

Best Evidence Summaries of Topics in Mental Healthcare

BEST in MH *clinical question-answering service*

Question

In adults with depression how effective is solution focused brief therapy, compared to any other intervention, for improving patient outcomes?

Clarification of question using *PICO* structure

Patients: Adults with depression

Intervention: Solution focused brief therapy

Comparator: Any other intervention

Outcome: Any patient outcomes

Plain language summary

Two poor quality randomised controlled trials found that solution focussed therapy can benefit adults with depression and mood disorders; however more research should be completed to provide further clarification.

Clinical and research implications

Two RCTs provided some evidence that solution focused therapy can benefit adults with depression or mood disorders. One trial of 367 psychiatric outpatients found significant improvements in depression, anxiety and work ability after one year with solution focused therapy, but after five years the psychoanalysis control group showed greater improvements. A smaller RCT of 30 participants where 70% had depression and had been on sick leave for up to five months found significant increases in the percentage of days worked, the numbers who were working, psychological wellbeing and happiness after three months with solution focused group therapy compared to a waiting list control.

Given that both trials had limitations and were of poor quality, there is a lack of high quality evidence to answer this question. Further research is needed into solution focused therapy using larger trials, with longer follow-up periods, and also in comparison with psychoanalysis in suitable populations.

What does the evidence say?

Number of included studies/reviews (number of participants)

Two randomised controlled trials (RCTs) were included with a total of 397 participants. One was performed in psychiatric outpatients with mood or anxiety disorder in Helsinki (n = 326 randomised and 41 in a non-randomised psychoanalysis control group (Knekt et al. 2011)). The other RCT was in 30 adults in Sweden who had been on sick leave for between one and five months and 70% had anxiety or depression (Thorslund et al. 2007)).

Main findings

The larger RCT (Knekt et al.) found that solution focused therapy significantly improved depression and anxiety after one year compared to psychoanalysis, but this benefit did not continue in the long-term as after 5 years psychoanalysis showed significantly better results. Similarly, work ability measured by the Perceived Psychological Functioning scale was also significantly improved with solution focused therapy after one year but by 5 years psychoanalysis was better than both short and long-term psychotherapy. However, psychoanalysis was continued for longer than the solution focused therapy (mean duration of 56.3 months versus 7.5 months).

The smaller RCT by Thorslund et al. found that participants receiving solution focused group therapy had a significantly greater increase in the mean percentage of days worked (47% versus 10%) and were more likely to be working or healthy (60% versus 13%) after 3 months than participants in the waiting list control group. However only 2 out of 12 psychological outcome measures showed significantly greater improvements with solution focused group therapy compared to the waiting list control, with there being greater improvements in OQ-45.2 score and happiness levels at up to 3 months after the intervention.

Authors' conclusions

Knekt et al. concluded that patients receiving short-term therapy, including solution focused therapy, had a faster reduction of psychiatric symptoms and improved work ability during the first

year of follow-up. However, over the five year follow-up period psychoanalysis showed greater effectiveness than short-term or long-term psychotherapy.

Thorslund et al. concluded that participants receiving solution focused group therapy were significantly more likely to return to work than a waiting list control, worked more days and had an improvement in their psychological health at the end of treatment. Solution focused group therapy might be a useful intervention for helping those on sick leave to return to work.

Reliability of conclusions/Strength of evidence

Both RCTs were considered to be at a high risk of bias. Neither blinded the participants, researchers and outcome assessors to the treatment group but given the nature of the interventions and the fact that the outcomes were reported by the patients, this would not have been possible. Knekt et al. used appropriate methods of randomisation and allocation concealment but these were unclear in Thorslund et al. The main concern with the larger RCT by Knekt et al. was that although participants were randomised to 3 different therapies the main analysis was not based on a comparison of these groups but compared each to a smaller psychoanalysis group where the participants were selected on their basis for therapy and had not been randomised. Even though they tried to account for this in the analysis, it is still likely that the groups were not comparable and the results were biased.

