

Table 1. Characteristics of included studies – Psychologische behandeling

Study	Participants	Comparison	Follow-up	Outcome measures	Comments	Risk of bias*
<i>Location</i>	I = intervention C= control					
Burke (2019) <i>Ireland</i>	<p>N at baseline I: 35 C: 34</p> <p>Age (mean±SD): I: 50±12.3 C: 52±13.8</p> <p>Sex (% female): I: 29 C: 21</p> <p>Time since SCI (mean±SD): I: 16±11.8 C: 16±12.6</p> <p>Traumatic/nontraumatic SCI (n): I: 21/12 C: 24/10</p> <p>Paraplegia/Tetraplegia/NR (n): I: 20/10/5 C: 24/7/73</p>	<p>Intervention: online multidisciplinary SCI CBT-pain management program (SPIRE) <i>6 modules delivered once weekly. Participants were notified of new content and received a reminder once weekly.</i></p> <p>Control: Waitlist: access to the CBT-pain management program after study completion</p>	<p>Baseline</p> <p>Post-intervention</p> <p>3 months post-intervention</p>	<p>Pain (overall pain intensity (NRS), worst pain intensity (NRS))</p> <p>Participation (ISCI-PBDS-LSF)</p> <p>Pain interference</p> <p>QoL (WHOQOL-BREF, 4 domains), ISCI-QoL-BDS, 3 items</p>	<p>Inclusion criteria: AIS A to D, not an inpatient, <u>≥3 months of pain</u>,</p> <p>Higher proportion of NP in control group (79%) compared to intervention group (49%)</p> <p>Attrition: Average access to program content: 50% (3±2.1 out of 6 modules)</p> <p>On average 2 modules completed with >80% engagement.</p> <p>Funding/Conflicts of interest None reported</p> <p>Other:</p>	HIGH

	<p>Incomplete/complete lesion/NR (n)</p> <p>I: 9/22/4 C: 9/22/3</p> <p>Pain medication used (n, %):</p> <p>I: 32 (91) C: 30 (88)</p>				Baseline difference in QoL in favor of intervention group (higher).	
<p>Hearn (2018)</p> <p><i>United Kingdom</i></p>	<p>N at baseline:</p> <p>I: 36 C: 31</p> <p>Age (mean± SD):</p> <p>I: 43.8±8.7 C: 45.2±12.2</p> <p>Sex (%female):</p> <p>I: 53 C: 55</p> <p>Traumatic/nontraumatic/NR SCI (n):</p> <p>I: 30/6/0 C: 20/6/5</p> <p>Level of injury (n)</p> <p>C1-C8/T1-T5/T6-T12/L1-L5</p> <p>I: 12/13/9/2 C: 13/5/10/3</p>	<p>Intervention:</p> <p>Online mindfulness training is specifically designed for people with chronic pain/illness.</p> <p><i>two, 10-minute guided meditations/day, 6 days/week, delivered online for 8 weeks</i></p> <p>Control</p> <p>internet-delivered psychoeducation including established elements found in pain management psychoeducation programs</p> <p><i>One e-mail/week, for 8 weeks</i></p>	<p>Baseline</p> <p>Post-intervention</p> <p>3 months post-intervention</p>	<p>Pain (Intensity and unpleasantness (NRS))</p> <p>QoL (WHOQoL)</p> <p>Mood (HADS)</p>	<p>Inclusion criteria:</p> <p>> 1year after SCI</p> <p>>3 months of pain</p> <p>≥12 on LANSS PAIN scale</p> <p>Internet access</p> <p>No previous experience with mindfulness.</p> <p>Attrition:</p> <p>Course completion (n, %)</p> <p>I: 26 (72) C: 26 (84)</p> <p>Funding/Conflicts of interest:</p> <p>None reported</p>	HIGH

