CBT does not improve relapse rates in people with recently relapsed psychosis

QUESTION

Question: What is the effect of cognitive behavioural therapy (CBT) and family intervention on relapse rates and symptoms in people with recently relapsed non-affective psychosis?

Patients: 301 people aged 18–65 years (218 without carers, 83 with carers) with non-affective psychosis (ICD-10 category F2 and DSM-IV) and a second or subsequent psychotic episode not more than 3 months before the trial began, plus a rating of at least 4 for one or more positive symptoms on the Positive and Negative Syndrome Scale (PANSS). Exclusion criteria: primary diagnosis of alcohol or substance dependency; intellectual disability or organic syndrome; unreliable residential arrangements; or limited spoken English.


Intervention: People with carers randomly allocated to: CBT for psychosis (12–20 sessions over 9 months, targeting key aspects of relapse prevention) plus treatment as usual (TAU), family intervention plus TAU or TAU only. People without carers randomly allocated to: the same CBT regimen plus TAU or TAU only. Quality of and adherence to the CBT protocol was assessed.

Outcomes: Primary outcomes: relapse (re-emergence of, or significant deterioration in, positive psychotic symptoms of at least moderate severity, persisting for ≥2 weeks) and total days in hospital. Secondary outcomes: psychotic symptom measures (PANSS); delusions (Psychotic Symptom Rating Scale (PSYRATS)); hallucinations (PSYRATS); depression (Beck Depression Inventory Second Edition (BDI-II)); and social functioning (SOFAS score). Assessments took place at 3, 6, 12 and 24 months.

Patient follow-up: At 24 months, 96% of participants were analysed for primary and 80% for secondary outcomes.

METHODS

Design: Randomised controlled trial (stratified by carer, centre and inpatient or outpatient status at time of relapse).

Allocation: Concealed.

Blinding: All treatments were single blind (assessors blind).

Follow-up period: 24 months.

MAIN RESULTS

There were no differences in remission, relapse or total days spent in hospitals among the treatment groups at 12 or 24 months (see online table). At 24 months, CBT improved depression compared with TAU (mean difference in BDI-II score −3.07, 95% CI −6.04 to −0.11; p=0.05; results pooled for those with and without carers).

CONCLUSIONS

Neither CBT or family therapy improve relapse rates or reduces the number of days in hospital for people with psychosis who have recently relapsed.

NOTES

As only a low proportion (less than 50%) of participants showed full remission (absence of positive symptoms) from their initial episode, months in full or partial remission (improvement in or absence of positive symptoms) was used as an additional indicator of the primary outcome. Authors suggest treating significant results in secondary outcomes with caution because of the risk of type I errors from multiple significance testing.

ABSTRACTED FROM


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