Given that there were only two poor quality trials there is a lack of high quality evidence for this question.

What do guidelines say?

NICE guidelines do not comment on the use of solution focused therapy for adults with depression.

Date question received: 08/02/2016

Date searches conducted: 16/02/2016

Date answer completed: 19/02/2016

References

Systematic reviews

Randomised controlled trials

Knekt, P., Lindfors, O., Laaksonen, M. A., Renlund, C., Haaramo, P., Härkänen, T., & Helsinki Psychotherapy Study Group. (2011). Quasi-experimental study on the effectiveness of psychoanalysis, long-term and short-term psychotherapy on psychiatric symptoms, work ability and functional capacity during a 5-year follow-up. *Journal of affective disorders, 132(1)*, 37-47.

Knekt, P., & Lindfors, O. (2004). A randomized trial of the effect of four forms of psychotherapy on depressive and anxiety disorders. Design, methods, and results on the effectiveness of short-term psychodynamic psychotherapy and solution-focused therapy during a one-year follow-up. *Kela*.

Thorslund, K. W. (2007). Solution-focused group therapy for patients on long-term sick leave: a comparative outcome study. *Journal of Family Psychotherapy, 18*(3), 11-24.

Results

Randomised controlled trials













Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Knekt et al. (2011)	<p>Participants: Psychiatric outpatients with mood or anxiety disorder in Helsinki, aged 20-45 years with a long-standing disorder causing work dysfunction. They had to meet DSM-IV criteria for anxiety or mood disorders.</p> <p>Intervention: Solution focused therapy</p> <p>Comparator: Short-term psychodynamic, long-term psychodynamic and psychoanalysis psychotherapies.</p> <p>Outcome: Primary outcomes: symptoms (Beck Depression Inventory (BDI), Hamilton Depression and Anxiety Rating Scales (HDRS and HARS), Global Assessment of Functioning (GAF), Symptom Check List (SCL-90) anxiety scale, work ability and functional capacity (Work Ability Index, Work sub-scale of the Social Adjustment Scale, Perceived Psychological Functioning Scale (PPFS)). Outcomes were measured at baseline and on 9 occasions during the 5 year follow-up.</p>	<p>N=326 (solution focused therapy n=97, short term therapy n=101, long term therapy n=128)</p> <p>41 were self-selected for psychoanalysis but were not randomised</p>	<p>The mean participant age was 32.3 years, 76% were female, 81.6% had a depressive disorder, 43.6% had an anxiety disorder, 18.1% had a personality disorder and 42.9% had psychiatric co-morbidity, 61% had experienced their first symptoms before the age of 22 years. Mean durations of therapy were 7.5 months (solution focused), 5.7 months (short-term psychodynamic), 31.3 months (long-term psychodynamic) and 56.3 months (psychoanalysis).</p> <p>Compared to the psychoanalysis group, the solution focused therapy group had a significant reduction in BDI score after one year (mean difference -3.8, 95% CI -6.8 to -0.8) but no significant differences were seen in years 2 to 5, and significant increases in HDRS (mean difference 3.0, 95% CI 0.8 to 5.2) and HARS scores (mean difference 3.0, 95% CI 0.8 to 5.1) after 5 years, indicating that psychoanalysis was more effective.</p> <p>For work ability, solution focused therapy showed</p>	<p>High</p> <p>Randomisation used a central computer randomisation service and details were concealed using consecutively numbered envelopes.</p> <p>Participants, researchers and outcome assessors were not blinded to treatment.</p> <p>All participants were included in the analyses by using different</p>

