

ABSTRACTS OF COCHRANE SYSTEMATIC REVIEWS

1. Bipolar affective disorder is a severe mental illness characterized by frequent relapses and switchover. As a result compliance and prevention of recurrence becomes a major issue in the long-term management of this disabling psychiatric illness. One option for preventing relapses in this condition is the psycho education aimed at enabling the patients and the family members to detect early warning signs of relapse (EWS).

In this systematic review, effectiveness of EWS detection as compared to the routine care has been explored. The analysis shows beneficial effects of early warning signs regarding time to recurrence, percentage of hospitalization and level of functioning. However only six randomized control trials could be included in the review. Moreover in these studies EWS signs were used along with other psychological treatments, so confounding factors cannot be ruled out.

2. Perinatal psychiatric morbidity is a common mental health problem carrying long term negative impact not only on mother but also the newborn and the family members at large. Moreover in developing countries more worse prognosis is reported due to underlying organic factors.

In this review role of psychosocial assessment in routine antenatal checkup has been assessed to prevent this multidimensional psychopathology. Unfortunately only two studies could fulfill the inclusion criteria showing lesser sensitivity of the research workers towards this important psychological problem.

Moreover, though the evidence was found in favor of increased awareness of clinicians for psychosocial risk factors but its effect on improved perinatal mental health outcome was not convincingly proved.

3. In view of psychological theories of depression, self esteem has been found as the key cause for this highly prevalent psychiatric disorder in any community. Moreover intervention strategies aimed at enhancing the self esteem can prevent long term repercussions of this disorder on the psychological health of the children and adolescents. In this review a relationship between exercise and self esteem has been tried to explore.

Only eight trials could meet the inclusion criteria with comparatively smaller sample size. Majority of them reported positive effect on self esteem with no negative

effect, which may be the result of social desirability bias. Further larger size, good quality trials are needed to establish the evidence in favor of this cost effective intervention strategy.

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1. INTERVENTIONS FOR HELPING PEOPLE RECOGNIZE EARLY SIGNS OF RECURRENCE IN BIPOLAR DISORDER

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ABSTRACT

Background: Recurrence rates for bipolar disorder are high despite effective treatments with mood stabiliser drugs. Self-help treatments and psychological treatments that teach patients to recognise and manage early warning symptoms and signs (EWS) of impending manic or depressive episodes are popular with patients. The main aim of such interventions is to intervene early and prevent bipolar episodes, thereby increasing the time to the next recurrence and preventing hospitalisation.

Objectives: To compare the effectiveness of an EWS intervention plus treatment as usual (TAU) versus TAU (involving and not involving a psychological therapy) on time to manic, depressive and all bipolar episodes (the primary outcome), hospitalisation, functioning, depressive and manic symptoms.

Search strategy: Relevant studies identified by searching Cochrane Collaboration Depression, Anxiety and Neurosis Controlled Trials Registers (CCDANCTR-Studies and CCDANCTR-References - searched on 20/10/2005), supplemented with hand searching the journal Bipolar Disorders, searching the UK National Research Register, checking reference lists of included studies and contacting authors.

Selection criteria

Only randomised controlled trials (RCTs) were included. Participants were adults with a diagnosis of bipolar disorder based on standardised psychiatric criteria.

Data collection and analysis

Two reviewers independently rated trials for inclusion. Data were extracted from included trials by reviewers using a data extraction sheet. Authors of all the included studies were contacted for any additional information required. Time to recurrence data was summarised as log hazard ratios, dichotomous data as relative risk and continuous data as weighted mean difference, using random effects models to calculate effect size only when there was heterogeneity in the data.

Main results

Eleven RCTs were identified, but only six provided primary outcome data. All six RCTs were of high quality. Time to first recurrence of any type (RE, hazards ratio 0.57, 95% CI 0.39 to 0.82), time to manic/hypomanic episode, time to depressive episode, and percentage of people hospitalised and functioning favoured the intervention group. Neither depressive nor hypomanic symptoms differed between intervention and control groups.

Authors' conclusions

This review shows a beneficial effect of EWS in time to recurrence, percentage of people hospitalized and functioning in people with bipolar disorder. However, the absence of data on the primary outcome measure in so many included studies is a source of concern and a potential source of bias. Mental health services should consider routinely providing EWS interventions to adults with bipolar disorder, as they appear to reduce hospitalization and therefore may be cost-effective.

