Website:https://worldsiencepub.com/index.php/Imc Volume:5,Issue 02,September-2026

CORRECTING PAIN CATASTROPHIZING IN MIGRAINE USING COGNITIVE-BEHAVIORAL THERAPY (CBT)

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https://doi.org/10.5281/zenodo.23016651

Relevance of the topic: Pain catastrophizing observed in migraine patients—characterized by the excessive negative appraisal of pain, rumination, and a sense of helplessness—not only increases the subjective severity of the condition but also reduces the response to pharmacological treatment. Consequently, in recent years, significant attention in migraine therapy has been directed not only toward pharmacological agents but also toward psychotherapeutic approaches aimed at altering the patient's cognitive response to pain.

Cognitive-behavioral therapy (CBT) is recognized as an effective method for restructuring negative thought patterns associated with pain, reducing rumination, and enhancing the patient's sense of control over their condition. However, the impact of CBT programs on levels of catastrophizing in migraine patients has not yet been comprehensively evaluated in clinical practice. Consequently, addressing pain catastrophizing in migraine through CBT is a matter of significant importance in the fields of medical psychology and neurology.

Research objective: To investigate the effectiveness of a cognitive-behavioral therapy (CBT) program in reducing pain catastrophizing in patients with migraine.

Research methods: The study involved 50 migraine patients identified as having high levels of pain catastrophizing. They were aged between 20 and 50, and all were selected based on neurological and medical-psychological examinations. The patients were randomly assigned to two groups: the main group (25 patients) and the control group (25 patients).

A range of clinical-psychological methods was used to assess the level of catastrophizing and associated factors. Specifically, the PCS (Pain Catastrophizing Scale) was used to measure the level of catastrophic thinking; the HADS (Hospital Anxiety and Depression Scale) to assess levels of anxiety and depression; and the MIDAS (Migraine Disability Assessment Scale) to determine the impact of the condition on daily activities.

Patients in the main group underwent comprehensive cognitive-behavioral therapy (CBT) sessions over a period of eight weeks. These sessions incorporated cognitive reappraisal, techniques aimed at reducing rumination, relaxation and breathing exercises, and elements of the gradual modification of pain-related behaviors.

Sessions were organized twice a week in both individual and small-group formats. The control group received standard pharmacological treatment without any psychotherapeutic intervention.

Study results: At the beginning of the study, a high level of pain catastrophizing was identified in the majority of participants: rumination was observed in 62%, while feelings of helplessness and fear of future attacks were noted in 54%. HADS results indicated the presence of anxiety in 50% of patients and depressive symptoms in 40%.

Following the CBT program, significant positive changes were observed in the main group: PCS scores decreased by an average of 38%, while anxiety levels (according to HADS) dropped by 30% and depressive symptoms by 24%. MIDAS scores confirmed a significant reduction in limitations regarding daily and occupational activities in the main group. Furthermore, even among patients whose attack frequency did not change significantly, a reduction in the subjective fear and anticipation associated with pain was observed.

In the control group, however, no significant changes were observed in catastrophizing or the associated psycho-emotional indicators; the symptoms largely persisted.

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Conclusion: The study results demonstrated that cognitive-behavioral therapy (CBT) is an effective method for reducing pain catastrophizing in patients suffering from migraines. CBT serves to reduce not only the level of catastrophic thinking but also the associated anxiety, depression, and functional limitations. Therefore, it is advisable to incorporate elements of CBT alongside pharmacotherapy into the comprehensive treatment program for migraine patients. This approach enhances the effectiveness of the medical and psychological care provided to patients.

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