

Effectiveness of day-hospital and inpatient psychotherapy in personality disorders



npi

Specialist in
Personality
Disorders

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Power of intensive treatment



- Therapeutic “milieu”
- Common focus and language
- Clearly structured, secure boundaries
- Possibility to explore new solutions in interpersonal context
- Pressure to change due to time-limited treatment frame
- Involvement of patient’s environment

Literature search (2010-2018)

- (day-hospital[All Fields] OR ("inpatients"[MeSH Terms] OR "inpatients"[All Fields] OR "inpatient"[All Fields])) AND ("psychotherapy"[MeSH Terms] OR "psychotherapy"[All Fields]) AND "personality disorders"[All Fields] AND (("random allocation"[MeSH Terms] OR ("random"[All Fields] AND "allocation"[All Fields]) OR "random allocation"[All Fields] OR "randomized"[All Fields]) OR randomised[All Fields]) AND ("2010/01/01"[PDat] : "2017/06/01"[PDat])

➤ **22 hits**, 11 of which useful:

- 1 quasi-experimental study – SCEPTRE (3 papers)
- 1 matched control study day-hospital (1 paper)
- 1 RCT day-hospital (6 papers)
- 1 RCT inpatient (1 paper)

SCEPTRE



STUDY ON COST-EFFECTIVENESS OF PERSONALITY DISORDER TREATMENT

- What is the influence of DOSAGE on therapy effect?
- (Cost-)effectiveness of psychotherapy for PD, quasi-experimental study
- 6 treatment centers, 4 universities



- 922 PD patients, long-term FU

Outcome measures

- GSI (SCL-90)
 - Psychological symptoms
- OQ-45
 - Social role functioning
 - Interpersonal functioning
- EQ-5D
 - Quality of life

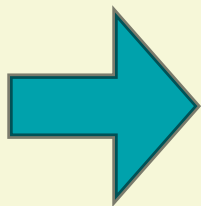
Sample cluster A (n=57)

- Mean age = 29.4 (SD = 8.2), 70.2% women
- 15.8% pure cluster A
- **86.0% Paranoid PD**
- 8.8% Schizoid PD
- 7.0% Schizotypal PD
- Treatment → 3 dosage groups:
 - Outpatient (n=20)
 - Day-hospital (n=19)
 - Inpatient (n=18)

Corrected effects of dosage



- Direct comparison of different therapy dosages
- Statistical correction for baseline differences



Propensity score (PS)

“the conditional probability of assignment to a certain treatment group, given the set of observed pre-treatment characteristics”

Search: PubMed

RSS Save search Limits Advanced search Help

bartak a AND propensity [ti]

