

Psychological interventions for bipolar disorder reduces the recurrence of new episodes: a systematic review and meta-analysis

DM Gonçalves, BS Fernandes and F Kapczinski

Hospital de Clínicas de Porto Alegre, Porto Alegre, RS, Brasil

Introduction: Psychological interventions may play a important role in the Bipolar Disease (BD) treatment. Pharmacology treatment alone has not been effective in the prevention of high rates of bipolar episode recurrences (medium of 50% of patients per year). The aim of this study is review the different kinds of psychotherapy for BD patients and perform a meta-analysis about the efficacy of them in the prevention of bipolar episode recurrences.

Methods: We reviewed the Medline with the keywords: 'bipolar disease', 'psychotherapy', 'psychoeducation', 'cognitive-behavioral therapy', 'cognitive therapy', 'interpersonal therapy', 'psychoanalysis', 'family therapy', 'psychodynamic therapy', 'group therapy', and 'psychosocial treatment'. Six randomized clinical trials were selected, evolving three different kinds of psychotherapy: psychoeducation (PE), cognitive behavioral therapy (CBT) and family-focused therapy (FFT). We examined the recurrence of new bipolar episodes, defined as any manic, hypomanic or depressive episodes along the follow-up of the studies (12–30 months) by the NCSS 2004 (Number Cruncher Statistical Software 2004) program. The studies are not heterogeneous (verified with Q statistic method and forest plots), and therefore odds ratio (OR), confidence interval (IC) and risk differences (RD) were calculated by fixed effect methods. The analysis were performed by intention-to-treat.

Results: A total of 628 patients, 293 in the experimental group and 335 in the control group were computed. The recurrence of any complete bipolar episodes was 52.56% for the experimental group and 61.19% for the control group, resulting in $OR = 0.68$ (95% CI 0.48–0.94, $P = 0.02$). The number need to treat (NNT) along 30 months was 9 (95% CI 6–25). When we analyzed the three kinds of psychological approaches in a separately way, only PE showed superiority ($OR = 0.38$, 95% IC 0.17–0.85). Secondary analysis demonstrated CBT may be useful just for patients when stabilized in the beginning of the active treatment.

Conclusions: Psychotherapy demonstrated benefits in the prevention of complete BD episode recurrences in the overall analysis, but the NNT = 9 for the time considered (30 months) seems to be high.

Keywords: bipolar disease, psychotherapy, psychoeducation, cognitive-behavioral therapy, cognitive therapy, family therapy, group therapy, and psychosocial treatment