

Best Evidence Summaries of Topics in Mental Healthcare

BEST in MH *clinical question-answering service*

Question

In adults with a personality disorder how effective is Cognitive Analytic Therapy compared to any other intervention for improving patient outcomes?

Clarification of question using PICO structure

Patients: Adults with Borderline Personality Disorder
Intervention: Cognitive Analytic Therapy
Comparator: Any other intervention
Outcome: Any patient outcomes

Clinical and research implications

Information on the effectiveness of Cognitive Analytic Therapy (CAT) in people with borderline personality disorder was very limited. The results of one small randomised controlled trial (RCT) suggested that treatment with CAT may improve symptoms of personality disorder and experience of emotional distress, compared with usual care. However, these findings may be unreliable, due to the high proportion of participants missing from the analyses (between 24% and 65%, for different outcome measures). Results may also have limited applicability to the population specified for this evidence summary as only 68% of participants were classified as having borderline personality disorder, whilst 88% had multiple personality disorders.

Further research is needed to adequately determine the effectiveness of CAT in people with borderline personality disorder and to compare CAT to other active treatment options.

What does the evidence say?

Number of included studies/reviews (number of participants)

We identified one small randomised controlled trial (RCT), which reported data relevant to this evidence summary.¹ This trial compared 24 sessions of Cognitive Analytic Therapy (CAT) to treatment as usual (TAU) and reported a range of outcomes measuring symptoms, adjustment and emotional distress. However, the results of this trial may have limited applicability to the population specified for this evidence summary as only 68% of participants were classified as having borderline personality disorder, whilst 88% had multiple personality disorders.

Main Findings

The study found that significantly more participants in the CAT group (9/27) experienced a resolution of personality disorder symptoms, measured using Structured Clinical Interview (SCID-II) than in the TAU group (0/30). Similarly more participants in the CAT group (17/36) experienced improvement or recovery in emotional distress, measured by the Inventory of Interpersonal Problems (IIP), than in the TAU group (3/36). Statistically significant treatment effects were also reported for the Clinical Outcomes Routine Evaluation (CORE), Dissociative Questionnaire (DisQ) and Personality Structure Questionnaire (PSQ).

Authors Conclusions

The authors concluded that cognitive analytic therapy is more effective than TAU in improving outcomes associated with personality disorder and that further studies of CAT are needed.

Reliability of conclusions/Strength of evidence

Evidence was derived from one small RCT alone. The results of this trial may be unreliable, as a high proportion of randomised study participants were omitted from the analyses. No analysis included data for all study participants and the proportion missing ranged from 24% to 65%, depending upon the outcome measure. For the primary outcome measures, SCID-II and IIP, data were missing for 42% and 27% of study participants, respectively. Results may also have limited applicability to the population specified for this evidence summary as only 68% of participants were classified as having borderline personality disorder, whilst 88% had multiple personality disorders.

What do guidelines say?

Neither NICE nor SIGN guidelines offer guidance regarding the use of Cognitive Analytic Therapy for treating personality disorders.

Date question received: 04/06/2014

Date searches conducted: 05/06/2014

Date answer completed: 30/06/2014

References

1. Clarke S., Thomas P. and James K. (2013). Cognitive analytic therapy for personality disorder: Randomised controlled trial. *The British Journal of Psychiatry*, 202, 129–134.

Results

Randomised controlled trials

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Clarke, Thomas, and James (2013)	<p><i>Participants:</i> Inclusion criteria: Participants, referred to a specialist outpatient service for intensive psychological therapies, who met the diagnostic criteria for a personality disorder. Referral criteria required completion of at least one previous episode of therapy. Exclusion criteria: psychotic illness, substance dependence, intellectual disability, having engaged in self-harming behaviour at least monthly.</p> <p><i>Intervention:</i> Cognitive Analytic Therapy (CAT). This involved 24 sessions of CAT and 3 follow-up sessions (3, 6 and 12 months after completion of therapy). The CAT intervention followed guidelines by the Association of Cognitive Analytic Therapy and was administered by therapists who had completed a 2-year accredited training course.</p>	n=99 randomised (50 CAT and 49 TAU), n=78 analysed (38 CAT and 40 TAU)	<p>This study aimed to assess the effectiveness of short duration CAT for people with personality disorder.</p> <p>The mean age of study participants was 36 years (range 19 to 59), and 72% were female. Multiple personality disorders were present in 88% of participants and 68% had a diagnosis of borderline personality disorder. Baseline characteristics (demographic characteristics and clinical outcome measures) were similar in the CAT and TAU groups.</p> <p>Symptoms of personality disorder (Structured Clinical Interview (SCID-II) (n=57): Post-therapy 9/27 (33% of participants in the CAT group did not meet criteria for any personality disorder, whereas all 30 participants in the TAU group met criteria for at least one disorder ($p < 0.001$) at 10 months. In addition, 16 (53%) of participant in the TAU group and no participants in the CAT group had evidence of an increased number of disorders at the end of treatment ($p < 0.001$).</p> <p>The Inventory of Interpersonal Problems:</p>	<p>Randomisation was computer generated from a centralised, independent research support unit. Stratified randomisation (by baseline severity) was used.</p> <p>Treatment allocation concealment was achieved using a Telephone-based system.</p> <p>The nature of</p>