Search

Clear

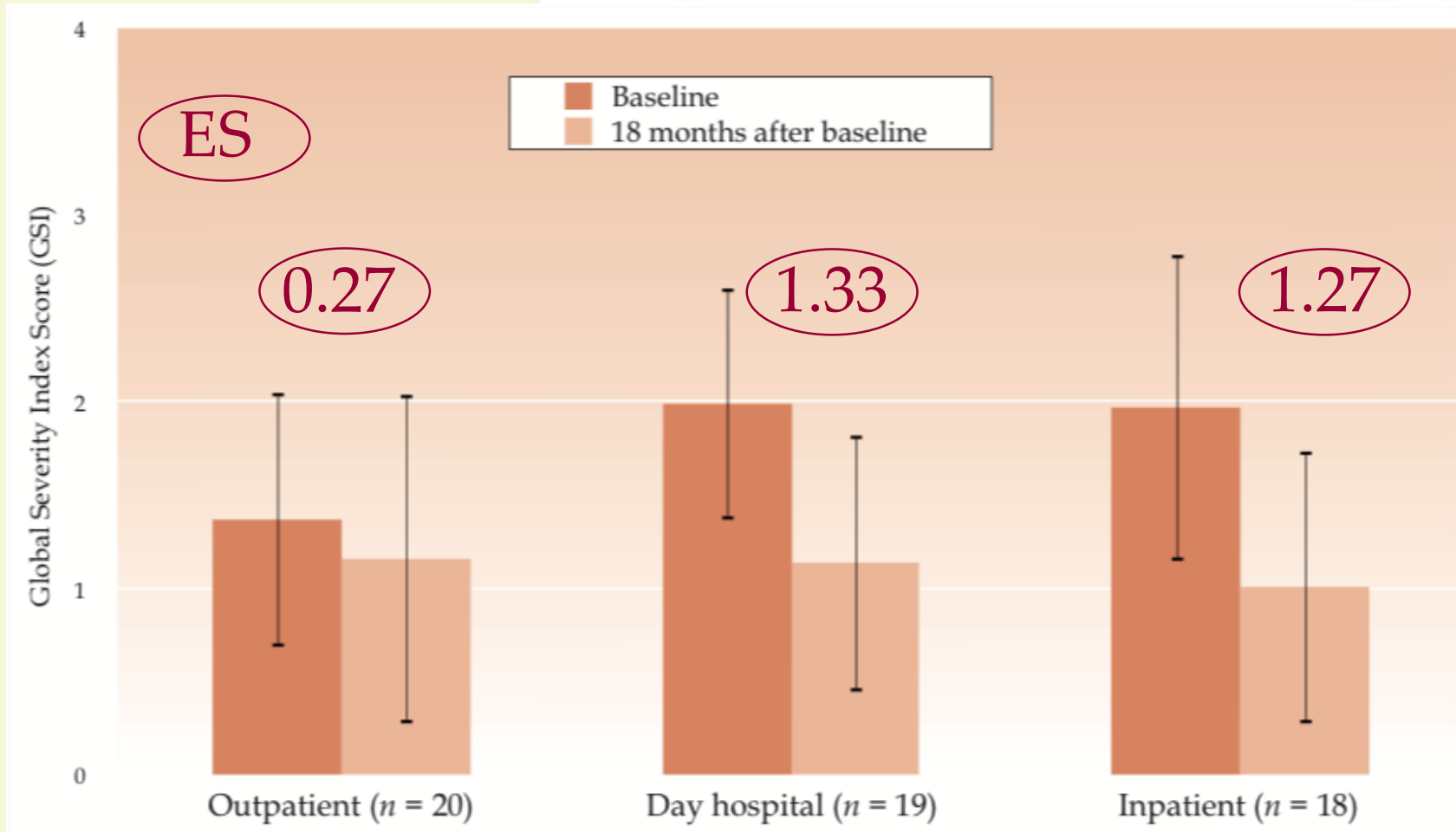
Display Settings: Summary, Sorted by Recently Added

Send to:

Results: 2

- [The multiple propensity score as control for bias in the comparison of more than two treatment arms: an introduction from a case study in mental health.](#)
1. Spreeuwenberg MD, Bartak A, Croon MA, Hagenaars JA, Busschbach JJ, Andrea H, Twisk J, Stijnen T.
Med Care. 2010 Feb;48(2):166-74.
PMID: 20068488 [PubMed - indexed for MEDLINE]
[Related citations](#)
- [The use of propensity score methods in psychotherapy research. A practical application.](#)
2. Bartak A, Spreeuwenberg MD, Andrea H, Busschbach JJ, Croon MA, Verheul R, Emmelkamp PM, Stijnen T.
Psychother Psychosom. 2009;78(1):26-34. Epub 2008 Oct 14.
PMID: 18852499 [PubMed - indexed for MEDLINE]
[Related citations](#)

Results cluster A (18 months)





