more than 200 billion euros ($275 bln) a year in Europe and some $150 billion a year in the United States.

Studies show that around 22 percent of people with chronic pain become depressed and 25 percent go on to lose their jobs.

In this study, published in the Archives of Internal Medicine journal, the researchers said that in the United States, for example, the average costs per patient -- including pain and non-pain-related medicines, doctor consultations, tests and procedures and emergency department visits -- in the six months after being diagnosed with fibromyalgia were $3,481.

"There is a need to develop clinically effective and cost-effective, acceptable interventions at a primary care level that could potentially be available to a large number of patients," Gary Macfarlane of the University of Aberdeen and John McBeth of the University of Manchester wrote.

And these results "demonstrate that we can improve symptoms for many people," MacFarlane said in a statement about the findings.

"We have examined two options -- a graded exercise program and CBT -- and found both to be effective."

Although it is known that CBT can be effective in managing pain, it is expensive to deliver and often requires many hours of contact between patients and specialist therapists.

Because of this, the researchers wanted to see if delivering CBT by phone -- a far cheaper method -- could also work.

The trial, involving 442 people with chronic widespread pain aged between 25 and 60, was aimed at developing more effective ways of reducing or coping with painful symptoms.

The patients were split into groups -- one doing exercise, another receiving CBT, a third receiving a combination of both, and a fourth who were given the usual care by their doctors.

The exercise treatment comprised six fitness instructor-led monthly appointments and patients were recommended to exercise between 20 and 60 minutes a day with increasing intensity over a six-month period.

The therapy group were given CBT -- a psychological method of helping people manage pain by identifying and evaluating thoughts and behavior -- over the telephone for six months.

The results showed that telephone CBT and exercise were both associated with substantial and clinically meaningful improvements in patients' self-rated health.

"This trial has shown how a behavioral approach can help people cope with the pain in a feasible and affordable manner," said Alan Silman, medical director of the Arthritis Research UK charity which funded the study.