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Intensive short-term dynamic psychotherapy: a systematic review and meta-analysis of outcome research

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Review published: 2012.

CRD summary

This review found that intensive short-term dynamic psychotherapy may be effective and applicable to a broad range of patient populations. The authors stated a need for further rigorous and targeted research. Methodological limitations in the review and the lack of randomised trials mean that the authors' conclusions should be interpreted with some caution.

Authors' objectives

To provide an overview of the effectiveness of intensive short-term dynamic psychotherapy.

Searching

The authors examined studies identified for four previous systematic reviews (see Other Publications of Related Interest). They also searched PsycINFO, MEDLINE and CINAHL without date restrictions, scanned the reference lists of identified articles and contacted psychodynamic psychotherapy researchers for any new or forthcoming articles. Search terms were reported.

Study selection

The review included any published studies that presented outcomes of short-term psychodynamic psychotherapy and referenced Dr Habib Davanloo (who developed the therapy). Treatment could be delivered alone or combined with other variants of short-term psychodynamic therapy and could be delivered to individuals or groups. Any patient population and setting was eligible. Eligible study designs were randomised controlled trials (RCTs), controlled trials and studies with naturalistic designs.

Most studies in the review were of individual rather than group therapy. Most did not have a control group but where comparisons were made these included waiting list controls, usual care, medication alone and brief adaptational psychotherapy. Mean duration of treatment was 18 sessions. The mean number of therapists per study was 6.2. Therapists' level of experience with intensive short-term dynamic psychotherapy varied across the studies. Patients included those with personality disorders, somatic disorders and panic disorder. In some studies populations had the same diagnosis whereas in others the population was mixed.

Two of the authors independently reviewed studies for inclusion in the review. Disagreements were resolved by consensus.

Assessment of study quality

The authors did not report a formal assessment of study quality but they discussed aspects of study quality such as blinding and intention-to-treat analysis.

Data extraction

Effect sizes (Cohen's d) were calculated for each study based on pre- to post-treatment change with intensive short-term dynamic psychotherapy, post-treatment to follow-up change and intensive short-term dynamic psychotherapy versus control condition where appropriate. Only outcome measures related to general psychopathology, interpersonal functioning, depression and anxiety were used in the calculation of effect sizes. A mean effect size was computed where more than one instrument was used for an outcome.

The authors did not state how many reviewers performed the data extraction.

Methods of synthesis

Studies were combined using random-effects meta-analysis. Overall effect sizes were calculated for each analysis using a random-effects model. Effect sizes of 0.2 were considered small, 0.5 moderate and 0.8 and above large. Heterogeneity was assessed through the X^2 and I^2 statistics.

The authors conducted sensitivity analyses based on study design, use of intention-to-treat analysis and type of intensive short-term dynamic psychotherapy as determined by study date.

Results of the review

Twenty-one studies were included in the review (1,071 participants): six RCTs, four non-randomised controlled trials and 11 with no control group. One study reported blinding of outcome assessors but the remainder did not. Intention-to-treat analysis was performed in nine studies. Thirteen studies were included in the meta-analysis (664 participants).

Intensive short-term dynamic psychotherapy was more effective than control for measures of general psychopathology (d=1.18, 95% CI 0.61 to 1.75; I^2=57.44%; three studies). Data were lacking to calculate other outcome measures. Pre- to post mean pooled effect sizes also showed improvements with intensive short-term dynamic psychotherapy for general psychopathology (d=1.16, 95% CI 0.82 to 1.50; I^2=73.30%; 11 studies).

Pre-post improvements were also noted for depression (five studies) and for interpersonal functioning and anxiety; both had

significant statistical heterogeneity. Effect sizes for post-treatment to follow-up for general psychopathology (four studies) and interpersonal functioning (three studies) were not statistically significant and depression and anxiety were too sparsely reported.

Cost information

Nine studies provided cost data. Most compared pre-treatment and post-treatment costs rather than treatment versus control. Cost reductions with intensive short-term dynamic psychotherapy were reported for all studies. These related both to medication and healthcare utilisation.

Authors' conclusions

Intensive short-term dynamic psychotherapy may be effective and applicable to a broad range of patient populations. Further rigorous and targeted research was needed.

CRD commentary

This review had defined inclusion criteria and searching was based on a range of sources. Unpublished studies were not eligible, which opened up the possibility of publication bias. It was unclear whether studies in languages other than English were eligible for the review so language bias was possible. The authors did not report a formal quality assessment but commented on some of the methodological limitations of the studies in the review. It was unclear whether more than one reviewer extracted data.

Meta-analysis appeared to be appropriate. There was significant heterogeneity for some outcomes and this was not explained by the sensitivity analyses. Only three studies were used in the analysis that compared intensive short-term dynamic psychotherapy with control. Most studies compared intensive short-term dynamic psychotherapy before and after treatment rather than with a control group, which did not take account of changes in the natural history of disease. Only a small number of the studies were RCTs.

Methodological limitations in the review and the lack of randomised trials mean that the authors' conclusions should be interpreted with some caution.

Implications of the review for practice and research

Practice: The authors stated that intensive short-term dynamic psychotherapy may be effective and applicable to a broad range of patient populations.

Research: The authors stated that future research into intensive short-term dynamic psychotherapy should include head to head comparisons with other types of short-term psychodynamic psychotherapy. RCTs should use blinded outcome assessment, intention-to-treat analyses and moderately trained therapists. Investigations should be made on the type of training needed to deliver this therapy. Research was needed on both effectiveness and cost-effectiveness.

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Other publications of related interest

Abbass AA, Hancock JT, Henderson J, Kisely SR. Short-term psychodynamic psychotherapies for common mental disorders. Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD004687. DOI: 10.1002/14651858.CD004687.pub3.

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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.

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CRD has determined that this article meets the DARE scientific quality criteria for a systematic review.

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