Conclusion cluster A

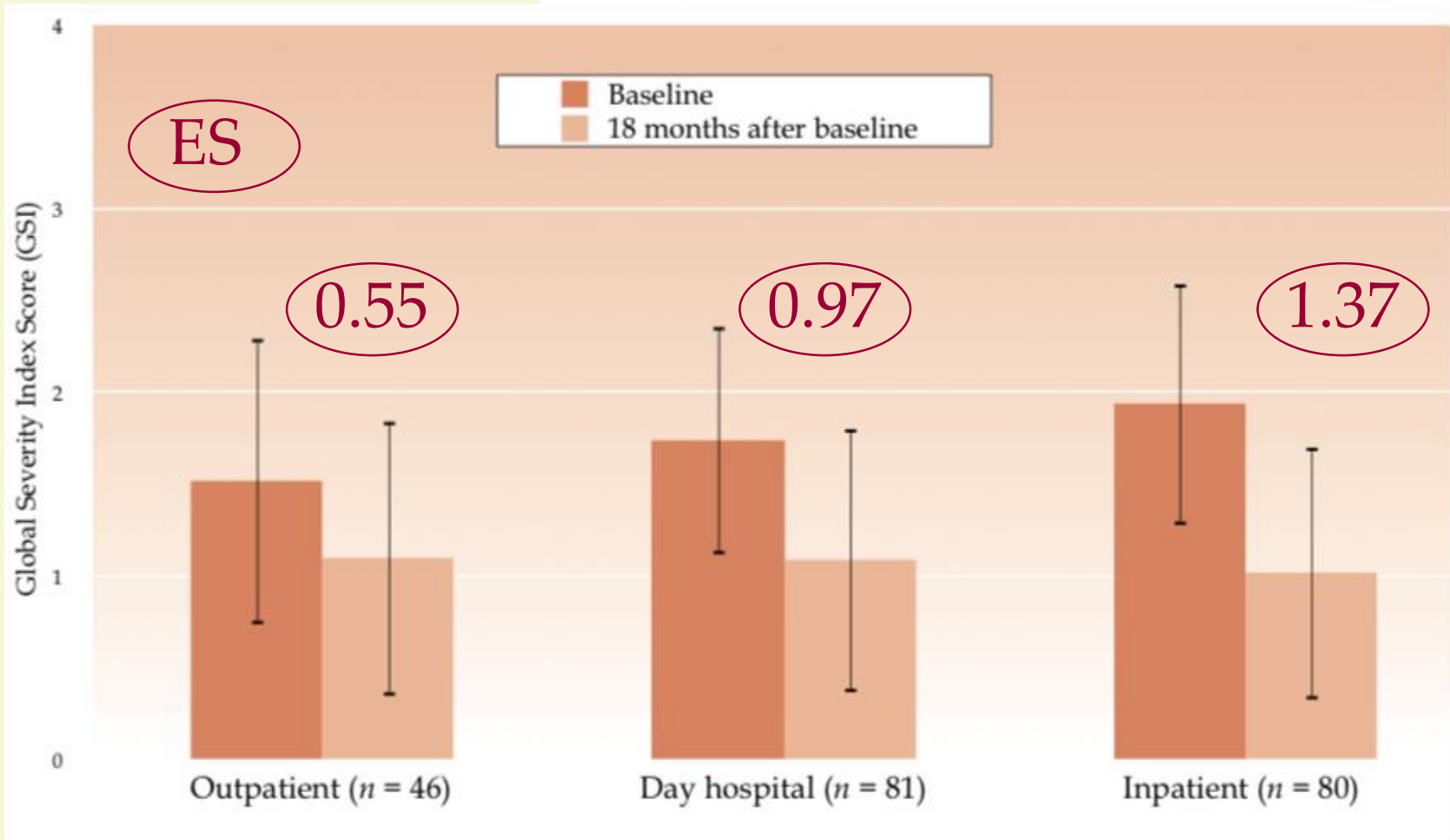
- Cluster A patients improve during psychotherapy
- Patient differences between dosage groups are high
- Does dosage make a difference?
Possibly, but larger studies are needed to compare treatment dosages

Sample cluster B (n=207)



- Mean age = 31.3 (SD = 8.5), 71% women
- 40.6% pure cluster B
- 8.7% Antisocial PD
- **77.3% Borderline PD**
- 12.6% Histrionic PD
- 22.7% Narcissistic PD
- Treatment → 3 dosage groups:
 - Outpatient (n=46)
 - Day-hospital (n=81)
 - Inpatient (n=80)

Results cluster B (18 months)



Conclusion cluster B



- Cluster B patients improve during psychotherapy
- Does dosage make a difference?
Best outcome for inpatient treatment after 18 months (trend inpatient > outpatient)
- However, most dosage differences corrected by baseline differences (propensity score)

Sample cluster C (n=371)