			<p>significant improvements in the PPFS at 1 year (mean difference -2.3, 95% CI -4.3 to -0.2) but at 5 years psychoanalysis was more effective for work-related outcomes. No significant differences were seen for the proportions currently employed or studying, with more than 7 sick leave days during the last 3 months or the mean number of sick leave days in the last 3 months.</p>	<p>statistical methods.</p> <p>However, the analysis used the non-randomised group as the control, and did not compare the 3 randomised groups to each other.</p>
Thorslund (2007)	<p>Participants: Swedish adults who had been on sick leave for between 1 and 5 months.</p> <p>Intervention: Solution focused group therapy. 8 sessions lasting 3 hours, consisting of once a day for the first 3 days then once a week.</p> <p>Comparator: Waiting list control</p> <p>Outcome: Return to work status and psychological measure (OQ-45.2, SCL-90, Pain and Beliefs and Perception Inventory and Visual Analogue Scales). Percentage of days worked.</p> <p>Outcomes were measured at baseline, after treatment and after a further 3 months.</p>	N=30 (15 in each group)	<p>The mean participant age was 45 years, 83.5% were female, 70% had a D4 diagnosis (anxiety, depression) and 30% had a D12 diagnosis (musculoskeletal and fibromyalgic illnesses), the mean number of days off sick was 91 days.</p> <p>The solution focused group had a significantly greater increase in the mean percentage of days worked compared to the control group (33% versus 6% post-treatment, 47% versus 10% at follow-up). They were also significantly more likely than control participants to be working or healthy than still on sick leave (60% versus 13%).</p> <p>Only 2 out of 12 psychological measures showed a significant difference between groups, with solution focused group therapy having a greater improvements in OQ-45.2 after 3 months follow-up</p>	<p>High</p> <p>The methods of randomisation and allocation concealment were not reported.</p> <p>As the control group was a waiting list and outcomes were self-reported, the participants, researchers and outcome assessors were not blinded to treatment.</p> <p>Not all participants</p>


			(decrease of 12.8 versus 0.28) and the VAS happiness scale at post-treatment and 3 months (increase of 2.36 versus decrease of 0.18).	were included in the results, the response rate was 78% for the final questionnaire. All outcomes were reported.
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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
Knekt et al. (2011)						
Thorslund (2007)						

 Low risk

 High risk

 Unclear risk

Search details

Source	Search Strategy	Number of hits	Relevant evidence identified
<i>Guidelines</i>			
NICE	Depression	102	
<i>Systematic Reviews</i>			
MEDLINE	exp Depression/ (85245) 2 exp Depressive Disorder/ (88777) 3 exp Mood Disorders/ (99241) 4 depress*.ab,ti. (344984) 5 1 or 2 or 3 or 4 (390578) 6 SFBT.ab,ti. (27) 7 solution-focus*.ab,ti. (262) 8 (solution adj2 focus*).ab,ti. (365) 9 (solution adj2 focus* adj2 therap*).ab,ti. (105) 10 (solution adj2 focus* adj2 brief adj2 therap*).ab,ti. (46) 11 (solution adj2 focus* adj2 approach).ab,ti. (30) 12 6 or 7 or 8 or 9 or 10 or 11 (370) 13 5 and 12 (35) 14 (systematic\$ review\$ or meta-analytic\$ or metanalysis or metaanalysis or meta analysis or meta?synthesis or meta synthesis or meta?regression or meta regression).ab,ti. (128674) 15 ((synthes\$ adj3 (literature or evidence)) or integrative review or data synthesis or research synthesis or narrative synthesis or systematic study or systematic studies or systematic comparison\$ or systematic overview\$ or evidence based review or comprehensive review or critical review or quantitative review or structured review or realist review or realist synthesis).ab,ti. (49617) 16 exp Meta-Analysis/ (61037) 17 meta-analysis.ab,ti,pt. (90543) 18 14 or 15 or 16 or 17 (183141)	6	

