Efficacy of psychoeducation in bipolar patients: systematic review of randomized trials
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CRD summary
The review concluded that psychoeducation reduced relapse rates, improved long-term treatment adherence and improved illness knowledge for patients and caregivers resulting in improved social functioning in adults with bipolar illness. Due to major shortcomings in the conduct of the review, potential bias, lack of reporting and a limited evidence base, the authors' conclusions should be treated with caution.

Authors' objectives
To assess the efficacy of psychoeducation on the clinical course, treatment adherence and psychosocial functioning of adult patients with bipolar disorder.

Searching
PubMed and Scopus were searched for relevant studies published in English without date limits; limited search terms were reported. The reference lists of retrieved studies were also searched.

Study selection
Randomised controlled trials (RCTs) of individuals with either type I or type II bipolar disorder or a combination of the two and/or their family or caregivers that used psychoeducation alone were eligible for the review. Studies were required to assess at least one of the following outcomes: clinical course (time to recurrence, relapse, symptom severity or number and days of hospitalisation), treatment adherence and psychosocial functioning. Studies of psychoeducation combined with other psychosocial approaches were excluded. Studies that included children, adolescents or the elderly with bipolar disorder were also excluded.

In the included studies, participants were adults and number of treatment sessions ranged from five to 21 sessions, where reported. More than half of the included studies evaluated psychoeducation treatment in patients with both type I and type II bipolar disorder.

The authors did not state how many reviewers selected studies for the review.

Assessment of study quality
The authors did not report whether quality assessment of the included studies was undertaken.

Data extraction
Data were extracted on the outcomes according to how they were analysed in the individual studies.

The authors did not state how many reviewers extracted data.

Methods of synthesis
The studies were synthesized in narrative format.

Results of the review
Thirteen RCTs (883 participants) were included in the review. Follow-up ranged from six months to five years, where reported.

Clinical course (10 studies): All six studies that evaluated clinical course reported decreases in the relapse rate and increased time to recurrence with psychoeducation. Four of five studies reported decreases in the number of days of hospitalisation. Two studies did not find any significant benefits in the clinical course or number of days hospitalisation and one study did not find a change in bipolar symptoms.

Treatment adherence (nine studies): Four of five studies reported no difference in adherence between groups. Two studies found increased mean lithium levels or increased patient and partner knowledge about lithium after
psychoeducation.

Psychosocial functioning (four studies): One study found increased levels of work functioning and social adjustment, another reported increased overall social functioning and employment and two studies found increased caregiver knowledge of the illness.

Authors’ conclusions
Psychoeducation reduced relapse rates, improved long-term treatment adherence and improved the knowledge of the illness for patients and caregivers resulting in improved social functioning.

CRD commentary
The review addressed a clear research question, supported by appropriate inclusion criteria. A limited number of databases were searched for relevant studies published in English combined with manual searches of the reference lists of retrieved studies. It was possible that some studies may have been missed because the search was restricted to studies in English and no specific attempts were made to find unpublished studies or search larger databases. No methods were reported for the selection of studies and data extraction. No quality assessment of included studies was reported, making it difficult to assess the reliability of results. All studies were reported as randomised, but they all had small sample sizes and details of the control groups were not reported. Details on the characteristics of the participants and the psychoeducation intervention were also not reported. Studies were appropriately synthesized in narrative format but the authors did not clearly report the proportion of studies that found benefits out of the total number assessing the outcome of interest, so it was difficult to interpret the results. Due to major shortcomings in the conduct of the review, potential bias, lack of reporting and a limited evidence base, the authors’ conclusions should be treated with caution.

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

Research: The authors did not state any implications for research.

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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.