	<p><i>Comparator:</i> Treatment as usual (TAU). This typically comprised care from a community mental health team, clinical services and contact with a general practitioner.</p> <p><i>Outcomes:</i> Primary outcome: symptoms of personality disorder (Structured Clinical Interview for DSM-IV Axis II); distress arising from interpersonal difficulties (Inventory of Interpersonal Problems). Secondary outcomes: adjustment (Clinical Outcomes in Routine Evaluation); participant satisfaction (Service Satisfaction Scale); dissociation (Dissociative Questionnaire and the Dissociative Experiences Scale); psychological problems and symptoms (Symptom Checklist-90-Revised); emotional distress (Global Severity Index); data on the frequency and duration of all accident and emergency attendances and in-patient admissions (The Dorset Healthcare Trust Participant Administration System). For participants in the TAU group,</p>		<p>There was a clinically and statistically significant, between group difference in favour of CAT on this measure. Post-treatment, 3/36 (8%) of participants in the CAT group were classified as 'recovered', 14/36 (39%) were classified as 'improved', 15/36 (42%) were classified as 'same', and 4/36 (11%) were classified as 'deteriorated'. At ten months, 1/36 (3%) of participants in the TAU group were classified as 'recovered', 2/36 (6%) were classified as 'improved', 20/36 (55%) were classified as 'same', and 13/36 (36%) were classified as 'deteriorated'. Eighteen month follow-up data for the CAT group (n=17) suggested a significant improvement from baseline (mean 1.48±0.58 compared to 2.15±0.39).</p> <p>Secondary outcome measures: Analyses indicated statistically significant, between group differences, in favour of CAT, for the following outcome measures: Clinical Outcomes in Routine Evaluation (CORE); Dissociative Questionnaire (DisQ); Personality Structure Questionnaire (PSQ). There were no significant differences between groups in Dissociative Experiences Scale (DES) or Global Severity Index (GSI) scores, or in measures of healthcare utilisation and participant satisfaction.</p>	<p>the intervention precluded blinding of participants and therapists, but outcome assessors were blinded to treatment allocation and participants were asked not to mention treatment during assessment interviews.</p> <p>A modified ITT analysis was used; all participants who provided data for baseline and post-treatment</p>
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	<p>outcomes were assessed at 10 months and the CAT intervention was then offered. Participants in the CAT group were assessed at the end of therapy and at 18 month follow-up.</p>			<p>assessments were included, regardless of whether they completed treatment (at least 21 randomised participants were excluded from each reported the analysis.</p> <p>Data were reported for all specified outcome measures.</p>
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Risk of Bias

Randomised controlled trials

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Clarke 2013						

 Low Risk

 High Risk

 Unclear Risk

Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
<i>SRs and Guidelines</i>			
NICE	cognitive analytic therapy personality disorder	142	0
DARE	1 (psychopath*) IN DARE 65 Delete 2 (sociopath*) IN DARE 1 Delete 3 MeSH DESCRIPTOR Antisocial Personality Disorder EXPLODE ALL TREES 9 Delete 4 MeSH DESCRIPTOR Borderline Personality Disorder EXPLODE ALL TREES 27 Delete 5 MeSH DESCRIPTOR Compulsive Personality Disorder EXPLODE ALL TREES 1 Delete 6 MeSH DESCRIPTOR Dependent Personality Disorder EXPLODE ALL TREES 1 Delete 7 MeSH DESCRIPTOR Histrionic Personality Disorder EXPLODE ALL TREES 1 Delete 8 MeSH DESCRIPTOR Multiple Personality Disorder EXPLODE ALL TREES 0 Delete 9 MeSH DESCRIPTOR Paranoid Personality Disorder EXPLODE ALL TREES 1 Delete 10 MeSH DESCRIPTOR Passive-Aggressive Personality Disorder EXPLODE ALL TREES 2 Delete 11 MeSH DESCRIPTOR Personality Disorders EXPLODE ALL TREES 63 Delete 12 MeSH DESCRIPTOR Schizoid Personality Disorder EXPLODE ALL TREES 1 Delete 13 MeSH DESCRIPTOR Schizotypal Personality Disorder EXPLODE ALL TREES 1 Delete 14 ((antisocial OR borderline OR compulsive OR dependent OR histrionic OR hysteria OR multiple OR paranoid OR passive-aggressive OR schizoid OR schizotypal OR asocial* OR antisocial*OR dissocial* OR psychopath* OR sadist* OR sociopath*) adj3 person*) IN DARE 70 Delete 15 MeSH DESCRIPTOR Cognitive Therapy EXPLODE ALL TREES 681 Delete 16 (CAT) IN DARE 21 Delete 17 (cognit* adj2 analy*) IN DARE 18 Delete 18 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 167 Delete 19 #15 OR #16 OR #17 712 Delete	22	0

