Why is self-help neglected in the treatment of emotional disorders: a meta analysis

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CRD summary
This review aimed to determine the effects of bibliotherapy and self-help groups in clinically significant emotional disorders. It concluded that bibliotherapy is more effective than waiting-list or no treatment, but no different to brief psychiatric treatment. Data on self-help groups are lacking. The authors’ conclusions follow from the results, but they may have been influenced by biased primary data.

Authors’ objectives
To determine whether self-help strategies (bibliotherapy and self-help groups) are effective in clinically significant emotional disorders.

Searching
The studies were identified from previous meta-analyses of self-help strategies, supplemented by a search (1990 to 2000) of MEDLINE, PsycINFO and the Cochrane Library; the search terms were reported. The database search was not restricted by language.

Study selection

Study designs of evaluations included in the review
Only randomised controlled trials (RCTs) were included in the review.

Specific interventions included in the review
Studies were included if they evaluated self-help. Self-help was defined as a therapeutic intervention for self-treatment that was administered through group meetings (self-help groups) or bibliotherapy, mainly independent of professionals.

Participants included in the review
Studies were included if they used a psychiatric diagnosis, based on a structured clinical interview for assessment of a DSM or ICD diagnosis or on assessment scales using a cut-off score to establish caseness. Studies of mild emotional disorders (e.g. simple phobias) and studies exclusively looking at children and adolescents were excluded. The participants included in the review were adults and elderly people with depression or anxiety disorders.

Outcomes assessed in the review
The authors did not state any inclusion criteria for the outcomes. However, studies with insufficient data to enable statistical pooling were excluded. Various scales measuring anxiety and/or depression were reported in the included studies.

How were decisions on the relevance of primary studies made?
One author selected studies for review. Any doubts about inclusion were discussed with co-authors.

Assessment of study quality
The included RCTs were assessed for validity according to a published 9-item scale. The scale included items on concealment of allocation, reporting of baseline data, blinding, reporting measures of point estimates and variability, and the use of intention-to-treat analysis. One author conducted the validity assessment.

Data extraction
One author extracted the data from the included studies. Data were extracted on participant diagnosis and inclusion.
criteria, treatment and control groups, and results. Effect sizes (ESs) based on standardised mean differences were calculated for comparisons within each study.

**Methods of synthesis**

*How were the studies combined?*

A random-effects model was used to combine ESs. Multiple outcome measures were averaged to obtain one ES per treatment comparison for each study. Publication bias was assessed using the fail-safe N method, to determine the number of undiscovered null studies that would need to be found in order to change a significant pooled value to a null one.

*How were differences between studies investigated?*

Homogeneity was assessed using a statistical approach in which the amount of observed variance described by sampling error was investigated.

**Results of the review**

Fourteen studies (number of participants unclear) were included in the review.

Self-help versus control condition post-treatment (16 comparisons, n=490): there was a statistically significant benefit associated with self-help (ES 0.84, 95% confidence interval, CI: 0.65, 1.02). The fail-safe N calculation suggested that 50.8 null studies would be required to reduce the ES to an insignificant value.

Self-help versus contrast treatment post-treatment (16 comparisons, n=543): there was no significant overall difference between groups (ES -0.03, 95% CI: -0.20, 0.14).

Self-help versus control condition follow-up (5 comparisons, n=130): there was a statistically significant benefit associated with self-help (ES 0.76, 95% CI: 0.09, 1.42).

Self-help versus contrast treatment follow-up (9 comparisons, n=236): there was no significant overall difference between groups (ES -0.07, 95% CI: -0.33, 0.19).

There was considerable heterogeneity within the group of self-help versus control condition follow-up comparisons. All other pooled comparisons were statistically homogeneous.

**Authors’ conclusions**

Bibliotherapy for clinically significant emotional disorders is more effective than waiting-list or no treatment conditions. The dearth of studies on self-help groups for emotional disorders does not permit an evidence-based conclusion concerning the effects of self-help groups. No difference was found between bibliotherapy and psychiatric treatment of relatively short duration.

**CRD commentary**

The review question was largely supported by appropriate inclusion criteria, the included studies were quality assessed, and aspects of these studies were presented in reasonable detail. However, the search conducted by the review authors only covered the period 1990 to 2000. Earlier studies were identified from previously conducted reviews for which details of the searches were not available. Consequently, the reader cannot be certain that publication or language bias has not had an effect on the group of identified studies (publication bias results were only given for a single comparison). In addition, measures do not appear to have been taken to reduce the risk of bias during the review process. The authors acknowledged that many of the included RCTs contained serious threats to validity, though this was not incorporated into the meta-analysis. The authors’ conclusions follow from the statistical findings, but should be interpreted in light of the caveats highlighted.

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

Research: The authors stated that further research is needed on the effects of courses led by paraprofessionals and the cost-effectiveness of self-help groups and bibliotherapy. Research on patient characteristics predicting outcome is also needed, to determine who benefits from self-help interventions.

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