	<p>ASIA score A/B/C/D (n): I: 3/13/9/11 C: 6/4/10/11</p> <p>Time since SCI (years) 1-2/2-4/4-8/8-12/12-15/15+ I: 5/11/11/3/3/3 C: 6/7/8/3/4/3</p> <p><i>No reports on pain medication</i></p>				<p>Baseline difference in pain intensity in favor of intervention group I: 6.5±2.1 C: 7.4±2.0</p>	
<p>Heutink (2011) <i>The Netherlands</i></p>	<p>N at baseline: I: 31 C: 30</p> <p>Age (mean±SD): 58.8±11.4[^]</p> <p>Time since SCI (median years [range]): 5.4 [1.4 to 23.7] [^]</p> <p>Sex (% female): I: 32.3 C: 40.0</p>	<p>Intervention: 10 sessions of 3 hours over a 10-week period + 1 comeback session at week 13. Sessions included educational, cognitive, and behavioral elements. They were led by a psychologist and a physiotherapist based on BioPsychosocial Model and Activating event-Belief-Consequence model (ABC)</p> <p>Control: Waiting list, participants were offered the intervention after 6 months.</p>	<p>Baseline Post- intervention 3 months post-intervention</p>	<p>Pain (NRS) Participation (CPG, pain-related disability) QoL (HADs)</p>	<p>Inclusion criteria: >6 months of pain, >1 year after discharge of inpatient facility and ≥40/100 on chronic pain grade; stable pain medication</p> <p>Attrition Dropout (n, %): I: 7(11.5) Session attendance (mean±SD): I: 9.3±1.7 out of 11 sessions</p> <p>Funding/Conflicts of interest: None reported</p>	<p>Some concerns (pain, QoL) HIGH (participation)</p>

	<p>Traumatic/nontraumatic SCI (n): I: 25/6 C: 19/11</p> <p>Paraplegia/Tetraplegia (n): I: 20/11 C: 22/8</p> <p>Incomplete/complete lesion(n): I: 9/22/4 C: 9/22/3</p>				<p>Other:</p> <p>Baseline difference in participation in favor of control group (lower in intervention group)</p>	
<p>Kaur (2019) <i>India</i></p>	<p>N at baseline: I: 21 C: 21</p> <p>Age (mean±SD): I: 31.6±10.7 C: 29.3±10.1</p> <p>Sex (%female): I: 28.6 C: 19.0</p> <p>Traumatic/nontraumatic SCI (n): I:18/3 C: 20/1</p>	<p>Intervention:</p> <p>Mental imagery consisting of: guided imagery (15 min) suggestions to relax and then awareness of body parts) and laterality training (15 min).</p> <p><i>30 min/5 days a week/4 weeks</i></p> <p>Control:</p> <p>15 minutes random addition task and 15 minutes listening to music.</p> <p><i>30 min/5 days a week/4 weeks</i></p>	<p>Baseline</p> <p>Directly post-intervention</p>	<p>Pain (VAS, NRS)</p>	<p>Inclusion criteria:</p> <p>to 60 years; neuropathic pain diagnosed by Douleur Neuropathique en 4 questionnaire (≥4 cutoff) and ≥ <u>6 months</u>; C3 and below neurological level; Ability to imagine (VAS for vividness); stable pain medication</p> <p>Attrition:</p> <p>not reported</p> <p>Funding/conflicts of interest</p> <p>None reported</p>	<p>HIGH</p>

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	<p>Level of injury (cervical/thoracic/cauda equina conus medullaris) (n):</p> <p>I: 12/8/2 C: 14/6/1</p> <p>AIS level (A/B/C/D) (n):</p> <p>I: 10/2/5/4 C: 9/2/6/4</p>				Other	
<p>Müller (2022)</p> <p><i>Switzerland</i></p>	<p>N at baseline</p> <p>I: 87 C: 81</p> <p>Age (mean±SD):</p> <p>I: 55.0±12.0 C: 56.0±12.0</p> <p>Sex (%female):</p> <p>I:35.6 C: 35.8</p> <p>Traumatic/nontraumatic SCI (n):</p> <p>I: 72/15 C: 58/23</p> <p>Time since SCI (mean±SD):</p> <p>I: 18.5±12.6 (n=85)</p> <p>C: 16.0±12.3 (n=80)</p>	<p>Intervention:</p> <p>Instructions to perform four personalized positive psychology exercises. Best preferred out of 10 possibilities.</p> <p><i>8 weeks at least 15 min, at least 1 day a week and in particular on “bad” days</i></p> <p>Control:</p> <p>Instructions to be mindful and write about current life events</p> <p><i>8 weeks, at least 15 min, at least once a week and in particular on “bad” days</i></p> <p>Both groups received an e-mail or phone call once a week</p>	<p>Baseline</p> <p>Post-intervention</p> <p>3-months post-intervention</p>	<p>Pain,</p> <p>QoL (HADS-D, WHO-QoL)</p>	<p>Inclusion criteria:</p> <p>SCI</p> <p>Pain ≥4 on NRS on half the day in the past <u>four weeks</u></p> <p>Attrition:</p> <p>Median freq/week[rang]</p> <p>I: 4.6 [0 to 7] CI: 2.8 [0 to 7]</p> <p>Practice time (min):</p> <p>Intervention: 31[5-180]</p> <p>Control: 23[5-120]</p> <p>Funding/conflicts of interest</p> <p>Study financing by Swiss SCI Cohort Study.</p>	HIGH