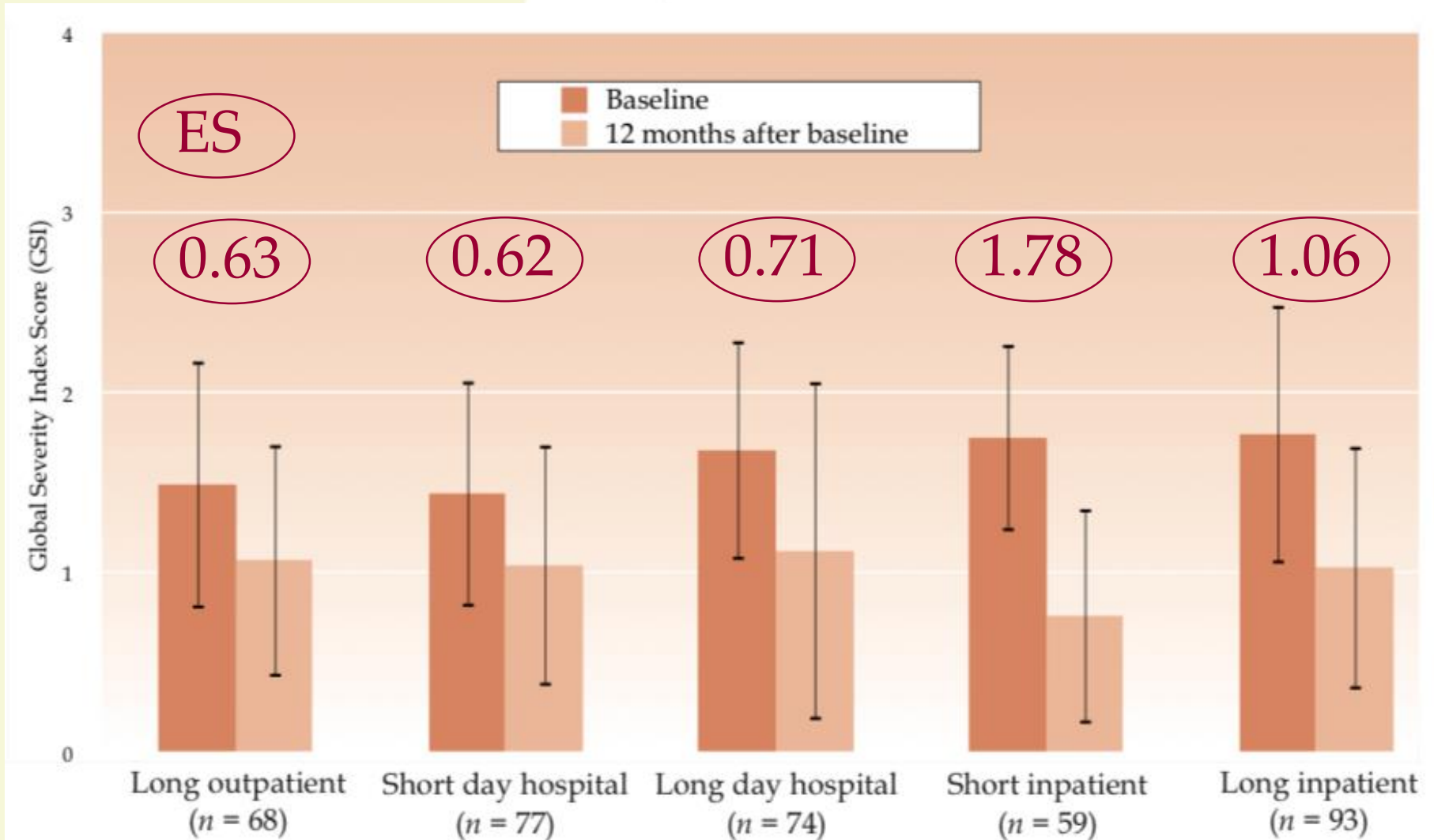
- Mean age = 33.5 (SD=9.5), 70.4% women
- **66.6% pure cluster C**
- 63.3% Avoidant PD
- 22.6% Dependent PD
- 49.3% Obsessive-compulsive PD
- Treatment → 6 dosage groups

Treatment cluster C



- Dosage groups:
 - Outpatient up to 6 months (exclusion)
 - Outpatient more than 6 months (n=68)
 - Day-hospital up to 6 months (n=77)
 - Day-hospital more than 6 months (n=74)
 - Inpatient up to 6 months (n=59)
 - Inpatient more than 6 months (n=93)

