

Best Evidence Summaries of Topics in Mental Healthcare

BEST in MH *clinical question-answering service*

Question

For adults with an opiate addiction, how effective is Dialectical Behaviour Therapy (DBT) compared with other or no intervention in improving any patient outcomes?

Clarification of question using *PICO* structure

Patients: Adults with an opiate addiction
Intervention: Dialectical Behaviour Therapy (DBT)
Comparator: Other or no intervention
Outcome: All patient outcomes

Plain language summary

Only one high quality research study has examined DBT for adults with opiate addiction. This didn't produce any strong evidence for the effectiveness of DBT in reducing opiate use, but the study was too small to be able to make any clear judgements from it.

Clinical and research implications

No definite clinical or research implications can be made based on the available evidence.

What does the evidence say?***Number of included studies/reviews (number of participants)***

One randomised controlled trial (RCT) met the inclusion criteria for this BEST summary (Linehan et al. 2002).

Main findings

The objective of the RCT was to compare the effectiveness of (i) dialectical behaviour therapy (DBT) plus opiate agonist therapy, with (ii) Comprehensive Validation Therapy combined with 12-Step (CVT + 12S) plus opiate agonist therapy, on opiate use in 24 heroin-dependent women with borderline personality disorder.

Based on urine analyses, significant reductions in opiate use were observed up to 8 months in both groups, with no between-condition differences. After the 8-month point, there was a significant divergence ($p < 0.04$) between the treatment groups, such that the CVT+12S participants were increasingly using opiates compared to the DBT participants – a finding which continued up to 12 months (the end of the treatment period). At 16 months, however, opiate use was similar between the two treatment groups, but overall opioid use remained relatively low (DBT = 27% vs. CVT + 12S = 33%). At 12 months, the level of non-opiate drug use (heroin; cocaine; amphetamines; barbiturates; sedatives) was the same as at the beginning of the year.

Significant reductions in the level of psychopathy relative to baseline were observed in both treatment groups (measured using BSI ($p < 0.002$) and GAS ratings ($p < 0.001$)), but no between group differences were observed.

In terms of treatment drop-out, no one in the CVT+12S group discontinued therapy during the 12 months, compared with a 36% drop-out in the DBT group.

Authors' conclusions

In the authors' summary, they stated that while there is support for DBT as a treatment for opioid-dependent women with borderline personality disorder, the study also suggests that treatments like CVT+12S "holds promise and should be developed further".

Reliability of conclusions/Strength of evidence

The study was well conducted in terms of the method of randomisation, descriptive of treatment and methods of analysis, however, the sample size was very small. Overall, the reliability of the results is unclear.

What do guidelines say?

Guidelines

Neither National Institute for Health and Care Excellence (NICE) nor Scottish Intercollegiate Guidelines Network (SIGN) guidelines comment on the use of DBT for adults with an opiate addiction.

Date question received: 11/09/15

Date searches conducted: 21/09/15

Date answer completed: 25/09/15

References

Randomised controlled trials

1. Linehan, M. M., Dimeff, L. A., Reynolds, S. K., Comtois, K. A., Welch, S. S., Heagerty, P., & Kivlahan, D. R. (2002). Dialectical behavior therapy versus comprehensive validation therapy plus 12-step for the treatment of opioid dependent women meeting criteria for borderline personality disorder. *Drug and alcohol dependence*, 67(1), 13-26.

Results






Randomised controlled trials

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Linehan et al. 2002	<p>Participants: Females aged between 18 – 45 years old who had a diagnosis of Borderline Personality disorder according to the Personality Disorders Exam (PDE; Loranger, 1988) and the Structured Clinical Interview II for DSM-IV (SCID-II) Participants also had to have a diagnosis of current opiate dependence according to the SCID-I (First et al.,1995a).</p> <p>Intervention: Dialectical Behaviour Therapy for substance abusers (DBT) + opiate agonist medication (thrice weekly LAAM; modal dose 90/90/130 mg).</p> <p>Comparator: Comprehensive validation therapy for substance abusers (CVT+12S) + opiate agonist medication (thrice weekly LAAM; modal dose 90/90/130 mg).</p>	N=24 (12 in each group; 23 included in final sample)	<p>Significant reductions in opiate use were observed over time in both groups, with no between-condition differences up to 8 months. After the 8-month point, there was significant divergence ($p<0.04$) between the treatment groups, such that the CVT+12S participants were increasingly using opiates compared to the DBT participants – a finding which continued up to 12 months (the end of the treatment period). At 16 months, there was no significant difference in opiate use between the two treatment groups (DBT = 27% vs. CVT + 12S = 33%).</p> <p>In both treatment conditions, significant improvement across the 12 months of treatment were observed on the BSI ($p<0.002$) and GAS ratings ($p<0.001$), but no between group differences were observed.</p> <p>In terms of treatment drop-out, no one in the CVT+12S group discontinued therapy during the 12 months, compared with 36% drop-out in the DBT group.</p> <p>At 12 months, the level of non-opiate drug use (heroin; cocaine; amphetamines; barbiturates; sedatives) was the</p>	Low (although reliability of results is unknown due to small sample size)

