

Best Evidence Summaries of Topics in Mental Healthcare

BEST in MH *clinical question-answering service*

Question

“For adults with schizophrenia or related disorders, how effective is brief Cognitive Behavioural Therapy (CBT) compared to standard duration CBT in improving all patient outcomes?”

Clarification of question using *PICO* structure

Patients: Adults with Schizophrenia or related disorders

Intervention: Brief CBT

Comparator: Standard CBT

Outcome: All patient outcomes

Clinical and research implications

One, generally well conducted Cochrane systematic review found no studies comparing brief cognitive behavioural therapy (CBT) to standard CBT in people with schizophrenia or related disorders. Therefore, it is not currently possible to determine whether brief CBT is as effective, less effective or even more effective than standard courses of the same therapy.

As noted by the review authors, well planned, conducted and reported randomised trials are indicated.

What does the evidence say?

Number of included studies/reviews (number of participants)

We identified one systematic review which was relevant to this evidence summary. The review aimed to compare the effects of brief CBT (6 to 10 regular sessions given in less than 4 months and using a manual) to standard CBT (12 to 20 regular sessions given in 4 to 6 months and using a manual) in people with schizophrenia or related disorders.

Main findings

The review found no studies comparing brief CBT to standard CBT in people with schizophrenia or related disorders.

Authors' conclusions

The authors concluded that it is not currently possible to determine whether brief CBT is as effective, less effective or even more effective than standard courses of the same therapy. They further stated that this lack of evidence for brief CBT has serious implications for research and practice, and that well planned, conducted and reported randomised trials are indicated.

Reliability of conclusions/Strength of evidence

One, generally well conducted Cochrane systematic review found no studies comparing brief CBT to standard CBT in people with schizophrenia and related disorders. Although the use of a secondary source (the Cochrane Schizophrenia Group's Registry of Trials) for literature searching is not ideal, this registry takes information from a number of major bibliographic databases, as well as conference proceedings and grey literature sources. The authors' conclusions, that there is currently a lack of evidence on which to base a comparison between brief and standard CBT and that new randomised controlled trials are indicated, is likely to be reliable.

What do guidelines say?

Date question received:	N/A
Date searches conducted:	N/A
Date answer completed:	29/06/2015

References

Systematic reviews

Naeem F, Farooq S, Kingdon D. Cognitive behavioural therapy (brief versus standard duration) for schizophrenia. Cochrane Database of Systematic Reviews 2014, Issue 4. Art. No.: CD010646. DOI: 10.1002/14651858.CD010646.pub2.

Guidelines

Results

Systematic reviews

Author (year)	Search date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Naeem (2014)	August 2013	<p><i>Participants:</i> Adults with schizophrenia or related disorders (including schizophreniform disorder, schizoaffective disorder and delusional disorder), diagnosed by any method</p> <p><i>Intervention:</i> Brief cognitive behavioural therapy (CBT for psychosis), defined as an intervention in which:</p> <ol style="list-style-type: none"> 1) Recipients establish links between their thoughts, feelings or actions in relation to current or past symptoms, and/or functioning, and re-evaluate their perceptions, beliefs or reasoning 2) Recipients monitor their own thoughts, feelings or behaviours in relation to symptoms, and/or the promotion of alternative ways of coping with the target symptom, and/or reduction of distress, and/or improvement of functioning <p>Treatment was delivered in 6 to 10 sessions, within</p>	None	<p>The review aimed to compare the effects of brief CBT to standard CBT in people with schizophrenia.</p> <p>The authors identified seven potentially relevant studies. However, although these studies were conducted in people with schizophrenia, they all compared brief CBT with other therapies. There was no information to allow a comparison of effectiveness between brief CBT and standard CBT.</p>	<p>A clear research question was reported and appropriate inclusion criteria were defined.</p> <p>Searches of bibliographic databases were not undertaken directly, but relied upon the Cochrane Schizophrenia Group's Registry of Trials. There were no restrictions on language, date, or publication status.</p> <p>Two authors</p>

		<p>a period of four months and using a manual.</p> <p><i>Comparator:</i> Standard CBT for psychosis, defined as for brief CBT, but with the treatment delivered in 12 to 20 sessions over 4 to 6 months</p> <p><i>Outcome:</i> Global state (clinically important response as defined by individual studies, or relapse; drop-out rate; mental state (mental state and symptom scores); service use (engagement, compliance, hospital admissions); quality of life; non-suicide mortality; sudden un-expected suicide; general functioning (functioning and social scores); satisfaction with treatment; adverse events</p> <p><i>Study design:</i> Randomised controlled trails (RCTs)</p>		<p>independently assessed studies for inclusion, minimising the risk of bias/error in the selection process.</p> <p>No relevant studies were identified and hence no data extraction, risk of bias assessment, or analysis was undertaken.</p>
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Risk of bias

Systematic reviews

Author (year)	RISK OF BIAS				
	Inclusion criteria	Searches	Review process	Quality assessment	Synthesis
Naeem 2014				NA	NA

 Low risk  High risk  Unclear risk

Search details

Source	Search Strategy	Number of hits	Relevant evidence identified
<i>Guidelines</i>			
NICE			
<i>Systematic Reviews</i>			
DARE			
<i>Primary Studies</i>			
MEDLINE			
EMBASE			
PsycINFO			
CENTRAL			
Summary	NA	NA	

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