

ABSTRACTS OF COCHRANE SYSTEMATIC REVIEWS

In this issue three Cochrane Systematic Reviews from the Cochrane Library have been selected. These highlight three interventions for the disorders we face quite commonly in our practice.

1. The systematic review on pharmacological treatment of PTSD provides an evidence based insight for our efforts to cope with the burden of this disorder which we are going to face in earthquake affected areas.
2. The review on the psychosocial interventions for conversion disorders states what we have suspected for a long time; we do not have much evidence for any of the psychosocial interventions applied for this disorder. This may be surprising in view of the fact that this disorder provided the basis of initial psychoanalytic formulations. This is a real challenge for all clinicians and research workers in developing world, particularly in this region where this disorder constitutes a major cause of psychiatric morbidity. Only three trials with a total of 119 participants were identified. In this context most recent randomized controlled trial on behavior therapy for this disorder published in *Journal of College of Physicians and Surgeons Pakistan* (JCPSP 2006, 16(5): 359-363) should be seen as a welcome addition to the literature and the findings need to be replicated in other studies with larger sample size and more robust methodology.
3. Finally the review by Krisanaprakornkit et al investigates the effectiveness of a novel intervention, the meditation therapy in treating anxiety disorders. This review highlights the range of interventions used in the anxiety disorder. The reviewers concluded that there are not enough randomized controlled trials on the subject. This is perhaps understandable and the fact that they were able to locate *any* trial is encouraging. After all there is no Meditation Therapy Inc. to sponsor the trials on meditation therapy or for that matter on any psychological intervention!

The Editor

PHARMACOTHERAPY FOR POST TRAUMATIC STRESS DISORDER (PTSD)

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ABSTRACT

Background: Post traumatic stress disorder (PTSD) is a prevalent and disabling disorder. Evidence that PTSD is

characterised by specific psychobiological dysfunctions has contributed to a growing interest in the use of medication in its treatment.

Objectives: To assess the effects of medication for post traumatic stress disorder.

Search strategy: We searched the Cochrane Depression, Anxiety and Neurosis Group specialised register (CCDANCTR-Studies) on 18 August 2005, the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library issue 4, 2004), MEDLINE (January 1966 to December 2004), PsycINFO (1966 to 2004), and the National PTSD Center Pilots database. Reference lists of retrieved articles were searched for additional studies.

Selection criteria

All randomised controlled trials (RCTs) of pharmacotherapy for PTSD.

Data collection and analysis

Two raters independently assessed RCTs for inclusion in the review, collated trial data, and assessed trial quality. Investigators were contacted to obtain missing data. Summary statistics were stratified by medication class, and by medication agent for the selective serotonin reuptake inhibitors (SSRIs). Dichotomous and continuous measures were calculated using a random effects model, heterogeneity was assessed, and subgroup/sensitivity analyses were undertaken.

Main results

35 short-term (14 weeks or less) RCTs were included in the analysis (4597 participants). Symptom severity for 17 trials was significantly reduced in the medication groups, relative to placebo (weighted mean difference -5.76, 95% confidence intervals (CI) -8.16 to -3.36, number of participants (N) = 2507). Similarly, summary statistics for responder status from 13 trials demonstrated overall superiority of a variety of medication agents to placebo (relative risk 1.49, 95% CI 1.28 to 1.73, number needed to treat = 4.85, 95% CI 3.85 to 6.25, N = 1272). Medication and placebo response occurred in 59.1% (N = 644) and 38.5% (628) of patients, respectively. Of the medication classes, evidence of treatment efficacy was most convincing for the SSRIs.

Medication was superior to placebo in reducing the severity of PTSD symptom clusters, comorbid depression and disability. Medication was also less well tolerated than placebo. A narrative review of 3 maintenance trials suggested that long term medication may be required in treating PTSD.

Authors' conclusions

Medication treatments can be effective in treating PTSD, acting to reduce its core symptoms, as well as associated depression and disability. The findings of this review support the status of SSRIs as first line agents in the pharmacotherapy of PTSD, as well as their value in long-term treatment. However, there remain important gaps in the evidence base, and a continued need for more effective.

The full text of the review is available in *The Cochrane Library* (ISSN 1464-780X)

The Cochrane Database of Systematic Reviews 2006 Issue 2.

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PSYCHOSOCIAL INTERVENTIONS FOR CONVERSION DISORDER

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ABSTRACT

Background: Conversion disorder is an alteration or loss of physical functioning suggestive of a physical disorder that is thought to be due to a psychological stressor or conflict. The fact that many theories about the cause of conversion disorder focus on psychological and social factors would suggest that a psychosocial intervention might be of most benefit.