	20 #18 AND #19		
Primary studies			
CENTRAL	#1 MeSH descriptor: [Personality Disorders] explode all trees 828 #2 "cognitive analytic therapy" 43 #3 #1 and #2 4	4	1
PsycINFO	1. PsycINFO; exp PERSONALITY DISORDERS/; 21168 results. 2. PsycINFO; "cognitive analytic therapy".ti,ab; 207 results. 3. PsycINFO; 1 AND 2; 40 results. 4. PsycINFO; CLINICAL TRIALS/; 7614 results. 5. PsycINFO; random*.ti,ab; 129924 results. 6. PsycINFO; groups.ti,ab; 366854 results. 7. PsycINFO; (double adj3 blind).ti,ab; 17848 results. 8. PsycINFO; (single adj3 blind).ti,ab; 1410 results. 9. PsycINFO; EXPERIMENTAL DESIGN/; 9100 results. 10. PsycINFO; controlled.ti,ab; 80735 results. 11. PsycINFO; (clinical adj3 study).ti,ab; 7939 results. 12. PsycINFO; trial.ti,ab; 68382 results. 13. PsycINFO; "treatment outcome clinical trial".md; 26991 results. 14. PsycINFO; 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13; 567912 results. 15. PsycINFO; 3 AND 14; 14 results.	14	0
Embase	4. EMBASE; exp PERSONALITY DISORDERS/; 45338 results. 5. EMBASE; "cognitive analytic therapy".ti,ab; 82 results. 6. EMBASE; 4 AND 5; 33 results. 7. EMBASE; random*.ti,ab; 871304 results. 8. EMBASE; factorial*.ti,ab; 22697 results. 9. EMBASE; (crossover* OR cross-over*).ti,ab; 68218 results. 10. EMBASE; placebo*.ti,ab; 196716 results. 11. EMBASE; (doubl* ADJ blind*).ti,ab; 140135 results. 12. EMBASE; (singl* ADJ blind*).ti,ab; 14209 results.	5	0

	<p>13. EMBASE; assign*.ti,ab; 235343 results.</p> <p>14. EMBASE; allocat*.ti,ab; 82369 results.</p> <p>15. EMBASE; volunteer*.ti,ab; 174029 results.</p> <p>16. EMBASE; CROSSOVER PROCEDURE/; 39030 results.</p> <p>17. EMBASE; DOUBLE BLIND PROCEDURE/; 113378 results.</p> <p>18. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 342545 results.</p> <p>19. EMBASE; SINGLE BLIND PROCEDURE/; 18308 results.</p> <p>20. EMBASE; 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19; 1392072 results.</p> <p>21. EMBASE; 6 AND 20; 5 results.</p>		
Medline	<p>4. MEDLINE; exp PERSONALITY DISORDERS/; 31441 results.</p> <p>5. MEDLINE; "cognitive analytic therapy".ti,ab; 52 results.</p> <p>6. MEDLINE; 4 AND 5; 19 results.</p> <p>7. MEDLINE; "randomized controlled trial".pt; 375396 results.</p> <p>8. MEDLINE; "controlled clinical trial".pt; 88473 results.</p> <p>9. MEDLINE; randomized.ab; 295232 results.</p> <p>10. MEDLINE; placebo.ab; 154473 results.</p> <p>11. MEDLINE; "drug therapy".fs; 1704080 results.</p> <p>12. MEDLINE; randomly.ab; 213686 results.</p> <p>13. MEDLINE; trial.ab; 306623 results.</p> <p>14. MEDLINE; groups.ab; 1359351 results.</p> <p>15. MEDLINE; 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14; 3348700 results.</p> <p>16. MEDLINE; 6 AND 15; 5 results.</p>	5	0
Summary	NA	NA	

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