

Best Evidence Summaries of Topics in Mental Healthcare

BEST in MH *clinical question-answering service*

Question

“In adults with a personality disorder how effective are brief dynamic psychotherapies, compared to any other intervention, for improving patient outcomes?”

Clarification of question using PICO structure

Patients: Adults with a personality disorder
Intervention: Brief dynamic psychotherapies / short-term psychodynamic psychotherapies (STPP)
Comparator: Any
Outcome: Any

Clinical and research implications

Two poor quality systematic reviews and one small open randomised controlled trial (RCT) with limitations in the reported analyses provided very limited information on the effectiveness of short-term psychodynamic psychotherapies for the treatment of people with personality disorders. The results reported in the systematic reviews were not sufficient to support any firm conclusions. The additional RCT provided some preliminary evidence that Psychic Representation-Focused Psychotherapy, used in addition to standard treatment, may improve a range of symptoms in people with borderline personality disorder. However, these results were for immediate, post-treatment effects only; longer-term follow-up from this study is ongoing. There is currently insufficient evidence to support the use of short-term psychodynamic psychotherapies in people with personality disorders and more research is needed.

What does the evidence say?

Number of included studies/reviews (number of participants)

We identified two systematic reviews,^{1,2} and one additional RCT³ that reported data relevant to this evidence summary. The first systematic review assessed the effectiveness of intensive short-term dynamic psychotherapy (ISTDP), based on the Davanloo method, and included all patient groups and outcome measures.¹ Three randomised controlled trials and one additional observational study included in this review were conducted in people with varying severities of personality disorder; the review results derived from these studies are included in this evidence summary.¹ The second systematic review included RCTs of individual Short-Term Psychodynamic Psychotherapy (STPP) conducted in people with varying severities of personality disorder, but did not report any data for between group comparisons.² The additional RCT was a report of preliminary, post-treatment results from a trial comparing Psychic Representation-Focused Psychotherapy (PRFP) plus conventional treatment to conventional treatment alone, for people with borderline personality disorder.³

Main Findings

The first systematic review reported that studies in patients with personality disorders found that ISTDP was associated with pre-post-treatment improvements in symptoms and was significantly superior to waiting list control, but not significantly different from other active treatments.¹ However, no numerical results were provided to support these statements. The second systematic review included data from seven RCTs of STPP, but did not report any between group comparisons, i.e. there were no reported estimates of the effectiveness of STPP compared to control or other active treatments.² Reported meta-analyses indicated STPP was associated with pre- post-treatment improvements in measures of symptoms, Inventory of Interpersonal Problems and Global Assessment of Functioning.² Finally, the additional RCT found that PRFP plus conventional treatment was associated with significant improvements in Severity Global Index (SCI-90), Zanerini score (total, relations and feeling of emptiness), Montgomery-Asberg Depression Rating Scale (MADRS) score (total and suicide), Rosenberg score, Barratt score and Social Adaptation Self-evaluation Scale (SASS) score, compared to conventional treatment alone.³ However, these results were for immediate post-treatment assessment only; 6-12 month follow-up is ongoing.³

Authors Conclusions

One systematic review concluded that the limited evidence available supports the application of intensive short-term dynamic psychotherapy (ISTDP) across a broad range of populations. The second systematic review concluded that Short-Term Psychodynamic Psychotherapy (STPP) offers an efficacious treatment option for personality disorder, which is superior to waiting list controls, and comparable to psychodynamic and cognitive behavioural approaches. Both reviews concluded that further research is needed to support their findings. An additional RCT concluded that preliminary post-treatment results showed significantly better outcomes in people treated with Psychic Representation-Focused Psychotherapy (PRFP) plus conventional treatment than in those managed with conventional treatment alone, and that PRFP may represent an important contribution for the treatment of borderline personality disorder patients.

Reliability of conclusions/Strength of evidence

Two poor quality systematic reviews and one small open RCT with limitations in the reported analyses provided very limited information on the effectiveness of short-term psychodynamic psychotherapies for the treatment of people with personality disorders. There is currently insufficient evidence to support the use of these treatments in this population.

What do guidelines say?

Neither National Institute for Health and Clinical Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidelines comment upon the use of STPP for treating personality disorders.

