CBT effectiveness in SCD

- NICE 2012 recommends CBT for sickle cell acute painful episode; management of an acute painful sickle cell episode in hospital
- CBT also for depression in SCD
- CBT effective for 6 months and then need booster sessions
- **Thomas, Dixon & Mulligan, 1999** RCT demonstrating effectiveness of CBT in SCD
  - CBT group had deduced baseline levels of anxiety and depression over controls and attention group. At 12 months, some gains were lost but still had lowered levels than the control conditions
- CBT effective in:
  - Reducing emotional pain
  - Reducing psychological distress
  - Improving coping
  - Reducing hospital length of stay
  - Frequency of admissions
  - Most effective during the 6-month post-intervention
  - CBT is economically efficient
  - Cost saving of approx. 2000 pounds per patient per month (Thomas, 2005)

Limitations/Criticisms

- It is difficult to get people to accept getting psychological assistance
  - Denial of wanting ‘mental health’ assistance
  - Resistance
  - Overcome it with motivational interviewing techniques
    - Work with the resistance
    - Normalise getting psychological assistance
    - Ensure confidentiality