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2. ANTENATAL PSYCHOSOCIAL ASSESSMENT FOR REDUCING PERINATAL MENTAL HEALTH MORBIDITY

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ABSTRACT

Background: Mental health conditions arising in the perinatal period, including depression, have the potential to impact negatively on not only the woman but also her partner, infant, and family. The capacity for routine, universal antenatal psychosocial assessment, and thus the potential for reduction of morbidity, is very significant.

Objectives: To evaluate the impact of antenatal psychosocial assessment on perinatal mental health morbidity.

Search strategy: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register, the Cochrane Depression, Anxiety and Neurosis Group's Trials Register (CCDAN TR-Studies), HSRProj in the National Library of Medicine (USA), and the Current Controlled Trials website: <http://www.controlledtrials.com/> and the UK National Research Register (last searched March 2008).

Selection criteria

Randomised and quasi-randomised controlled trials.

Data collection and analysis

At least two review authors independently assessed trials for eligibility; they also extracted data from included trials and assessed the trials for potential bias.

Main results

Two trials met criteria for an RCT of antenatal psychosocial assessment. One trial examined the impact of an antenatal tool (ALPHA) on clinician awareness of psychosocial risk, and the capacity of the antenatal ALPHA to predict women with elevated postnatal Edinburgh Depression Scale (EDS) scores, finding a trend towards increased clinician awareness of 'high level' psychosocial risk where the ALPHA intervention had been used (relative risk (RR) 4.61 95% confidence interval (CI) 0.99 to 21.39). No differences between groups were seen for numbers of women with antenatal EDS scores, a score of greater than 9 being identified by ALPHA as of concern for depression (RR 0.69 95% CI 0.35 to 1.38); 139 providers. The other trial reported no differences in EPS scores greater than 12 at 16 weeks postpartum between the intervention (communication about the EDS scores with the woman and her healthcare providers plus a patient information booklet) and the standard care groups (RR 0.86 95% CI 0.61 to 1.21; 371 women).

Authors' conclusions

While the use of an antenatal psychosocial assessment may increase the clinician's awareness of psychosocial risk, neither of these small studies provides sufficient evidence that routine antenatal psychosocial assessment by itself leads to improved perinatal mental health outcomes. Further studies with better sample size and statistical power are required to further explore this important public health issue. It will also be important to examine outcomes up to one year postpartum not only for mother, but also infant and family.

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3. EXERCISE TO IMPROVE SELF-ESTEEM IN CHILDREN AND YOUNG PEOPLE

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ABSTRACT

Background: Psychological and behavioural problems in children and adolescents are common, and improving self-esteem may help to prevent the development of such problems. There is strong evidence for the positive physical health outcomes of exercise, but the evidence of exercise on mental health is scarce.

Objectives: To determine if exercise alone or exercise as part of a comprehensive intervention can improve self-esteem among children and young people.

Search strategy: Computerised searches in MEDLINE, EMBASE, The Cochrane Controlled Trials Register (CENTRAL), CINAHL, PsycINFO and ERIC were undertaken and reference lists from relevant articles were scanned. Relevant studies were also traced by contacting authors. Dates of most recent searches: May 2003 in (CENTRAL), all others: January 2002.

Selection criteria

Randomised controlled trials where the study population consisted of children and young people aged from 3 to 20 years, in which one intervention arm was gross motor activity for more than four weeks and the outcome measure was self-esteem.

Data collection and analysis

Two reviewers independently selected trials for inclusion, assessed the validity of included trials

and extracted data. Investigators were contacted to collect missing data or for clarification when necessary.

Main results

Twenty-three trials with a total of 1821 children and young people were included. Generally, the trials were small, and only one was assessed to have a low risk of bias. Thirteen trials compared exercise alone with no intervention. Eight were included in the meta-analysis, and overall the results were heterogeneous. One study with a low risk of bias showed a standardized mean difference (SMD) of 1.33 (95% CI 0.43 to 2.23), while the SMD's for the three studies with a moderate risk of bias and the four studies with a high risk of bias was 0.21 (95% CI -0.17 to 0.59) and 0.57 (95% CI 0.11 to 1.04), respectively. Twelve trials compared exercise as part of a comprehensive programme with no intervention. Only four provided data sufficient to calculate overall effects, and the results indicate a moderate short-term difference in self-esteem in favor of the intervention [SMD 0.51 (95% CI 0.15 to 0.88)].

Authors' conclusions

The results indicate that exercise has positive short-term effects on self-esteem in children and young people. Since there are no known negative effects of exercise and many positive effects on physical health, exercise may be an important measure in improving children's self-esteem.

These conclusions are based on several small low-quality trials.

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