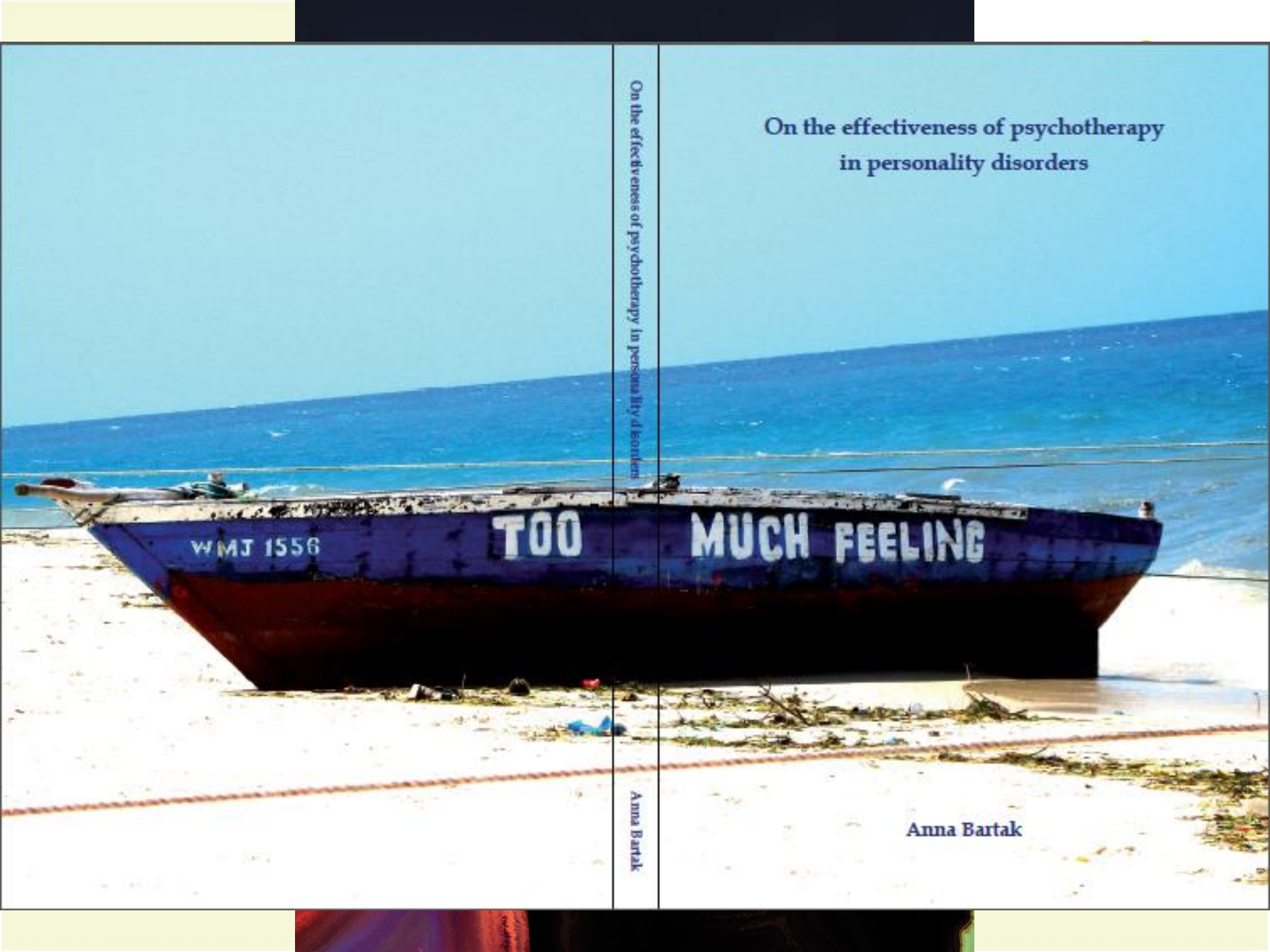
Results cluster C (12 months)





Conclusion cluster C

- Cluster C patients improve during psychotherapy
- Dosage does make a difference:
Short inpatient treatment (up to 6 months) shows highest improvement after 12 months, even after correction for baseline differences