	<p>19 (medline or pubmed or Cochrane or embase or cinahl or psyc?lit or psyc?info).ab. (112823)</p> <p>20 ((literature adj3 search\$) or (database\$ adj3 search\$) or (bibliographic adj3 search\$) or (electronic adj3 search\$) or (electronic adj3 database\$) or (computeri?ed adj3 search\$) or (internet adj3 search\$) or included studies or (inclusion adj3 studies) or inclusion criteria or selection criteria or predefined criteria or predetermined criteria).ab. (133091)</p> <p>21 ((assess\$ adj3 (quality or validity)) or (select\$ adj3 (study or studies)) or (data adj3 extract\$) or extracted data or (data adj2 abstracted) or (data adj3 abstraction) or published intervention\$ or ((study or studies) adj2 evaluat\$) or (intervention\$ adj2 evaluat\$) or confidence interval\$ or heterogeneity or pooled or pooling or odds ratio\$ or Jadad or coding).ab. (810990)</p> <p>22 19 or 20 or 21 (932519)</p> <p>23 review.pt. (2059606)</p> <p>24 22 and 23 (143800)</p> <p>25 22 and 23 (143800)</p> <p>26 (review\$ adj4 (papers or trials or studies or evidence or intervention\$ or evaluation\$)).ab,ti. (120333)</p> <p>27 18 or 22 or 24 or 25 (1010622)</p> <p>28 (letter or editorial or comment).pt. (1452423)</p> <p>29 27 not 28 (1002838)</p> <p>30 Animals/ (5755604)</p> <p>31 Humans/ (15631584)</p> <p>32 30 not 31 (4148407)</p> <p>33 29 not 32 (913805)</p> <p>34 13 and 33 (6)</p>		
EMBASE	<p>1 exp Depression/ (356359)</p> <p>2 exp Depressive Disorder/ (356359)</p> <p>3 exp Mood Disorders/ (389804)</p> <p>4 depress*.ab,ti. (458425)</p> <p>5 1 or 2 or 3 or 4 (616153)</p> <p>6 SFBT.ab,ti. (47)</p> <p>7 solution-focus*.ab,ti. (433)</p> <p>8 (solution adj2 focus*).ab,ti. (543)</p> <p>9 (solution adj2 focus* adj2 therap*).ab,ti. (195)</p>	3	

