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In Reply

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Our study¹ focused appropriately on cognitive behavioral therapy (CBT) approaches to pain management in older adults because the overwhelming majority of psychologically based intervention studies in the pain field have used this modality. Abbass and colleagues are correct to point out that other psychological therapies, such as short-term dynamic psychotherapy and emotion-focused methods, may have value in the management of later-life pain. However, few studies have examined the efficacy of these modalities in older adults with chronic pain, which contrasts with the growing number of investigations that have evaluated CBT-based approaches. Given that the results of our study showed only modest benefits associated with CBT-based modalities and increasing calls for the use of nonpharmacologic approaches to manage pain,² it is important to evaluate other psychological therapies, including short-term dynamic psychotherapy and emotion-focused methods, as treatments for later-life pain.

Abbass and colleagues further question the scope of interventions included in our study. We required that all studies use 1 or more CBT modalities to be retained for analysis (ie, interventions had to report the use of behavioral and/or cognitive coping skills training, cognitive restructuring, behavioral activation, or acceptance and commitment therapy [ACT] types of approaches).¹ Although many of the studies evaluated the effects of a given CBT protocol in addition to other modalities (eg, education and exercise), the latter techniques would not be considered CBT therapies. The question of whether ACT is a type of CBT is a matter of debate.^{3,4} Given that ACT and CBT use similar behavioral approaches, including problem solving, modeling, role play, and homework exercises, we elected to include ACT intervention studies in our meta-analysis.⁴

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