Cost-effectiveness evaluation of compliance therapy for people with psychosis
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Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Psychosis compliance therapy.

Type of intervention
Treatment.

Economic study type
Cost-effectiveness analysis.

Study population
Inpatient psychosis patients aged 18-65, who were then discharged to the community.

Setting
The practice setting was hospital. The economic analysis was carried out at the CEMH, Institute of Psychiatry, London, England.

Dates to which data relate
Effectiveness data were collected over a 14 month period (no other details provided). Resource data were collected over the same period. 1995/6 prices were used.

Source of effectiveness data
Estimates for the effectiveness of compliance therapy compared with non-specific counselling were obtained from a single study.

Link between effectiveness and cost data
Costing was undertaken prospectively on the effectiveness study sample.

Study sample
The study sample was selected from consecutive inpatient acute admissions over a 14-month period. Exclusions centred on non-English speakers, those with significant learning disabilities, deafness, or organic brain diseases. Of 105 eligible patients, 16 refused to participate whilst 15 were subject to rapid discharges. The characteristics of the remaining sample (n=74) for the compliance/control groups were: age (34 years compliance group/37 years control group); non-white (66.6%/51.4%); female (48.7%/45.7%); years of illness (8.5/10.7); number of admissions (4.4/4.1); DSM-III-R schizophrenia (56.4%/60%); first admission (15.4%/25.6%); index admission weeks (6.4/7.8); detained status (56%/63%); IQ (107/105).
Study design
The study was a single-centre randomised controlled trial. 11 (28%) of subjects dropped out from the compliance group and 15 (43%) of the control group.

Analysis of effectiveness
The analysis of the clinical study was based on treatment completers only. Brief Psychiatric Rating Scales, Global Assessment of Function, Attitudes to Medication Questionnaires, Drug Attitudes Inventory, Schedule for Assessment of Insight, and compliance were the primary outcome assessments.

Effectiveness results
Before and after results are as follows with control group scores shown in parentheses:

Brief Psychiatric Rating Scale (full): before, 59.6 (55.7); after, 37.6 (37.4);

Global Assessment of Function: before, 20.3 (19.2); after, 12.6 (11.7);

Attitudes to Medication Questionnaires: before, 14.8 (14.0); after, 19.4 (14.9);

Drug Attitudes Inventory: before, 45.3 (44.1); after, 52.0 (45.7);

Schedule for Assessment of Insight: before, 39.7 (35.4); after, 63.0 (40.6);

Compliance: before, 3.7 (4.1); after, 5.5 (4.3).

Community survival was also measured and it was discovered that during the following 18 months the compliance group spent 41.7 days on average in hospital compared with 61.6 for the control group.

Clinical conclusions
Results show that compliance therapy is effective in improving functioning and community survival after an acute psychotic episode.

Measure of benefits used in the economic analysis
The authors did not develop a summary benefit measure and as such a cost-consequences analysis was performed. In this case the health outcomes, as well as costs, are taken to be the measures of benefit.

Direct costs
Direct costs included hospital (e.g. inpatient, outpatient, accident and emergency), community (e.g. GP, Community Psychiatric Nurse, day centre, job centre), and criminal justice (e.g. arrests, police, Probation Officer, court appearances) costs. The perspective used appears to be that of society although indirect costs were not gathered. 1995/6 prices were used.

Statistical analysis of costs
Bivariate and multivariate analyses compared service use and costs at baseline and over each of the 3 follow-up periods (6, 12 and 18 months), and also analysed the data for links between costs.

Currency
UK pounds sterling (£).
Sensitivity analysis
No sensitivity analysis was performed.

Estimated benefits used in the economic analysis
Benefits were expressed in terms of resource usage.

Cost results
Average weekly costs between 1-18 months were 175 (compliance) and 193 (control), (P=0.920, non-significant).

Synthesis of costs and benefits
Costs and benefits were not combined. The authors suggest that the intervention is dominant as it is both more effective and less costly.

Authors' conclusions
Compliance, outcome and cost-effectiveness arguments favour compliance therapy over non-specific counselling.

CRD COMMENTARY - Selection of comparators
The selection of compliance therapy and non-specific counselling as comparators was justified by the authors.

Validity of estimate of measure of benefit
The principal measure of benefit within the cost-effectiveness analysis was expressed in terms of resource usage which was reduced in the intervention as greater compliance results in fewer resources being required.

Validity of estimate of costs
Direct costings obtained from the effectiveness study sample were adequately reported along with their price years. Although not specified, costs appeared to have been computed at a local level. Although the results of the cost analysis favoured the intervention, statistically significant differences were not found. As such the conclusions need to be treated with a degree of caution.

Other issues
No power calculations were reported within the study, which had significant sample attrition. This may have resulted in a diminution of the internal and external validity of the results.

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Other publications of related interest

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