Enhancement of treatment adherence among patients with bipolar disorder

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CRD summary
The authors of this review concluded that treatment adherence in patients with bipolar disorder may be improved by interventions that encourage the appropriate taking of medication, but further research is required. Incomplete reporting of review methods, the lack of a validity assessment and inadequate presentation of the results mean it is not possible to determine the reliability of these conclusions.

Authors' objectives
To review studies of the enhancement of treatment adherence in bipolar disorder.

Searching
The authors searched MEDLINE up to October 2003 using the keywords reported in the paper. Abstracts from proceedings from recent professional meetings and citations from included studies were also examined. Only publications in the English language were eligible.

Study selection

Study designs of evaluations included in the review
To be eligible, studies needed to be controlled trials.

Specific interventions included in the review
No specific inclusion criteria for the interventions were stated, but it appeared that studies of interventions aimed at improving adherence were targeted. Interventions were delivered to the individual patient, partners of patients, groups, couples or families. About half of the included interventions involved a group, couple or family. The interventions included interpersonal group psychotherapy, cognitive-behavioural therapy (CBT), theme-oriented groups for partners of patients with bipolar disorder, lecture and home visit, marital therapy, individual teaching of early symptom recognition, group therapy, and family-focused or group psycho-educational treatment. Most interventions were moderate to long term, with a mean of 13 sessions.

Participants included in the review
To be eligible, studies needed to include adult participants with a diagnosis of bipolar disorder. The included studies involved diverse groups of patients, such as married middle-aged patients, relapsing patients, ‘very difficult vulnerable patients’, clinic attenders, patients without any current mood episode and patients with concurrent substance abuse.

Outcomes assessed in the review
To be eligible, studies needed to assess adherence to either mood-stabilising medication or psychotherapy. Seven of the studies focused on adherence to medication whilst the remainder viewed adherence more generally. Methods of measuring adherence-related outcomes varied and included self-report, informant report, physician report, frequency of visits, serum lithium levels, red blood cell lithium levels, chart review, composite measures and combinations of methods.

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

Assessment of study quality
The authors did not state that they assessed validity.
Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction. The extracted data included the difference between treatment groups for measures of adherence.

Methods of synthesis
How were the studies combined?
The studies were combined in a narrative.

How were differences between studies investigated?
Differences between the studies were discussed within the text of the review.

Results of the review
Eleven studies with a total of 633 participants were included in the review. Nine of these were randomised controlled trials (RCTs; n=573), one was a controlled trial (n=45) and one a pre-test post-test study (n=15).

The studies were mostly small.

Eight of the 11 studies had sample sizes of less than 69; the largest sample size was 120 participants.

Seven of the 11 studies suggested that the psychosocial intervention being investigated improved treatment adherence among patients with bipolar disorder.

Interventions reported as effective included interpersonal group therapy, CBT, group sessions for partners of patients, and patient and family psychoeducation.

Authors’ conclusions
Treatment adherence may be improved by interventions that encourage the appropriate taking of medication so as to manage illness. Further research is required.

CRD commentary
The review addressed a fairly broad question with inclusion criteria defined for the participants, outcomes and study designs, but not specifically for the interventions. Searching was based on one database with some additional searching of other sources. Only English language studies were eligible for inclusion and it was not clear whether unpublished studies were eligible. Hence some studies might have been missed. The quality of the included studies was not assessed, so the reliability of the included studies was uncertain. Review methods were not reported in full, thus the potential for reviewer bias and error in the study selection and data extraction processes was not clear.

A narrative synthesis was appropriate given the diversity of the included studies. However, the results data for the individual studies were not reported, which makes it impossible to confirm the reported treatment differences. In addition, the results were not discussed with respect to study design. The authors’ conclusion on the potential of interventions to enhance adherence appear appropriate, but incomplete reporting of review methods, the lack of a validity assessment and inadequate presentation of the results mean it is not possible to determine the reliability of these conclusions.

Implications of the review for practice and research
Practice: The authors stated that promotion of treatment adherence should be integrated into medication management of bipolar disorder.

Research: The authors stated that future studies evaluating adherence should address patient-centred measures such as attitudes to medication and insight into illness, so that behaviours amenable to change can be targeted. Future studies should evaluate the effects of standardised therapies in diverse populations.
Bibliographic details

PubMedID
15001726

DOI
10.1176/appi.ps.55.3.264

Original Paper URL
XUR: http://psychservices.psychiatryonline.org

Indexing Status
Subject indexing assigned by NLM

MeSH
Bipolar Disorder /drug therapy; Health Services Research; Humans; Patient Compliance; Randomized Controlled Trials as Topic; United States

AccessionNumber
12004009489

Date bibliographic record published
31/07/2007

Date abstract record published
31/07/2007

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.