CRD summary
This review investigated psychotherapeutic interventions, namely cognitive-behaviour therapy (CBT) and interpersonal therapy (IPT), for paediatric mood and anxiety disorders. The authors concluded that CBT and IPT are effective in some scenarios, but further research is needed. Methodological limitations in the review make the authors’ conclusions uncertain.

Authors’ objectives
To review and evaluate the evidence on psychotherapeutic interventions for paediatric mood and anxiety disorders.

Searching
MEDLINE and PsycINFO were searched from 1970 to 2005 using the search terms documented in the report.

Study selection
Study designs of evaluations included in the review
To be eligible, the studies needed to be controlled clinical trials. Some of the included studies were randomised controlled trials (RCTs).

Specific interventions included in the review
No specific inclusion criteria regarding the interventions were specified. The treatment techniques were required to be specified in a manual. The included studies investigated cognitive-behaviour therapy (CBT), or variants of this therapy, and interpersonal therapy (IPT). The interventions varied in their content and delivery, with some being delivered to a group and some being delivered on an individual basis; in some cases parents or other family members were involved. The numbers of sessions and settings varied. The control groups were diverse and included ‘attention placebo’, waiting list, counselling as usual, no treatment, monitoring or ‘usual care’, types of supportive therapy, art and imagery, relaxation training, pill placebo, life-skills tutoring, child-centred therapy, standard community care and educational support.

Participants included in the review
To be eligible, the studies needed to be of children (aged 6 to 11 years) or adolescents (aged 12 to 18 years). The studies needed to include participants with a mood or anxiety disorder as specified in the report. The criteria used to define depression and its severity varied across the studies. The included studies were of the prevention and treatment of depression in children and adolescents, simple phobia in children, social phobia in children and adolescents, post-traumatic stress disorder (PTSD) in children and adolescents, and obsessive compulsive disorder (OCD) in children; some studies also considered anxiety disorders in children and adolescents, and the prevention of anxiety disorders in children.

Outcomes assessed in the review
No specific criteria regarding the outcomes were specified. A formal assessment by independent assessors was required.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.
Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction.

Methods of synthesis
How were the studies combined?
The studies were tabulated and described in a narrative.

How were differences between studies investigated?
The studies were grouped according to the type of therapy (CBT or IPT), type of mood disorder and population group (children or adolescents).

Results of the review
Sixty-one controlled clinical trials with a total of 4,953 participants were included in the review.

Six small trials were found on CBT for depressed children. Group CBT was found to be superior to waiting list and traditional counselling, but it was unclear if it was superior to an attention control condition.

Sixteen trials of CBT for depressed adolescents were identified. These were generally larger than the trials of depressed children. Low dosage CBT (defined as 5 to 8 sessions) delivered on an individual basis did not show a consistent benefit over control conditions. Trials with higher dose CBT had mixed results. Long-term results were unclear, with some studies maintaining a therapeutic advantage of CBT whilst others lost it.

One trial with methodological problems was found on the prevention of depression in children. Positive results for CBT were maintained at the 6-month follow-up.

Two trials of the prevention of depression in adolescents were identified. The results suggested that group CBT prevented depressive disorders for up to a year following the end of the programme.

Three medium-sized trials of IPT for depressed adolescents were identified. These suggested that IPT was more effective than clinical monitoring, treatment as usual and waiting list. Long-term follow-up data were limited.

Two trials compared individual CBT for children with specific phobias to inactive control conditions. Statistically significant reductions in symptoms were found, but long-term follow-up data were not available.

Two trials compared group CBT with a control condition for social phobia. Both found that treatment gains with CBT were maintained for up to one year following the end of the trial.

Seven trials of CBT for PTSD in children were found. Most were conducted in an individual format with the child and/or parent. The outcomes were mixed and the role of parental participation in the therapy was unclear.

Two trials of CBT for childhood OCD were found. Both found CBT to be effective.

Sixteen trials of group and individual CBT for mixed anxiety disorders were identified. All except one trial involving a waiting list demonstrated the superiority of CBT. One of two trials with a psychological placebo control found CBT to be superior. Both individual and group-based treatments were associated with significant improvements.

One trial of group CBT for social phobia in adolescents was identified. Symptoms were reduced with CBT but treatment gains were lost after one year.

One trial of group CBT/family therapy for PTSD in adolescents was identified. Some, but not all, outcomes were improved in comparison with a waiting-list control.

One trial of group CBT for mixed anxiety disorders in adolescents was identified. This trial showed promising results
but had no follow-up data.

One trial of group CBT for the prevention of anxiety in children was identified. At 6 and 24 months, but not 12 months, the rate of anxiety disorders was significantly reduced for the group CBT condition compared with the waiting-list control.

Authors' conclusions
The evidence was limited by the size of the studies and diversity of the control treatments. Although IPT-A (IPT adapted for adolescent depression) and some forms of CBT have been established as effective, others have not. Further research is needed to assess the transferability of the treatments to diverse community settings.

CRD commentary
The review question was broad with inclusion criteria only defined for the participants and study design, not for the intervention and outcomes. This, together with the fact that methods for study selection were not stated, means that bias could have been introduced into the review at this stage. Searching was limited to two databases and, although the problems of publication bias were discussed, unpublished studies did not appear to have been included. Despite issues of study quality being discussed, a formal validity assessment was not undertaken. The designs of the included studies were not reported consistently or clearly. Methods of data extraction were not described, in particular whether two reviewers were involved in extracting and checking the data to minimise errors and bias. The narrative synthesis was appropriate given the variation between the studies: diversity of the participants, intervention duration, credentials of the therapist delivering the intervention, comparator condition and setting. Given the methodological limitations of the review, the authors' conclusions are uncertain.

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

Research: The authors stated that studies with more valid psychosocial and/or medication comparison treatments are needed. The effect of the clinician's adherence and competence should also be researched.

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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.