Bibliotherapy in unipolar depression: a meta-analysis

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Authors' objectives
To compare the effects of bibliotherapy with other treatment methods for unipolar depression.

Searching
PsycLIT, PsycINFO and MEDLINE were searched. The references of the retrieved publications were also examined.

Study selection
Study designs of evaluations included in the review
Randomised controlled trials. The length of treatment ranged from 4 to 11 weeks. The duration of the follow-up ranged from 1 to 6 months.

Specific interventions included in the review
Bibliotherapy. The patient takes a standardised treatment home, in book form, and works through it more or less independently. The following types of bibliotherapy were administered: cognitive-behavioural bibliotherapy; cognitive-behavioural bibliotherapy using a computer; cognitive and behavioural bibliotherapy plus social skills training; and cognitive bibliotherapy.

The control groups received either individual or group therapy, or were on a waiting-list to receive treatment.

Participants included in the review
The participants were recruited through announcements in the media. Four of the six studies used 'adults' while the remaining two used 'elderly'. The participants' diagnoses were not stated.

Outcomes assessed in the review
Depression was assessed using the following: the Beck Depression Inventory; the Hamilton Rating Scale of Depression; the Geriatric Depression Scale; the Center for Epidemiological Studies Depression Scale; the depression scale of the Symptom Checklist; the depression scale of the Minnesota Multiphasic Personality Inventory; the depression scale of the Profile of Mood States; the Self-Rating of Depression Scale; the Clinical Rating of Depression Scale; the Significant Other Rating of Depression Scale; and the Zung Depression Scale.

How were decisions on the relevance of primary studies made?
The author does not state how the papers were selected for the review, or how many of the reviewers performed the selection.

Assessment of study quality
The quality assessment included aspects relating to the design of the study: control groups, random assignment to conditions, data on drop-outs and follow-up data. The quality of the intervention was also considered; for example, description of the intervention and reference to procedures, and the reliability and validity of measures used in the statistical analyses. The author does not state how the papers were assessed for quality, or how many of the reviewers performed the quality assessment.

Data extraction
The author does not state how the data were extracted for the review, or how many of the reviewers performed the data extraction. Special attention was given to the description of the drop-outs.
Methods of synthesis
How were the studies combined?
The computer program (Meta 5.3) developed by Schwarzer (see Other Publications of Related Interest) was used to calculate the effect sizes. The random-effects model was used, in which a test for homogeneity was performed for each analysis. The programme also calculated 'Orwin's fail-safe N'.

How were differences between studies investigated?
The random-effects model incorporated a test for homogeneity.

Results of the review
Six studies with a total of 272 participants were included in the analyses.

The mean effect size of studies comparing bibliotherapy with a waiting list control group (6 studies, 7 comparisons) was 0.82 (95% confidence interval, CI: 0.50, 1.15). Homogeneity tests showed that 93% of the variance was caused by fluctuations in the sample. Orwin's fail-safe N (the number of studies reporting a null result needed to reduce the effect size to 0.20) was 21.8.

Four studies (5 comparisons) compared bibliotherapy with individual therapy. The mean effect size was -0.10 (95% CI: -0.48, 0.28), which indicated that there were no important differences between individual therapy and bibliotherapy. A test for homogeneity showed that 100% of the variance was caused by fluctuations in the sample.

When bibliotherapy was compared with all other forms of therapy (individual or group therapy), the mean effect size was -0.10 (95% CI: -19, 0.39). Homogeneity tests indicated that 79% of the variance was caused by fluctuations in the sample. For bibliotherapy, the drop-out rate varied from 0 to 10% (mean: 6.9%). In individual and group therapy, the drop-out rate ranged from 0 to 8.3% (mean: 2.9%).

Authors' conclusions
Bibliotherapy was an effective treatment modality in unipolar depression, which was no less effective than individual or group therapy. However, this conclusion was based on a limited number of studies in which bibliotherapy and other forms of therapy differed considerably from each other. There were also differences in the target populations and the contact with therapists.

All participants were recruited through announcements in the media, therefore results cannot be generalised to patients of mental health institutions.

CRD commentary
The author presented a well-defined research question. The quality of the included studies was assessed, although it was not stated whether or how the quality assessment was scored. The time periods over which the databases were searched, and the search terms used, were not stated. In addition, no attempt was made to identify unpublished material, which could potentially lead to a publication bias.

The inclusion and exclusion criteria were not clearly stated. Details of the individual studies were presented, although age, gender and socioeconomic status could also have been included. Some studies were combined even though it appeared there was some heterogeneity. The author suggests that as participants were recruited through announcements in the media, the results of the review cannot be generalised to patients of mental health institutions.

Implications of the review for practice and research
The author suggests that bibliotherapy could possibly help large groups of patients that have not been previously reached. For this reason, extensive experiments with bibliotherapy should be undertaken in the future.
Bibliographic details

PubMedID
9194011

Other publications of related interest

Indexing Status
Subject indexing assigned by NLM

MeSH
Bibliotherapy /methods /standards; Controlled Clinical Trials as Topic /statistics & numerical data; Depressive Disorder /therapy; Evaluation Studies as Topic; Humans; Patient Dropouts /statistics & numerical data; Psychotherapy /standards; Research Design /standards; Treatment Outcome

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.