Objectives: To investigate the efficacy of psychosocial interventions on people diagnosed with conversion disorder compared with standard care, a biological intervention or another psychosocial intervention.

Search strategy: We searched the Cochrane Depression, Anxiety and Neurosis Group Trials Register (May 2004), various databases on OVID (February 2004), handsearched reference lists and textbooks on conversion disorder and contacted relevant authors.

Selection criteria

We included all randomised controlled trials that compared psychosocial interventions for conversion disorder with standard care or other interventions (biological or psychosocial).

Data collection and analysis

We reliably selected, quality assessed and extracted data from the studies. For dichotomous outcomes we calculated a relative risk with its associated 95% confidence interval and a number needed to treat. For continuous data we calculated a weighted mean difference.

Main results

The search identified 260 references, 217 were clearly not relevant to this review and excluded on the

basis of their titles and abstracts, 40 more were excluded after reading the full papers (the reasons are given in the excluded studies tables) and only three studies (total n =119) met the inclusion criteria. One study was concerned with paradoxical injunction therapy and the other two studied the value of hypnosis. The three studies had different interventions and control groups so the results could not be combined. All of the studies were of poor methodological quality and it is therefore difficult to place much value on the results of the studies. We were unable to include some data because of poor reporting.

Authors' conclusions

Randomised studies are possible in this field. The use of psychosocial interventions for conversion disorder requires more research and it is not possible to draw any conclusions about their potential benefits or harms from the included studies.

The full text of the review is available in *The Cochrane Library* (ISSN 1464-780X)

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MEDITATION THERAPY FOR ANXIETY DISORDERS

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ABSTRACT

Background: Anxiety disorders are characterised by long term worry, tension, nervousness, fidgeting and symptoms of autonomic system hyperactivity. Meditation is an age-old self regulatory strategy which is gaining more interest in mental health and psychiatry. Meditation can reduce arousal state and may ameliorate anxiety symptoms in various anxiety conditions.

Objectives: To investigate the effectiveness of meditation therapy in treating anxiety disorders.

Search strategy: Electronic databases searched include CCDANCTR-Studies and CCDANCTR-References, complementary and alternative medicine specific databases, Science Citation Index, Health Services/Technology Assessment Text database, and grey literature databases. Conference proceedings, book chapters and references were checked. Study authors and experts from religious/spiritual organisations were contacted.

Selection criteria: Types of studies: Randomised controlled trials.

Types of participants: patients with a diagnosis of anxiety disorders, with or without another comorbid psychiatric condition.

Types of interventions: concentrative meditation or mindfulness meditation.

Comparison conditions: one or combination of 1) pharmacological therapy 2) other psychological treatment 3) other methods of meditation 4) no intervention or waiting list.

Types of outcome: 1) improvement in clinical anxiety scale 2) improvement in anxiety level specified by trial lists, or global improvement 3) acceptability of treatment, adverse effects 4) dropout.

Data collection and analysis

Data were independently extracted by two reviewers using a pre-designed data collection form. Any disagreements were discussed with a third reviewer, and the authors of the studies were contacted for further information.

Main results

Two randomised controlled studies were eligible for inclusion in the review. Both studies were of moderate quality and used active control comparisons (another type of meditation, relaxation, biofeedback). Anti-anxiety drugs were used as standard treatment. The duration of trials ranged from 3 months (12 weeks) to 18 weeks. In one study transcendental meditation showed

a reduction in anxiety symptoms and electromyography score comparable with electromyography-biofeedback and relaxation therapy. Another study compared Kundalini Yoga (KY), with Relaxation/Mindfulness Meditation. The Yale-Brown Obsessive Compulsive Scale showed no statistically significant difference between groups. The overall dropout rate in both studies was high (33-44%). Neither study reported on adverse effects of meditation.

Authors' conclusions

The small number of studies included in this review do not permit any conclusions to be drawn on the effectiveness of meditation therapy for anxiety disorders. Transcendental meditation is comparable with other kinds of relaxation therapies in reducing anxiety, and Kundalini Yoga did not show significant effectiveness in treating obsessive-compulsive disorders compared with Relaxation/Meditation. Drop out rates appear to be high, and adverse effects of meditation have not been reported. More trials are needed.

The full text of the review is available in *The Cochrane Library* (ISSN 1464-780X)

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