Date question received: 26/02/2008
Date searches conducted: 07/11/2014, updated from 26/02/2008
Date answer completed: 08/12/2014

References

Systematic reviews

1. Abbass, A., Town, J., & Driessen, E. (2012). Intensive short-term dynamic psychotherapy: A systematic review and meta-analysis of outcome research. *Harvard Review of Psychiatry*, 20(2), 97-108.
2. Town, J. M., Abbass, A., & Hardy, G. (2011). Short-term psychodynamic psychotherapy for personality disorders: A critical review of randomized controlled trials. *Journal of Personality Disorders*, 25(6), 723-740.

Randomised controlled trials

3. Renesis, B., Galian, M., Serrano, R., Figuera, D., del Moral, A. F., López-Ibor, J. J., ... & Trujillo, M. (2013). A new Time Limited Psychotherapy for BPD: Preliminary Results of a Randomized and Controlled Trial. *Actas Esp Psiquiatr*, 41(3), 139-48.

Results

Systematic Reviews

Author (year)	Search Date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Abbass et al. (2012)	Not reported	<p><i>Participants:</i> Any patient group.</p> <p><i>Intervention:</i> Intensive short-term dynamic psychotherapy, based upon Davanloo's books or articles, either individual or group-based.</p> <p><i>Comparator:</i> Any comparator.</p> <p><i>Outcome:</i> Any outcome.</p> <p><i>Study design :</i> Any study design.</p>	n = 21 publications, of which 6 were considered relevant to this evidence summary (conducted in people with personality disorders)	<p>This review aimed to assess the effectiveness of intensive short-term dynamic psychotherapy (ISTDP).</p> <p>The article listed four randomised controlled trials (RCTs) conducted in people with personality disorder, however, results were only described for three of these (all three were also included in Town et al. 2011, see below); study details indicate that the fourth publication may have been an earlier publication of one of the three trials described, but this is not clear. Two further publications reported the results of an observational study with long-term follow-up.</p> <p>One RCT (n=81) compared ISTDP, comprising a mean of 40.3 one hour sessions, (n=15) to brief adaptational psychotherapy, not described, (n not reported) and a waiting list control (n not reported). This study was described as having found that ISTDP</p>	<p>The article reports a broad survey of the literature with no clear research objective and no specific inclusion criteria, beyond the intervention of interest.</p> <p>Studies were retrieved from four previous meta-analyses conducted by the authors, supplemented by update searches in three bibliographic databases (limited search terms reported), screening the references of identified articles</p>

				<p>significantly outperformed waiting list control on patients' self-rated target complaints (Target Complaints Questionnaire), symptoms (Symptom Checklist [SCL]–90) and the Social Adjustment Scale, however, no numerical results were reported. No differences in performance between ISTDP and the brief adaptational psychotherapy were reported. A second RCT (n=49) compared ISTDP, comprising a mean of 28.5 one hour sessions, (n=25) to brief supportive psychotherapy, not described, (n=24). This study was described as having reported a significant decrease in symptoms following treatment (no details reported), but no significant reduction on the Inventory of Interpersonal Problems (IIP) and no differences in performance between ISTDP and the brief supportive psychotherapy. Both studies were conducted in people with a DSM-III diagnosis of personality disorder, described as “largely cluster C personality disorders.” Follow-up was described as 6 to 18 months for these two studies combined.</p> <p>The third RCT (n=27) compared ISTDP, mean 27.7 sessions, to a minimal contact control. The study included participants with more</p>	<p>and contact with experts. Only published studies were included.</p> <p>Two reviewers assessed articles for eligibility, but no details of the data extraction process of any assessment of the methodological quality of included studies were reported.</p> <p>The meta-analyses (not used in this evidence summary) pooled outcomes data across studies that included people with a wide range of physical and psychiatric conditions. No numerical results of individual studies were reported and</p>
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				<p>severe personality disorders. It was stated that participants in the ISTDP group had significantly improved IIP, and functional measures compared to controls, and that participants in the ISTDP group had significant reductions in medication usage and an increase in employment rate and work hours, whereas controls did not. No numerical results were reported.</p> <p>The observational study reported results from a residential treatment program for personality disorders, in which all patients received individual ISTDP sessions in combination with group psychotherapy and different forms of non-verbal therapy. Patients' self-reported quality of interpersonal relationships improved at discharge and increased further both at 1-year and 3-year follow-up. No numerical results were reported.</p>	<p>some studies were omitted from the description of results altogether.</p>
Town et al. (2011)	Not reported	<p><i>Participants:</i> Those who met specific criteria for a psychiatric diagnosis of personality disorder (not described). <i>Intervention:</i> Individual STPP, based upon the principles of Mann, Sifneos, Malan, Davanloo, Luborsky, with sessions lasting between 45-60 minutes, with</p>	n = 8 RCTs (total 211 participants from 7 reported studies)	<p>This article aimed to provide a "critical review of the literature" on Short-Term Psychodynamic Psychotherapy (STPP) for the treatment of people with personality disorders.</p> <p>The authors reported that eight studies were</p>	<p>The article reports a "critical review" of the literature. No clear research question was stated, but inclusion criteria were defined for</p>