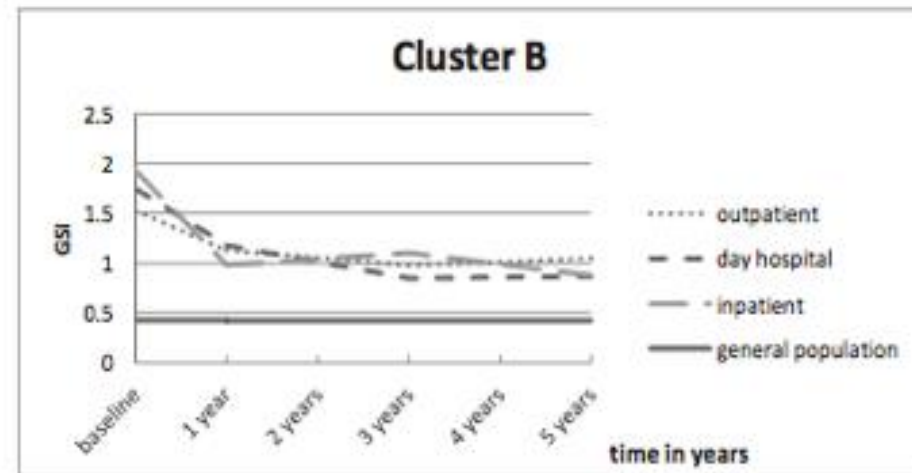
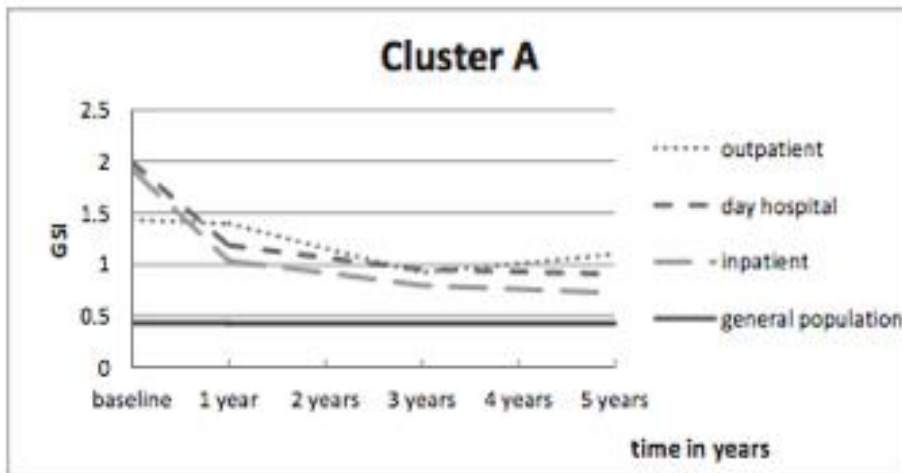
On the effectiveness of psychotherapy in personality disorders

