Effectiveness of nursing interventions in people with personality disorders

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CRD summary
The review assessed interventions provided by nurses for people with personality disorders. The authors found that the evidence was too weak to draw conclusions about the usefulness of nursing interventions. The review cannot support conclusions about whether one type of intervention is better than another.

Authors' objectives
To assess the effectiveness of nursing interventions for people with personality disorders.

Searching
MEDLINE, EMBASE, CINAHL, HMIC, PsycINFO, SIGLE, British Nursing Index, the Cochrane Library, the UK National Research Register, DARE, Dissertation Abstracts, WorldCat and COPAC were searched; the search terms were reported but the years covered were unclear. Handsearches of journals (unspecified) and contact with authors were also mentioned. The review only included studies that were available in English.

Study selection

Study designs of evaluations included in the review
The inclusion criteria encompassed all comparative and descriptive studies. The review included randomised controlled trials (RCTs), non-randomised trials, before-and-after studies and case studies. The duration of follow-up ranged from 3 weeks to 2 years.

Specific interventions included in the review
Studies of mental health care involving nurses to reduce or alleviate behaviours associated with personality disorders were eligible for inclusion. Interventions delivered by nurses alone or with other health care professionals were included. In most of the included studies the intervention was carried out by mixed professional disciplines and the nursing contribution varied. The types of interventions included group and/or individual psychotherapy, cognitive-behavioural therapy and nursing management approaches (nursing challenge, treatment, or emergency care contract). The comparators included usual care and delayed treatment.

Participants included in the review
Studies conducted in the community or among in-patients, in men or women aged 18 to 65 years with personality disorders, were eligible for inclusion. Any diagnosis of personality disorder was accepted. Most of the included studies involved in-patients. Overall, there were more women than men. Sixty per cent of the included studies used a confirmed DSM diagnosis (Diagnostic and Statistical Manual of Mental Disorders).

Outcomes assessed in the review
Inclusion was not restricted to particular outcomes. Sixty-two different outcome measures were reported in the included studies, most of which related to social functioning, service utilisation, symptoms and personality disorder status.

How were decisions on the relevance of primary studies made?
One reviewer selected studies for inclusion.

Assessment of study quality
The quality of RCTs, non-randomised trials and before-and-after studies was assessed according to allocation concealment, baseline comparability, eligibility criteria, blinding, completeness of follow-up, intention-to-treat analysis and power calculation. Studies were graded as having a high, moderate or low risk of bias. The authors did not state how the papers were assessed for quality, or how many reviewers performed the quality assessment.
Data extraction
Two reviewers extracted the data independently using a specially designed tool, and resolved any disagreements by discussion or by contacting the authors for clarification. The actual outcomes reported in each study were extracted and then sorted into five categories: change in social functioning or disability, change in service use, change in symptoms, change in personality disorder and other.

Methods of synthesis
How were the studies combined?
The studies were combined in a narrative. Studies were first grouped according to whether the intervention was nursing only or involved other health professionals. They were then regrouped by whether the intervention was delivered to groups, individuals or involved elements of both, or whether a cognitive-behavioural or a nursing management approach was used.

How were differences between studies investigated?
Differences between the main features of the participant groups, interventions, comparators and methodological quality criteria were shown in tables. The authors provided narrative comparisons of the scope, quality and treatment fidelity assessment in the included studies. They also compared results for each category of outcome in relation to study design.

Results of the review
Eighteen studies were included: 4 RCTs (n=384), 4 non-randomised trials (n=230), 7 before-and-after studies (n=220) and 3 case studies (n=6). The sample sizes given represent baseline and do not reflect the reported high rates of loss to follow-up.

Overall, the methodological quality and the quality of treatment fidelity assessment in the included studies were poor. Completeness of follow-up was inadequate or unclear in 12 out of 15 studies, excluding the case studies.

Nursing only interventions (5 studies).
One case study reported a positive change in social functioning and symptoms, whereas an RCT, a non-randomised trial, a before-and-after and another case study provided insufficient data to determine an effect on social functioning.

Mixed discipline interventions (13 studies).
Although most of the mixed discipline intervention studies showed positive changes in social functioning, symptoms and service use, overall the results were inconsistent. Two non-randomised and 2 before-and-after studies that reported personality disorder status showed significant improvements.

Group interventions (5 studies).
The results from group intervention studies that reported change in social functioning and symptoms were inconsistent. Service use was reported in one RCT that found no change. Improvement in personality disorder status was reported in one before-and-after study.

Interventions with individuals (2 studies).
A non-randomised study showed improvement in personality disorder status. A before-and-after study reported positive changes in social functioning, service use, symptoms and personality disorder.

Group and individual mixed interventions (5 studies).
An RCT, a non-randomised study and a before-and-after study reported change in social functioning and symptoms in favour of the intervention. The non-randomised study also reported personality disorder status, showing a change in favour of the intervention. A reduction in service use was reported in the RCT and in one non-randomised study.
Cognitive-behavioural interventions (3 studies).

Two case studies reported a positive change in social functioning but the one before-and-after study did not. The before-and-after study showed no change in symptoms, whereas one case study reported an improvement.

Nursing management interventions (3 studies).

These studies provided insufficient data to determine any effects.

**Authors' conclusions**
The evidence of effectiveness of nursing interventions for people with personality disorders was weak. Studies of interventions based on psychological approaches showed greater improvement than nursing management studies.

**CRD commentary**
The inclusion criteria were very broad, which might have been intentional but may also be part of the reason why the review did not reach clear conclusions. The search involved several sources but the restriction to articles available in English might have introduced bias. The authors did not comment on the possibility of publication bias. Steps to minimise bias in the study selection process do not appear to have to been taken. The authors made a good attempt to assess the methodological quality of the included studies, but the potential for study bias was missing from the synthesis of outcomes.

A narrative synthesis was appropriate because of the differences between the studies, but it did not go much beyond describing patterns and it lacked adequate exploration of what might explain the differences. The evidence presented supports the authors' conclusion that it is weak. However, care must be taken not to deduce that the evidence supports mixed discipline interventions more than nursing only interventions, or that psychological approaches are better than nursing management approaches, because the evidence base is weak overall and no study directly compared these alternatives.

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

Practice: The authors stated that conclusions about the usefulness of nursing interventions for people with personality disorders could not be drawn from the available studies.

Research: The authors stated that approaches to nursing management and cognitive, behavioural and psychosocial approaches to psychotherapy and management should be tested in RCTs. They also highlighted the need for better quality RCTs and the standardisation of outcome measures.

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