		<p>overall treatment length less than 40 weeks. <i>Comparator:</i> Any comparator. <i>Outcome:</i> Not defined. <i>Study design :</i> RCTs</p>		<p>included in the review, but details were only presented for seven studies. The types of personality disorder in the included studies varied: four studies included people with cluster types A, B and C (one of these also included people with not otherwise specified personality disorder), two studies included only people with cluster type C, and one study included only people with borderline personality disorder. The mean number of intervention sessions in the included studies ranged from 12 to 40, and the mean follow-up duration was 19 ± 7.3 months.</p> <p>The mean pre- post treatment effect of STTP on symptomatic measures (Symptom Checklist (SCL-90), Brief Symptom Inventory (BSI), or Global Symptom Index (GSI)) was Cohen's $d 0.92 \pm 0.49$, seven studies. The mean pre- post treatment effect of STTP on IIP was Cohen's $d 0.86 \pm 0.47$, five studies. The mean pre- post treatment effect of STTP on Global Assessment of Functioning (GAF) was Cohen's $d 1.47 \pm 1.12$, two studies. Reductions in personality disorder diagnoses at follow-up ranged from 38% to 83.3%, four studies.</p>	<p>participants, intervention and study design.</p> <p>Studies were retrieved from a previous Cochrane review, supplemented by update searches of four bibliographic databases and screening of the reference lists of retrieved articles.</p> <p>Two reviewers independently assessed studies for inclusion, but no details of the data extraction or quality assessment processes were reported.</p> <p>The Cochrane Collaboration Depression Anxiety</p>
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					<p>and Neurosis quality rating scale was used to rate the quality of included studies, but only overall quality scores were reported.</p> <p>Although the review included RCTs, only pre- to post-treatment effect sizes for the intervention were reported (no comparative effectiveness data). Overall Cohen's d pre- to post-treatment effect sizes appear to have been derived by calculating a simple, un-weighted mean across studies which included participants with varying severities of personality disorder.</p>
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					Further, Cohen's d effect sizes were used when this was not necessary (i.e. when results of studies with the same outcome measure were being combined).
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







Randomised controlled trials

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Reneses et al. (2013)	<i>Participants:</i> DSM-IV diagnosis of Borderline Personality Disorder, attending outpatient services, aged 18-50. Exclusion criteria: having active suicide risk symptoms, showing violent behaviours, comorbid diagnosis of eating behaviour disorder or toxic dependence disorder, or current severe physical disease. <i>Intervention:</i> Psychic Representation-focused psychotherapy (PRFP) - based on classic psychoanalytic principles and focuses on distorted psychic representations and their link with affect	n = 53 (intervention group = 25; comparator group = 28)	This study aimed to assess the effectiveness of Psychic Representation-Focused Psychotherapy (PRFP) plus conventional treatment, compared to conventional treatment alone, for people with borderline personality disorder. There were no significant differences between the intervention and control group at baseline in demographic or socioeconomic characteristics, pharmacological treatments or disease severity. Approximately half of study participants had a concomitant psychiatric condition on Axis I of the DSM-IV classification. All participants were receiving pharmacological treatment (90% anti-depressants, >40%	Randomisation used a computer generated, random number sequence. No details of allocation concealment were reported.