**On the effectiveness of psychotherapy
in personality disorders**

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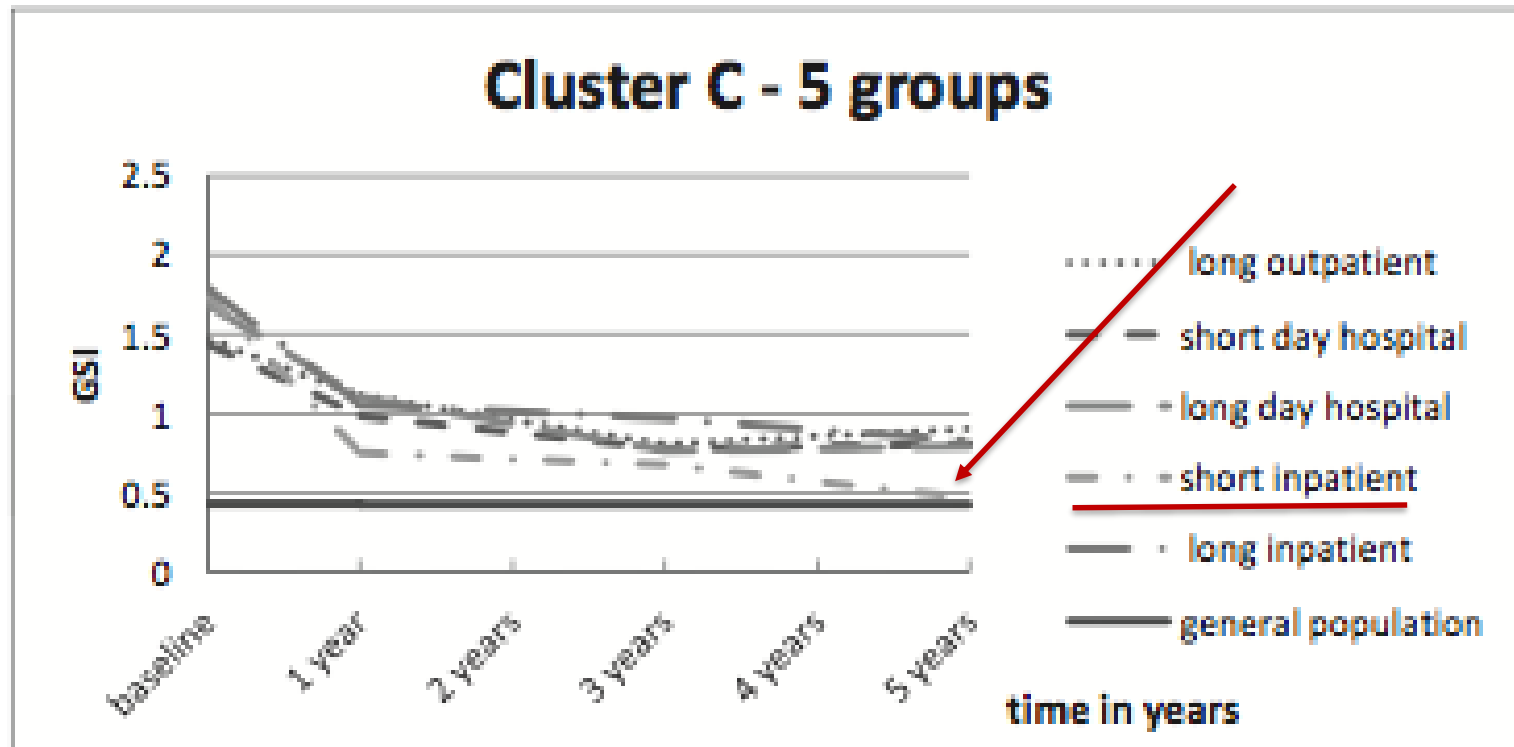
SCEPTRE – after five years



→ Patients *do* get better – and they *stay* better

NB: HORN E.A. UNPUBLISHED RESULTS, MANUSCRIPT IN PREPARATION

SCEPTRE – after five years



Cluster C:

- after 5 years stable and continuous improvement
- short inpatient treatment significantly more effective in reducing symptoms, compared to all other dosages

