Authors' objectives
The author's objectives were to evaluate psychosocial interventions for bipolar disorder, and to analyse which outcomes are impacted by which types of psychotherapy.

Searching
MEDLINE, PsycLIT and the Cochrane Library were searched up to December 2000. The search was restricted to articles published in English in peer-reviewed journals. Researchers were contacted for articles either in print or in press. The reference lists of the retrieved articles were also checked.

Study selection
Study designs of evaluations included in the review
All study types described as class A, B or C in the AHRQ Evidence Classification System were eligible for inclusion. This covers all study designs from randomised controlled trials (RCTs) to case reports and retrospective chart reviews.

Specific interventions included in the review
Studies evaluating psychotherapy for bipolar disorder were eligible for inclusion. Similar interventions were grouped together: couples/partners; group, interpersonal and/or psychoeducational; cognitive-behavioural; family; interpersonal/social rhythms; individual psychoeducation; and other/eclectic.

Participants included in the review
People diagnosed with bipolar disorder were eligible for inclusion. Studies that included people with a range of diagnoses were included if the results for those with bipolar disorder were reported separately.

Outcomes assessed in the review
Articles reporting the outcomes quantitatively were eligible for inclusion. No further inclusion criteria were given. A wide range of outcomes were reported. Similar outcomes were grouped together: clinical outcomes, e.g. symptom ratings and hospitalisation rates; functional outcomes, e.g. social, occupational and family function; and disease management skills, e.g. adherence to treatment and knowledge of illness. The outcomes were presented as positive, negative or equivocal, with no indication of the magnitude of the change. A result was reported to be positive if at least some parameters in the group of outcome variables were positive.

How were decisions on the relevance of primary studies made?
The author stated that the papers were assessed for relevance by title, abstract and text. No further details on how the primary studies were selected for the review, or how many reviewers performed the selection, were given.

Assessment of study quality
The author did not state that they assessed validity, other than according to study design. The author did not state how this assessment was performed.

Data extraction
The author did not state how the data were extracted for the review, or how many reviewers performed the data extraction.

Methods of synthesis
How were the studies combined?
The author made no attempt to combine the data. Each trial was described individually, tabulated in chronological order.

How were differences between studies investigated?
The response in outcomes reported in the studies were tabulated according to the type of intervention and the outcome measured.

Results of the review
Twenty-two studies (n=860) were included in the review: 10 RCTs (n=500), 5 retrospective reviews (n=150), 1 controlled trial (n=52), 2 pre-test post-test trials (n=69) and 4 open trials (n=89).

Six studies (3 level A) reported positive clinical, functional or disease management skills outcomes in people receiving couples/partners interventions. Only one study (level A) reporting negative clinical outcomes.

Twelve studies (levels B and C) reported positive clinical, functional or disease management skills outcomes in people receiving either group, interpersonal and/or psychoeducational interventions. Only one study (level B) reported negative disease management skills outcomes.

Three studies (2 level A) reported positive clinical or functional outcomes in people receiving cognitive-behavioural interventions. A further three studies (1 level A) reported equivocal outcomes.

Four studies (3 level A) reported positive clinical or functional outcomes in people receiving family interventions. Only one study (level A) reported negative disease management skills outcomes.

Two studies (level A) reported negative clinical outcomes in people receiving interpersonal/social rhythms interventions.

Three studies (level A) reported positive clinical, functional or disease management skills outcomes in people receiving individual psychoeducation.

One study (level C) reported positive clinical outcomes in people receiving other/eclectic interventions.

Authors’ conclusions
No type of psychotherapeutic intervention appeared to be typically more positive than others. A broad array of interventions might be effective, with class A studies supporting at least some couples/partners, cognitive-behavioural, family and psychoeducational interventions.

CRD commentary
The author searched several sources for relevant articles. However, the search was restricted to English language papers, which may introduce language bias. Bias in the review process cannot be ruled out, as no information on the study selection, validity assessment and data extraction processes was given. The author made little attempt to combine the data, derive conclusions, or make recommendations for practice. The trials were graded as having outcomes with a positive, negative or equivocal response to the interventions, but the magnitude of these responses was unclear. In addition, a result was reported to be positive if at least some parameters in the group of outcomes were positive, and it was unclear which outcomes were responsible for obtaining the positive (or negative) classification. Overall, this review lacked methodological rigor and few conclusions could be drawn.

Implications of the review for practice and research
Practice: The author did not state any implications for practice.

Research: The author recommended further, higher quality studies, with the impact on functional outcomes and costs being measured in addition to clinical outcomes. He also suggested studies that test the effectiveness of education and
individualised care.

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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.