	<p>and emotions. 20 face-to-face, 45 minute consecutive weekly sessions, plus conventional treatment.</p> <p><i>Comparator:</i> Conventional treatment - psychopharmacological treatment (antidepressants, mood stabilizers, antipsychotics, depending on patients' symptoms), for 6 months.</p> <p><i>Outcome:</i> General symptoms (Severity Global Index of SCL-90-R; SGI), impulsivity (Barrat Impulsivity Scale; BIS), and social adaptation (Social Adaptation Scale; SAS). Secondary outcomes: BPD symptoms (Zanarini Rating Scale for Borderline Personality Disorder; ZRS), general clinical symptoms (Clinical Global Impression Scale; CGI), depressive symptoms (Montgomery-Asberg Depression Rating Scale; MADRS), anxiety symptoms (State-Trait Anxiety Inventory; STAI), and self-esteem (Rosemberg Self-Esteem Scale).</p>		<p>mood stabilizers, 30% antipsychotics).</p> <p>There were seven drop-outs in the intervention period: 4 in the control group and 3 in the intervention group.</p> <p>All outcome measures, with the exception of Zanarini rage score, showed statistically significant pre- to post-treatment improvements in the intervention group. CGI, Zanarini total score and the relations, identity, suicidality, effective instability and feeling of emptiness subgroups of the Zanarini scale also showed statistically significant pre- to post-treatment improvements in the control group.</p> <p>There was a statistically significant treatment effect, favouring PRFP, for SCL-90, Zanarini score (total, relations and feeling of emptiness), MADRS score (total and suicide), Rosemberg score, Barratt score and SASS score. An effect size was reported, but it was not clear how this was estimated and between group mean differences in change from baseline were not reported.</p>	<p>The study was described as "open".</p> <p>The methods stated that analyses were conducted on an intention-to-treat basis, but data were only reported for the 44 completers.</p> <p>Results were reported for all specified outcomes.</p>
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Risk of Bias


Systematic reviews


Author (year)	Risk of Bias				
	Inclusion criteria	Searches	Review Process	Quality assessment	Synthesis
Abbass et al. (2012)					
Town et al. (2011)					

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
Reneses et al. (2013)						

 Low Risk

 High Risk

 Unclear Risk

Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
SRs and Guidelines			
NICE	psychodynamic personality disorder	17	0
DARE	(brief ADJ3 (psychosocial OR therap* OR psychotherap* OR psychoanaly* OR psychodynamic* OR analytic* OR dynamic*)) IN DARE WHERE LPD FROM 10/09/2006 TO 15/09/2014 34 Delete 2 MeSH DESCRIPTOR Psychoanalysis EXPLODE ALL TREES 3 Delete 3 MeSH DESCRIPTOR Psychotherapy, Brief EXPLODE ALL TREES 59 Delete 4 MeSH DESCRIPTOR Psychotherapy, Psychodynamic EXPLODE ALL TREES 0 Delete 5 #1 OR #2 OR #3 OR #4	86	2
Primary studies			
CENTRAL	#1 MeSH descriptor: [Personality Disorders] explode all trees 836 #2 MeSH descriptor: [Psychotherapy, Brief] this term only 704 #3 "brief dynamic psychotherap*" 23 #4 "short term psychotherap*" 59 #5 "dynamic psychotherap*" 96 #6 #2 or #3 or #4 or #5 807 #7 #1 or #6 1598 #8 2008 or 2009 or 2010 or 2011 or 2012 or 2013 or 2014 or 2015 331260 #9 #7 and #8 714 Central only	548	
PsycINFO	1. PsycINFO; exp PERSONALITY DISORDERS/; 21748 results. 2. PsycINFO; BRIEF PSYCHOTHERAPY/; 4892 results. 3. PsycINFO; "brief dynamic psychotherap*".ti,ab; 155 results. 4. PsycINFO; "dynamic psychotherap*".ti,ab; 1210 results. 5. PsycINFO; 2 OR 3 OR 4; 5591 results. 6. PsycINFO; 1 AND 5; 198 results.	20	

