How reliable is the current evidence looking at the efficacy of harm reduction and motivational interviewing interventions in the treatment of patients with a dual diagnosis?

Laker C J

CRD summary
This review concluded that a process of change from the previous system of separate services for dual diagnosis (mental health and substance misuse) to an integrated service should be directed by sound clinical evidence. While this appears reasonable, limitations in the conduct and reporting of the review undermine the reliability of the author’s more detailed conclusions.

Authors' objectives
To examine the clinical effectiveness of harm reduction and motivational interviewing in reducing the use of harmful substances in dually diagnosed patients.

Searching
MEDLINE, CINAHL, PsycINFO, EMBASE and The Cochrane Library were searched from 2001 to 2006. Reference lists were scanned to identify additional publications. No search terms were reported.

Study selection
Studies that assessed harm reduction and motivational interviewing as a treatment intervention for patients with a dual diagnosis were eligible for inclusion.

Control interventions in the selected studies included an information package, a self-help booklet or educational treatment (where employed). In all studies, motivational interviewing was delivered by psychologists with experience in the field of addictions or psychologists and nursing staff who received extra motivational interview training.

It appeared that only one reviewer selected studies for inclusion.

Assessment of study quality
Included studies were categorised into five groups according to study design, with randomised controlled trials (RCTs) considered to be of greatest “worth” and professional opinion considered to be of least worth. Two full RCTs, one pilot RCT, one cohort study and one case study were defined as “empirical” studies to be evaluated further. These were described with reference to the following themes: design and hypothesis; sample; blinding; dropout rates and follow-up; reliability and validity; and results.

It appeared that only one reviewer assessed study quality.

Data extraction
The author did not report which data were extracted or how many people were involved in extracting/checking data.

Methods of synthesis
The studies were combined in a narrative synthesis.

Results of the review
Thirteen studies were included in the review, but only five were included in the narrative synthesis. The author did not report randomisation or allocation concealment of the included RCTs or investigate outcome reporting bias. The outcome assessor was blinded in only one study. All five described studies reported loss to follow-up.

Motivational interviewing was effective in reducing substance misuse in four studies, but only one of these showed a greater benefit than the control group. Three studies reported reduction in drug use for the intervention and the control group.
Authors' conclusions
Recent dual diagnosis policy advocated a process of change from the previous system of separate services for mental health problems and substance misuse problems to an integrated service; this should be directed by sound clinical evidence.

CRD commentary
The review inclusion criteria were appropriate to the research question. Relevant sources were searched, although the search was limited to the period 2001 to 2006, with no information on whether language and publication restrictions were applied. It is possible that eligible studies were missed. In addition, search terms were not reported. One reviewer appeared to be involved throughout the review process, without any clear measures to prevent reviewer errors and bias.

The author restricted their synthesis and discussion of methodological quality to just five of the 13 included papers, but it was unclear why these particular studies were selected; no standardised details of the included studies were presented. The author appropriately noted methodological problems with the subset of selected studies.

Given the limitations in the review process and a lack of clarity about how the author's conclusions were actually derived from the available evidence, these conclusions may not be reliable.

Implications of the review for practice and research
Practice: The author stated that specific training in needs assessment, care planning and effective interventions would be beneficial. Long-term strategies were needed to follow the patient’s journey between primary and secondary care.

Research: The authors stated that future research should support the long-term role of motivational interviewing in dual diagnosis, but also should consider alternative short-term solutions such as harm reduction. Study design should be clearly described and follow-up should consider external influences.

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