	<p>10 (solution adj2 focus* adj2 brief adj2 therap*).ab,ti. (82)</p> <p>11 (solution adj2 focus* adj2 approach).ab,ti. (46)</p> <p>12 6 or 7 or 8 or 9 or 10 or 11 (551)</p> <p>13 5 and 12 (70)</p> <p>14 (systematic\$ review\$ or systematic\$ literature review\$ or meta-analytic\$ or meta?analysis or metanalysis or meta analysis or meta?synthesis or meta synthesis or meta?regression or meta regression).ab,ti. (169068)</p> <p>15 ((synthes\$ adj3 literature) or (synthes\$ adj3 evidence) or (synthes\$ adj2 qualitative) or integrative review or data synthesis or research synthesis or narrative synthesis or systematic study or systematic studies or systematic comparison\$ or systematic overview\$).ab,ti. (31969)</p> <p>16 ((systematic adj2 search\$) or systematic\$ literature research\$ or (review adj3 scientific literature) or (literature review adj2 side effect\$) or (literature review adj2 adverse effect\$) or (literature review adj2 adverse event\$) or (evidence-based adj2 review) or (evidence-based adj2 review)).ab,ti. (18994)</p> <p>17 (comprehensive review or critical review or critical analysis or quantitative review or structured review or realist review or realist synthesis or (pooled adj2 analysis) or (pooled data adj6 (studies or trials)) or (medline and (inclusion adj3 criteria)) or (search adj (strateg\$ or term\$))).ab,ti. (77065)</p> <p>18 exp "systematic review"/ (101203)</p> <p>19 meta analysis/ (103843)</p> <p>20 (Medline or pubmed or Cochrane or embase or cinahl or psyc?lit or psyc?info or lilacs or (literature adj3 search\$) or (database\$ adj3 search\$) or (bibliographic adj3 search\$) or (electronic adj3 search\$) or (electronic adj3 database\$) or (computeri?ed adj3 search\$) or (internet adj3 search\$)).ab. (192825)</p> <p>21 ((inclusion adj3 studies) or inclusion criteria or selection criteria or predefined criteria or predetermined criteria or (assess\$ adj3 (quality or validity)) or (select\$ adj3 (study or studies)) or (data adj3 extract\$) or extracted data or (data adj2 abstracted)).ab. (234090)</p> <p>22 ((data adj3 abstraction) or published intervention\$ or ((study or studies) adj2 evaluat\$) or (intervention\$ adj2 evaluat\$) or confidence interval\$ or heterogeneity or pooled or pooling or odds ratio\$ or (Jadad or coding) or evidence-based).ab. (965869)</p> <p>23 14 or 15 or 16 or 17 or 18 or 19 (299266)</p> <p>24 20 or 21 or 22 (1250374)</p> <p>25 review.pt. (2126458)</p> <p>26 24 and 25 (152397)</p>		
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	<p>27 review.ti. (358378) 28 24 and 27 (79675) 29 (review\$ adj10 (papers or trials or trial data or studies or evidence or intervention\$ or evaluation\$ or outcome\$ or findings)).ab,ti. (352966) 30 (retriev\$ adj10 (papers or trials or studies or evidence or intervention\$ or evaluation\$ or outcome\$ or findings)).ab,ti. (17564) 31 23 or 26 or 28 or 29 or 30 (637319) 32 (letter or editorial).pt. (1422428) 33 31 not 32 (629067) 34 exp animal/ (21081725) 35 nonhuman/ (4679615) 36 34 or 35 (22420827) 37 human/ (16548579) 38 36 not 37 (5872248) 39 33 not 38 (601410) 40 ("cochrane database of systematic reviews\$" or "the cochrane database of systematic reviews").jn. (12504) 41 39 not 40 (590028) 42 conference abstract.pt. (2134146) 43 41 not 42 (514190) 44 13 and 43 (3)</p>		
PsycINFO/CINAHL	<p>exp Depression/ (22623) 2 exp Mood Disorders/ (133723) 3 depress*.ab,ti. (237698) 4 SFBT.ab,ti. (196) 5 solution-focus*.ab,ti. (1536) 6 (solution adj2 focus*).ab,ti. (1570) 7 (solution adj2 focus* adj2 therap*).ab,ti. (825) 8 (solution adj2 focus* adj2 brief adj2 therap*).ab,ti. (413) 9 (solution adj2 focus* adj2 approach).ab,ti. (217) 10 4 or 5 or 6 or 7 or 8 or 9 (1578)</p>	4	

	<p>11 exp Major Depression/ (104705) 12 1 or 2 or 3 or 11 (262369) 13 10 and 12 (88) 14 (Cochrane\$ or review or overview or (review adj2 literature) or (synthes\$ adj3 (literature\$ or research or studies or data))).ti. (134815) 15 (meta analysis or literature review or systematic review).md. (128660) 16 (pooled analys\$ or ((data adj2 pool\$) and studies) or ((hand or manual\$ or database\$ or computer\$ or electronic\$) adj2 search\$) or ((electronic\$ or bibliographic\$) adj2 (database\$ or data base\$))).ab,ti. (9552) 17 exp Meta Analysis/ (3781) 18 14 or 15 or 16 or 17 (233322) 19 (comment reply or editorial or letter or review book or review media).dt. (279749) 20 (electronic collection or dissertation abstract or encyclopedia).pt. (450395) 21 (rat or rats or mouse or mice or hamster or hamsters or animal or animals or dog or dogs or cat or cats or bovine or sheep).ab,sh,ti. (284297) 22 19 or 20 or 21 (949015) 23 18 not 22 (140797) 24 13 and 23 (4)</p>		
<i>Primary Studies</i>			
MEDLINE	<p>1 exp Depression/ (85245) 2 exp Depressive Disorder/ (88777) 3 exp Mood Disorders/ (99241) 4 depress*.ab,ti. (344984) 5 1 or 2 or 3 or 4 (390578) 6 SFBT.ab,ti. (27) 7 solution-focus*.ab,ti. (262) 8 (solution adj2 focus*).ab,ti. (365) 9 (solution adj2 focus* adj2 therap*).ab,ti. (105) 10 (solution adj2 focus* adj2 brief adj2 therap*).ab,ti. (46) 11 (solution adj2 focus* adj2 approach).ab,ti. (30) 12 6 or 7 or 8 or 9 or 10 or 11 (370) 13 5 and 12 (35)</p>	21	