	<p>7. PsycINFO; CLINICAL TRIALS/; 8066 results.</p> <p>8. PsycINFO; random*.ti,ab; 135095 results.</p> <p>9. PsycINFO; groups.ti,ab; 377354 results.</p> <p>10. PsycINFO; (double adj3 blind).ti,ab; 18245 results.</p> <p>11. PsycINFO; (single adj3 blind).ti,ab; 1458 results.</p> <p>12. PsycINFO; EXPERIMENTAL DESIGN/; 9340 results.</p> <p>13. PsycINFO; controlled.ti,ab; 83711 results.</p> <p>14. PsycINFO; (clinical adj3 study).ti,ab; 8183 results.</p> <p>15. PsycINFO; trial.ti,ab; 71017 results.</p> <p>16. PsycINFO; "treatment outcome clinical trial".md; 28168 results.</p> <p>17. PsycINFO; 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16; 585266 results.</p> <p>18. PsycINFO; 6 AND 17; 59 results.</p> <p>19. PsycINFO; 18 [Limit to: Publication Year 2008-2014]; 20 results.</p>		
Embase	<p>7. EMBASE; exp PERSONALITY DISORDERS/; 46359 results.</p> <p>8. EMBASE; BRIEF PSYCHOTHERAPY/; 2 results.</p> <p>9. EMBASE; "brief dynamic psychotherap*".ti,ab; 93 results.</p> <p>10. EMBASE; "dynamic psychotherap*".ti,ab; 531 results.</p> <p>11. EMBASE; 8 OR 9 OR 10; 533 results.</p> <p>12. EMBASE; 7 AND 11; 104 results.</p> <p>13. EMBASE; PSYCHOTHERAPY, BRIEF/; 75430 results.</p> <p>14. EMBASE; 9 OR 10 OR 13; 75486 results.</p> <p>15. EMBASE; 7 AND 14; 4680 results.</p> <p>16. EMBASE; random*.ti,ab; 907780 results.</p> <p>17. EMBASE; factorial*.ti,ab; 23517 results.</p> <p>18. EMBASE; (crossover* OR cross-over*).ti,ab; 70178 results.</p> <p>19. EMBASE; placebo*.ti,ab; 203202 results.</p> <p>20. EMBASE; (doubl* ADJ blind*).ti,ab; 144123 results.</p> <p>21. EMBASE; (singl* ADJ blind*).ti,ab; 14753 results.</p> <p>22. EMBASE; assign*.ti,ab; 243780 results.</p>	201	

	<p>23. EMBASE; allocat*.ti,ab; 85946 results.</p> <p>24. EMBASE; volunteer*.ti,ab; 178672 results.</p> <p>25. EMBASE; CROSSOVER PROCEDURE/; 40446 results.</p> <p>26. EMBASE; DOUBLE BLIND PROCEDURE/; 115879 results.</p> <p>27. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 352001 results.</p> <p>28. EMBASE; SINGLE BLIND PROCEDURE/; 18953 results.</p> <p>29. EMBASE; 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28; 1442862 results.</p> <p>30. EMBASE; 15 AND 29; 390 results.</p> <p>31. EMBASE; 30 [Limit to: Publication Year 2008-2014]; 218 results.</p> <p>32. EMBASE; (juvenile OR adolescent*).ti,ab [Limit to: Publication Year 2008-2014]; 116905 results.</p> <p>33. EMBASE; 31 not 32 [Limit to: Publication Year 2008-2014]; 201 results.</p>		
Medline	<p>7. MEDLINE; exp PERSONALITY DISORDERS/; 32896 results.</p> <p>8. MEDLINE; BRIEF PSYCHOTHERAPY/; 2883 results.</p> <p>9. MEDLINE; "brief dynamic psychotherap*".ti,ab; 70 results.</p> <p>10. MEDLINE; "dynamic psychotherap*".ti,ab; 405 results.</p> <p>11. MEDLINE; 8 OR 9 OR 10; 3143 results.</p> <p>12. MEDLINE; 7 AND 11; 197 results.</p> <p>13. MEDLINE; "randomized controlled trial".pt; 399438 results.</p> <p>14. MEDLINE; "controlled clinical trial".pt; 90638 results.</p> <p>15. MEDLINE; randomized.ab; 318530 results.</p> <p>16. MEDLINE; placebo.ab; 163546 results.</p> <p>17. MEDLINE; "drug therapy".fs; 1782347 results.</p> <p>18. MEDLINE; randomly.ab; 228322 results.</p> <p>19. MEDLINE; trial.ab; 332229 results.</p> <p>20. MEDLINE; groups.ab; 1435618 results.</p> <p>21. MEDLINE; 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20; 3523823 results.</p> <p>22. MEDLINE; 12 AND 21; 66 results.</p> <p>23. MEDLINE; 22 [Limit to: Publication Year 2008-2014]; 35 results.</p>	35	
Summary	NA	NA	

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