NB: HORN E.A. UNPUBLISHED RESULTS, MANUSCRIPT IN PREPARATION

Recent research day-hospital

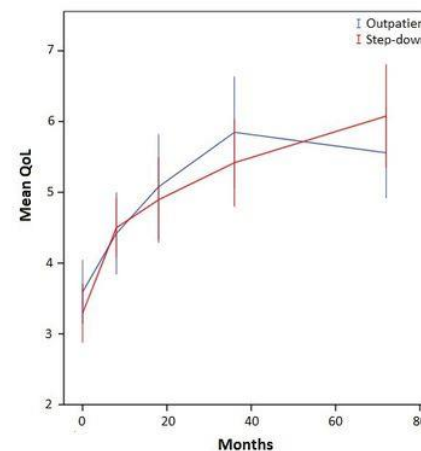
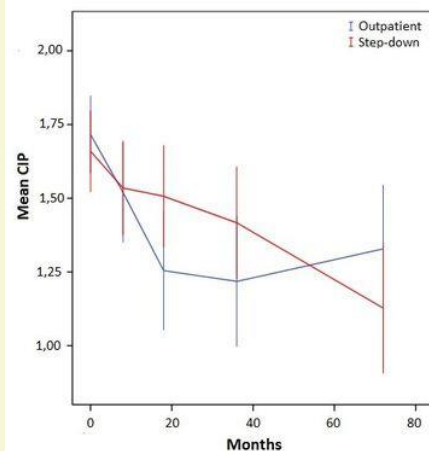
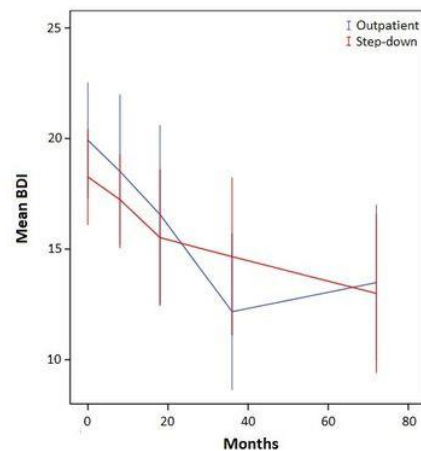
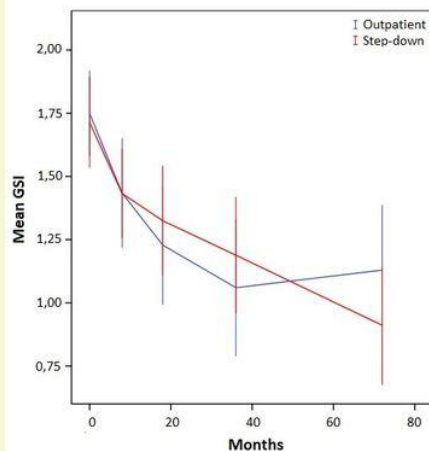
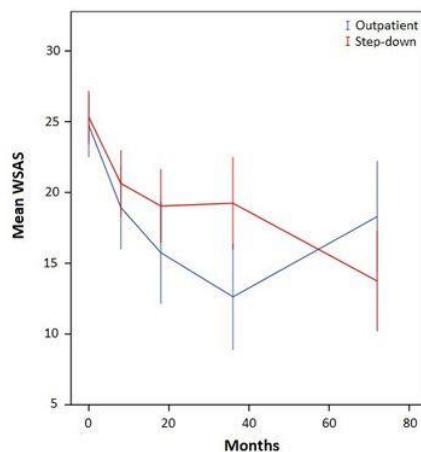
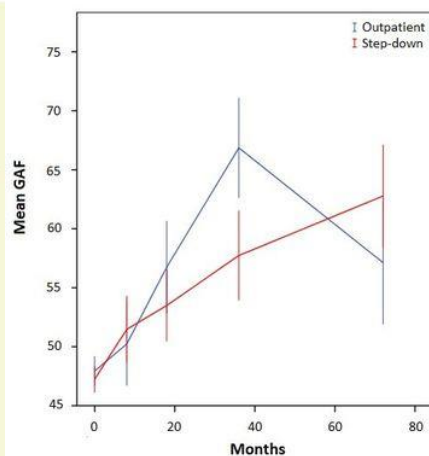


- Bales et al (2015)
 - Matched control **day-hospital study on MBT for BPD** (n=29) vs. other specialized PD-treatment (n=29)
 - 3-year follow-up
 - Higher effect sizes MBT after 18 and 36 months for symptomatic improvement and personality functioning

Recent research day-hospital



- Karterud, Wilberg et al (2013a, 2013b, 2014, 2016)
 - RCT **day-hospital step-down treatment for PD** (n=59) vs. long-term outpatient (n=54), “Ullevål Personality Project”
 - 3- and 6-year follow-up
 - Social and interpersonal functioning keeps on improving *after* end of step-down treatment (“stable growth pattern”)
 - Improvement and (cost)effectiveness dependent on kind of PD
 - Reflective functioning as moderator of effect



Step-down vs. outpatient

Recent research inpatient



- Leichsenring et al (2016)
 - RCT on inpatient treatment cluster B
PIT (n=64), inpatient E-PDT (n=58) and TAU/WL (n=46)
 - Significant improvements in symptoms, interpersonal functioning, and personality organization during both inpatient treatments
 - No significant improvements during TAU
- Liebherz & Rabung (2014)
 - systematic review of inpatient treatments in Germany: 59 studies (5% RCT, 29% quasi-experimental, 66% observational), different kinds of psychopathology
 - medium effect sizes for symptom reduction, continuous improvement of interpersonal functioning after end of treatment

Conclusion



- Level 1 evidence for day-hospital treatment
- Level 2 evidence for inpatient treatment
- First evidence for stable (and continuous) improvement of symptom distress and personality functioning
- More (randomized) dosage studies needed
- More attention for:
long-term FU, costs, working mechanisms, therapist factors, what for whom?

Disclosure



Nothing to declare



Thank you.

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