	<p>14 "randomized controlled trial".pt. (405706) 15 (random\$ or placebo\$ or single blind\$ or double blind\$ or triple blind\$).ti,ab. (886944) 16 (retraction of publication or retracted publication).pt. (8479) 17 14 or 15 or 16 (980164) 18 (animals not humans).sh. (4148407) 19 ((comment or editorial or meta-analysis or practice-guideline or review or letter or journal correspondence) not "randomized controlled trial").pt. (3523394) 20 (random sampl\$ or random digit\$ or random effect\$ or random survey or random regression).ti,ab. not "randomized controlled trial".pt. (56233) 21 17 not (18 or 19 or 20) (727430) 22 13 and 21 (21)</p>		
EMBASE	<p>exp Depression/ (356359) 2 exp Depressive Disorder/ (356359) 3 exp Mood Disorders/ (389804) 4 depress*.ab,ti. (458425) 5 1 or 2 or 3 or 4 (616153) 6 SFBT.ab,ti. (47) 7 solution-focus*.ab,ti. (433) 8 (solution adj2 focus*).ab,ti. (543) 9 (solution adj2 focus* adj2 therap*).ab,ti. (195) 10 (solution adj2 focus* adj2 brief adj2 therap*).ab,ti. (82) 11 (solution adj2 focus* adj2 approach).ab,ti. (46) 12 6 or 7 or 8 or 9 or 10 or 11 (551) 13 5 and 12 (70) 14 (random\$ or placebo\$ or single blind\$ or double blind\$ or triple blind\$).ti,ab. (1164226) 15 RETRACTED ARTICLE/ (7893) 16 14 or 15 (1171925) 17 (animal\$ not human\$).sh,hw. (3977384) 18 (book or conference paper or editorial or letter or review).pt. not exp randomized controlled trial/ (4304273) 19 (random sampl\$ or random digit\$ or random effect\$ or random survey or random regression).ti,ab. not</p>	36	

	exp randomized controlled trial/ (69136) 20 16 not (17 or 18 or 19) (903275) 21 13 and 20 (36)		
PsycINFO/CINAHL	1 exp Depression/ (22623) 2 exp Mood Disorders/ (133723) 3 depress*.ab,ti. (237698) 4 SFBT.ab,ti. (196) 5 solution-focus*.ab,ti. (1536) 6 (solution adj2 focus*).ab,ti. (1570) 7 (solution adj2 focus* adj2 therap*).ab,ti. (825) 8 (solution adj2 focus* adj2 brief adj2 therap*).ab,ti. (413) 9 (solution adj2 focus* adj2 approach).ab,ti. (217) 10 4 or 5 or 6 or 7 or 8 or 9 (1578) 11 exp Major Depression/ (104705) 12 1 or 2 or 3 or 11 (262369) 13 10 and 12 (88) 14 (random\$ or placebo\$ or single blind\$ or double blind\$ or triple blind\$).ti,ab. (173018) 15 (animals not humans).sh. (6268) 16 exp Clinical Trials/ (9354) 17 random*.mp. (151622) 18 16 not 17 (4019) 19 14 not (15 or 18) (172407) 20 13 and 19 (22)	22	

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