	Outcomes: Reduction in opiate use measured by urine testing and analysis; BSI scores and GAS ratings; treatment drop-out.		same as at the beginning of the year - in both treatment groups.	
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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
Linehan et al. 2002			NA			

 Low risk

 High risk

 Unclear risk

Search details

Source	Search Strategy	Number of hits	Relevant evidence identified
Guidelines			
NICE and SIGN	opioid dependence addiction DBT, opioid, dependence, addiction	15 7	0 0
Systematic Reviews & Primary Studies			
MEDLINE	1 exp Adult/ 5934548 2 exp Analgesics, Opioid/ or exp Opioid-Related Disorders/ or exp Heroin Dependence/ 104928 3 addiction.ab,ti. 30587 4 substance-related disorders/ or opioid-related disorders/ or exp phencyclidine abuse/ 91042 5 exp Narcotics/ 103657 6 ((opiate or opioid) adj6 (addiction* or depend*)).ab,ti. 8099 7 (opiate or opioid or narcotic* or analgesic).ab,ti. 75172 8 "depend*".ab,ti. 1784545 9 3 or 8 1807379 10 7 and 9 13211 11 2 or 4 or 5 or 6 or 10 230476 12 "dialectical behavio* Therap*".ab,ti. 446 13 DBT.ab,ti. 1478 14 12 or 13 1663 15 1 and 11 and 14 17	17	0
EMBASE	1 exp Adult/ 5872855 2 exp Analgesics, Opioid/ or exp Opioid-Related Disorders/ or exp Heroin Dependence/ 270696 3 addiction.ab,ti. 43359 4 substance-related disorders/ or opioid-related disorders/ or exp phencyclidine abuse/ 115669 5 exp Narcotics/ 227238 6 ((opiate or opioid) adj6 (addiction* or depend*)).ab,ti. 9962 7 (opiate or opioid or narcotic* or analgesic).ab,ti. 99740	12	1

	8 "depend*".ab,ti. 2032073 9 3 or 8 2063882 10 7 and 9 17112 11 "dialectical behavio* Therap*".ab,ti. 647 12 DBT.ab,ti. 2021 13 11 or 12 2273 14 2 or 4 or 5 or 6 or 10 372057 15 1 and 13 and 14 12		
PsycINFO/CINAHL	((opiate or opioid) adj6 (addiction* or depend*)).ab,ti. 4304 2 "dialectical behavio* Therap*".ab,ti. 1267 3 DBT.ab,ti. 959 4 2 or 3 1394 5 exp Addiction/ 35885 6 (opiate or opioid).ab,ti. 17261 7 "analgesic.".ab,ti. 5512 8 6 or 7 21017 9 5 and 8 2345 10 exp Drug Addiction/ or exp Heroin Addiction/ 9330 11 1 or 5 or 9 or 10 39080 12 4 and 11 15	15	0
CENTRAL	#1 MeSH descriptor: [Opioid-Related Disorders] explode all trees 1269 #2 (addiction or depend*) .ab,ti. 671 #3 ((opiate or opioid or heroin) adj (addiction* or depend*)) .ab,ti. 16 #4 (opiate or opioid or narcotic* or analgesic) .ab,ti 110 #5 #2 and #4 92 #6 #1 or #3 or #5 1351 #7 dialectical behavio* 179 #8 (DBT) .ab,ti. 4 #9 #7 or #8 179 #10 #6 and #9 2 Trials only: 1	1	1

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