A study of the perceptions and practice of occupational health physicians on the use of Cognitive Behavioural Therapy (CBT)

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ABSTRACT

Objectives: To compare perceptions and practices of physicians with the evidence base for cognitive behavioural therapy (CBT) in the context of work and sickness absence. The null hypothesis is that perceptions and practices of physicians associate with the evidence base for CBT.

Design: A cross-sectional questionnaire based study of physicians’ beliefs and practice relating to CBT.

Results: 190 physicians (with NHS identifying information in their contact details) were included in the survey from which 64 responded (response rate 34%). From the 64 responders, 78.1% were based in England, 73% were male, and 52.4% were aged 46-55 years.

From the 64 responders, the following proportions felt that CBT benefits reduction in sickness absence for: depression (93.8%); stress (82.8%); anxiety (98.4%); irritable bowel syndrome (48.4%); chronic fatigue syndrome (75%); fibromyalgia (57.9%); chronic pain (66.7%); musculoskeletal disease (46.9%); severe mental health diseases such as schizophrenia (10.9%).

The older the age of the responders, the more they were less likely to think that CBT had a positive effect on work ($p=0.03$) and the more they were less likely to consider CBT as being effective in reducing sickness absence compared to younger responders ($p=0.009$). Additionally, older responders were significantly less inclined to agree that CBT reduced sickness absence for depression as compared to younger responders ($p=0.04$).

Conclusions: It is important that physicians working within an occupational medicine setting are aware and educated about advising and/or making a referral for CBT in view of the evidence base, and additional research needs to be undertaken which investigates benefits to patients.