	<p>Lesion severity (n, %)</p> <p>Paraplegia complete: I: 24 (27.6) C: 24 (29.6)</p> <p>Paraplegia incomplete: I: 35 (40.2) C: 35 (43.2)</p> <p>Tetraplegia complete: I: 8 (9.2) C: 4 (4.9)</p> <p>Tetraplegia incomplete: I: 20 (23) C: 18 (22.2)</p> <p>Pain medication (%) ^+</p> <p>NSAID: 30 to 31%</p> <p>Anticonvulsants: 32 to 35</p> <p>Opiod: 27 to 30</p> <p>Sedative hypnotics: 12 to 13</p> <p>TCA: 5 to 7</p> <p>Marijuana: 2 to 3</p>					
<p>Zanca (2022) <i>United States</i></p>	<p>N at baseline</p> <p>I: 12 (values reported for n =11)</p> <p>C: 12 (values reported for n=10)</p> <p>Age (median [range]):</p>	<p>Intervention:</p> <p>Clinical Meditation and Imagery</p> <p>4 weeks of guided practice in a group setting</p> <p>Once weekly, 2 hours, 5-8 participants. 30-min, 5-d/week self-practice.</p>	<p>Baseline (2 weeks prior to start)</p> <p>Post-guided intervention (4 weeks)</p> <p>Post-self-directed practice (8 weeks)</p>	<p>Pain</p> <p>Function (SOPA disability)</p>	<p>Inclusion criteria</p> <p>SCI>1 year</p> <p>Community-dwelling</p> <p>≥3 months of pain ≥ 4 on NRS</p> <p>Stable pain treatment regimen</p>	<p>Some concerns/HIGH</p>

	<p>I: 50 [37 to 65] C: 45 [27 to 72]</p> <p>Sex (%female):</p> <p>I: 18 C: 30</p> <p>Time since SCI (median [range]):</p> <p>I: 13 [1 to 21] C: 6 [2 to 18]</p> <p>Pain type nociceptive/neuropathic/both (%):</p> <p>I:9/26/55 C: 40/10/50</p> <p>Traumatic/nontraumatic SCI (%):</p> <p>I:100/0 C: 90/10</p> <p>Lesion severity (%)</p> <p>Paraplegia complete:</p> <p>I: 18 C: 20</p> <p>Paraplegia incomplete:</p> <p>I: 27 C: 20</p> <p>Paraplegia (unknown):</p>	<p>followed by</p> <p><i>4-week self-directed home-based practice</i></p> <p>Control:</p> <p>Health education program</p> <p><i>4 weeks in a group setting followed by</i></p> <p><i>Once weekly, 2 hours, 5-8 participants. 30-min, 5-d/week self-practice.</i></p> <p>followed by</p> <p><i>4 weeks self-directed home-based education activities</i></p>			<p>Attrition:</p> <p>Attendance all classes (%)</p> <p>I: 67% C: 67%</p> <p>Minutes per week exercise (mean):</p> <p>I: 98 C: 52</p> <p>Other:</p> <p>First cycle of classes was given in person, second cycle online due to 'participants' transportation difficulties'</p> <p>More ambulatory individuals in control group</p>	
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I: 9 C: 20					
Tetraplegia complete:					
I: 9 C: 0					
Tetraplegia incomplete:					
I: 37 C: 20					
Tetraplegia (unknown):					
I: 0 C: 20					

Abbreviations: AIS- American Spinal Injury Association Impairment Scale; BI - Barthel Index; C – control; CBT – cognitive behavioral therapy; CPG – Chronic Pain Grade questionnaire; HADS (Hospital Anxiety and Depression Scale; I – intervention; ISCI-PBDS - International Spinal Cord Injury Pain Basic Data Set; LSF - Limits in Activity and Changes in Social and Recreational Activity and Family-Related Activity; NR – not reported; NRS - Numeric Rating Scale; QoL – Quality of Life; SCI – Spinal Cord Injury; UAL – Utrecht Activities List; WHOQOL-BREF - The World Health Organization Quality of Life Bref

*^outcome measure was not reported for intervention and control group separately *For further details, see risk of bias table in the appendix †range of pain medication at baseline, post-treatment and 3-month follow-up in both groups*