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.

CRD summary
This study determined the cost-effectiveness of social recovery orientated cognitive-behavioural therapy (SRCBT) in comparison with case management alone for young people diagnosed with early psychosis. The authors concluded that, from the perspective of the health services in the UK, SRCBT could be a cost-effective alternative to case management. The study was well conducted and had several methodological strengths, which make the authors’ conclusions more robust.

Type of economic evaluation
Cost-utility analysis

Study objective
The objective was to examine the cost-effectiveness of social recovery orientated cognitive-behavioural therapy (SRCBT) in comparison with case management alone for young people diagnosed with early psychosis, including schizophrenia, schizo-affective disorder, bipolar disorder, and psychotic depression.

Interventions
SRCBT was compared with case management. The SRCBT had three stages and combined cognitive-behavioural therapy techniques with vocational case management. The comparator consisted of active case management by multi-disciplinary secondary care mental health teams.

Location/setting
UK/secondary care.

Methods
Analytical approach:
The analysis was based on data from a single study with a nine-month time horizon. The authors stated that the perspective of the health service and personal social services was adopted.

Effectiveness data:
The clinical evidence came from a published randomised controlled trial (RCT), with eligible patients from two secondary care mental health services. The inclusion and exclusion criteria were reported. From the 200 patients initially identified, the final sample included 77 patients (71.4% men; 64.9% with a diagnosis of non-affective psychosis; mean age 28.8 years), with 35 in the SRCBT group and 42 in the case management group. These two groups were similar at baseline in their socio-demographic and clinical characteristics. An intention-to-treat approach was used to assess the clinical outcomes and the methods used to deal with missing data were reported. The primary endpoint was the change in health status.

Monetary benefit and utility valuations:
The utility values were estimated in the RCT using the European Quality of life (EQ-5D) questionnaire at baseline and at nine months after randomisation.

Measure of benefit:
Quality-adjusted life-years (QALYs) were the summary benefit measure.
Cost data:
The economic analysis included SRCBT sessions, medications, in-patient and out-patient care, residential care, and health professional visits. The resource use was based on RCT data and was monitored at baseline and nine months after randomisation. The medication costs were estimated from the British National Formulary, while other costs were calculated using Personal Social Services Research Unit data. All costs were in UK pounds sterling (£) and referred to the 2006 to 2007 financial year.

Analysis of uncertainty:
A deterministic analysis was carried out with the aim of determining the cost-effectiveness of SRCBT in a scenario in which the medication costs were excluded. Cost-effectiveness acceptability curves (CEACs) and the expected value of perfect information (EVPI) were calculated for different cost-effectiveness thresholds (£20,000 in the base-case analysis).

Results
In comparison with case management, SRCBT led to an additional cost of £668.47 and a gain of 0.035 QALYs, giving an incremental cost per QALY gained of £18,844. This figure rose to £21,188.54 when the medication costs were excluded.

The CEACs showed that, at the £20,000 per QALY level, there was a 54.3% probability that SRCBT was cost-effective. The EVPI was £3,365.35 per subsequent patient treated, suggesting that further research was warranted to reduce the uncertainty around the decision on the cost-effectiveness of SRCBT.

Authors' conclusions
The authors concluded that, from the perspective of the health services in the UK, SRCBT could be a cost-effective alternative to case management for patients with psychosis, but the uncertainty was high and further research was warranted.

CRD commentary
Interventions:
A clear description of the two strategies was provided. The selection of the comparators appears to have been appropriate as case management was the conventional approach in the authors' setting.

Effectiveness/benefits:
A RCT is usually considered to be an appropriate source of evidence due to the strengths of its design and this should have ensured the validity of the clinical estimates. The authors reported only the key methodological characteristics of the trial, as the details were published in another paper. One limitation of the analysis was the small sample of patients, which could have affected the validity of the comparison. Strengths of the analysis were the intention-to-treat approach and the accurate methods used to deal with missing data. The benefit measure was valid given the impact of the intervention on quality of life, which is the most relevant and comprehensive dimension of health for patients with psychosis. A validated instrument was used to elicit the patient preferences.

Costs:
The categories of costs and their sources were consistent with the economic viewpoint of the analysis. No information on the unit costs or resource quantities was provided, which limits the transparency of the economic analysis. More details on the patterns of resource consumption should be available in the companion RCT paper. The price year was appropriately reported, which will permit reflation exercises to be made in other time periods. A key assumption (the inclusion of medication costs) was tested in the sensitivity analysis.

Analysis and results:
The results were clearly presented. The use of an incremental approach to analyse the cost-effectiveness of the two strategies was appropriate. The issue of uncertainty was satisfactorily addressed in the probabilistic sensitivity analysis. The authors acknowledged some possible limitations of their study, which mainly related to the short time horizon.

Concluding remarks:
The study was well conducted and had several methodological strengths, which make the authors’ conclusions more robust.

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