CRD summary
This review concluded that short-term psychodynamic psychotherapy may be effective in treating a range of physical and somatic symptom disorders. In view of some methodological concerns in the review methods, a degree of caution might be required in interpreting the authors’ conclusions.

Authors' objectives
To assess the effectiveness of short-term psychodynamic psychotherapy for the treatment of somatic disorders.

Searching
MEDLINE and PsycINFO were searched from inception to present (exact date unspecified). The Cochrane Library was searched from 2005 to July 2007. Search terms were reported. Reference lists of relevant publications were screened. Study authors and experts were contacted for additional studies.

Study selection
Randomised controlled trials (RCTs) and controlled before-and-after studies that evaluated short-term psychodynamic psychotherapies in patients with somatic symptom disorders (covering both medically explained and unexplained symptoms) were eligible for inclusion. Studies of psychodynamic psychotherapy delivered at either an individual or group level were included. Outcomes reported in the review included general psychiatric symptoms, depression, anxiety and somatic symptoms.

Included studies evaluated a number of psychodynamic psychotherapy models, including Malan, Hobson, Davanloo, Luborsky, relaxation and Sifneos. The number of sessions for psychodynamic psychotherapy varied between studies. Included studies covered a broad range of somatic disorders. Mean age of included patients was 41.3 years.

Two reviewers independently assessed studies for inclusion.

Assessment of study quality
The quality of studies was assessed using the 23-item scale of Cochrane Collaboration Depression Anxiety and Neurosis to evaluate methods of allocation, concealment of allocation, blinding, withdrawals, power calculation and assessment of compliance. Scores of individual items were summed to obtain an overall score (range 0 to 46).

The authors did not report how many reviewers performed the validity assessment.

Data extraction
Data were extracted on the mean and standard deviation to enable calculation of mean differences (MDs) and 95% confidence intervals (CIs).

Two reviewers independently performed data extraction.

Methods of synthesis
The studies were combined in meta-analyses. Standardised mean differences (SMDs) with 95% CIs were calculated, using both fixed-effect and random-effects models. Statistical heterogeneity was assessed using Q and I² statistics. Magnitude of effect sizes was assessed using the standardised mean differences. Publication bias was assessed using the fail-safe N statistic. Subgroup analyses were conducted on different lengths of follow-up: short term (up to three months), medium term (three to nine months) and long term (greater than nine months). Sensitivity analyses were
conducted on inclusion of RCTs only, high-quality studies and studies that evaluated therapy adherence.

**Results of the review**

Twenty-three studies (13 RCTs and 10 before-and-after studies) were included in the review (n=1,870). The included studies were of moderate quality (average score 26.5, range 16 to 36). Follow-up ranged from 1.5 to 60 months. Some 91.3% of studies showed symptom benefits that related to the main physical condition. Dropout rates in the control groups were significantly higher than those in the intervention groups (OR 1.54, 95% CI 1.06 to 2.25; 10 studies).

**Short-term follow-up:** Compared with controls, short-term psychodynamic psychotherapy significantly improved general psychiatric symptoms (SMD -0.69, 95% CI -0.86 to -0.52; eight studies), depression (SMD -0.97, 95% CI -1.19 to -0.74; six studies), anxiety (SMD -0.74, 95% CI -0.96 to -0.52; eight studies) and somatic symptoms (SMD -0.59, 95% CI -0.78 to -0.40; eight studies).

**Long-term follow-up:** Compared with controls, long-term psychodynamic psychotherapy significantly improved general psychiatric symptoms (SMD -0.70, 95% CI -0.91 to -0.48; four studies), depression (SMD -2.26, 95% CI -2.75 to -1.77; two studies), anxiety (SMD -2.28, 95% CI -2.76 to -1.80; two studies) and somatic symptoms (SMD -0.49, 95% CI -0.77 to -0.21; three studies).

Statistically significant heterogeneity was observed for all outcomes ($I^2>90\%$). Sensitivity analyses did not materially affect most outcomes. The results of random-effects models showed that some outcomes were no longer statistically significant. The fail-safe N analyses showed that only the results for medium-term outcomes were more subject to publication bias.

Results of assessment of medium-term outcomes were reported.

**Authors’ conclusions**

Short-term psychodynamic psychotherapy may be effective in treating a range of physical and somatic symptom disorders.

**CRD commentary**

This review’s inclusion criteria were clear. Relevant databases were searched. Efforts were made to find published studies and not unpublished studies, which introduced potential for publication bias. Publication bias was assessed and little evidence of it was found for most outcomes. The authors did not state whether language restrictions were applied in the search, which made it difficult to assess risk of language bias. Steps were taken to minimise bias by having more than one reviewer undertake study selection and data extraction. It was unclear whether the process of validity assessment was performed in duplicate. Relevant criteria were used to assess study quality. Statistical heterogeneity was assessed and appropriate methods were used to pool results. In light of the high degree of statistical heterogeneity identified, pooled estimates were of limited value. Given the methodological concerns outlined above, a degree of caution might be required in interpreting the authors’ conclusions.

**Implications of the review for practice and research**

**Practice:** The authors stated that short-term psychodynamic psychotherapy could be considered as a solo treatment for some somatic conditions and as an additional therapy for other physical conditions.

**Research:** The authors stated that high-quality studies were required to assess effectiveness of short-term psychodynamic psychotherapy in treatment of somatic disorders. These studies should also evaluate healthcare costs.

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**Bibliographic details**

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.