Psychosocial treatment, antipsychotic postponement, and low-dose medication strategies in first-episode psychosis: a review of the literature
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CRD summary
This review concluded that initial psychosocial treatment combined with time-limited postponement of antipsychotic medications may reduce long-term medication dependence and help to discriminate between similar (but pathophysiologically different) diagnostic entities for patients with early-episode schizophrenia. As the authors’ conclusions were based on small varied studies of unclear quality and possible publication bias, they should be considered with caution.

Authors’ objectives
To investigate the effects of acute psychosocial treatments using medication postponement protocols for early episode schizophrenia.

Searching
MEDLINE, PsycINFO and Social Work Abstracts were searched for published, peer-reviewed studies; search terms and search dates were not reported. Relevant review articles were scanned for additional studies.

Study selection
Randomised controlled trials (RCTs) or quasi-experimental studies that compared acute-phase psychosocial treatment incorporating a time-limited postponement of antipsychotic medications versus immediate antipsychotic medication treatment were eligible for inclusion. Eligible patients were those diagnosed with first-episode schizophrenia spectrum disorders. Quantitative outcomes of at least one year had to be reported.

In included studies, the antipsychotic postponement period ranged from one to six weeks (where reported). Three of the five eligible studies included a family involvement component and social network development. Two studies reported inclusion of a mobile crisis team. Study duration ranged from two to three years.

The authors did not report how many reviewers selected studies for inclusion.

Assessment of study quality
The authors did not state that study quality was assessed.

Data extraction
The effect size r was calculated for each study.

The authors did not state how many reviewers extracted data.

Methods of synthesis
The pooled effect size (weighted by sample size) was calculated.

Results of the review
Five studies were included in the review (n=261 patients); one was a randomised controlled trial (RCT), three were quasi-experimental studies and one was a case-control study. Follow-up ranged from two to five years (where reported).

The range of effects sizes for the psychosocially treated group was 0.09 to 0.19 (four studies), indicating a small to medium size positive effect. The pooled effect size was 0.17, which suggested a 17% long-term improvement. Twenty-seven to 43% of psycho-socially treated patients were not receiving antipsychotics at two or three year follow-up.
Authors' conclusions
Initial psychosocial treatment combined with time-limited postponement of antipsychotic medications may facilitate a reduction in long-term medication dependence and the discrimination of similar (but pathophysiologically different) diagnostic entities for patients with first-episode psychosis.

CRD commentary
The review question was supported by well-defined inclusion criteria. Only published articles were included in the search, so it was possible that relevant data were missed. It was unclear whether any language restrictions were applied. Review methods were not reported, so it was unclear whether steps were taken to reduce reviewer error and bias.

Study quality was not assessed, so it was difficult to assess the reliability of the primary studies. However, only a small number of studies were included, most of which were non-randomised, so the studies would have been prone to selection bias. This could have influenced the reliability of the results of these studies. There was heterogeneity between the studies in treatments and study design, so the reliability of combining the effect sizes was unclear.

As the authors’ conclusions were based on small heterogeneous studies of unclear quality and that were prone to publication bias, they should be considered with caution.

Implications of the review for practice and research
Practice: The authors stated that there could be advantages in incorporating psychosocial treatment components and employing mental health consumers as staff-providers.

Research: The authors stated that rigorous evaluation in a randomised controlled trial designed to identify medication and psychosocial treatment-responsive subgroups of patients may improve diagnostic specificity and patient outcomes.

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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.