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Citation: Watson, Stuart and Dodd, Alyson (2017) Structured group psychoeducation in patients with bipolar disorder delays time to mania and time to any episode compared with a peer support group. Evidence Based Mental Health, 20 (3). e15-e15. ISSN 1362-0347

Published by: BMJ Publishing Group

URL: <https://doi.org/10.1136/eb-2017-102648> <<https://doi.org/10.1136/eb-2017-102648>>

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Citation: Morriss R, Lobban F, Riste L, et al. Clinical effectiveness and acceptability of structured group psychoeducation versus optimised unstructured peer support for patients with remitted bipolar disorder (PARADES): a pragmatic, multicentre, observer-blind, randomised controlled superiority trial. *Lancet Psychiatry*. 2016;3:1029-1038.

Author's title: Structured group psychoeducation in bipolar patients delays time to mania and time to any episode compared with a peer support group

Commentary

What is already known on this topic

Based in part on the resource heavy group psychoeducation delivered in Barcelona, NICE argue that psychological interventions specifically developed for adults with bipolar disorder improve outcome, and therefore have made a developmental quality standard that patients with bipolar disorder should be offered psychological interventions {NICE, July 1995 #10068}. However, trials of more accessible interventions, e.g. with fewer sessions or delivered by psychiatric nurses, have not shown such clear benefit. ¹ This research aims to determine whether pragmatic group psychoeducation reduces relapse risk in NHS patients.

Methods of the study

Participants ($N = 304$) were recruited from secondary and primary care and by self-referral had a minimum age of 18 and a SCID confirmed diagnosis of bipolar I or II and had experienced an episode within the past 24 months but not within the past 4 weeks. Current suicidal plans or high intent, and an inability to provide informed consent or to communicate sufficiently were exclusion factors. A multi-centre randomised controlled trial was carried out comparing structured group psychoeducation plus treatment as usual (TAU) to unstructured peer support plus TAU. The psychoeducation consisted of 21 weekly two hour collaborative workshops which used a manual developed by the authors. The groups started with between 10 and 18 participants and were facilitated by two health care professionals and a service user. The primary outcome was time to next bipolar episode. This was determined using the SCID Longitudinal Interval Follow-up Evaluation. This was examined on an intention to treat basis visualized using Kaplan-Meier curves and analysed using the standard Cox model. Participants were individually randomly assigned (1:1) using a computer-generated allocation sequence, stratified by clinical site and minimised by number of previous bipolar episodes. Research assistants blind to treatment allocation conducted all follow-up. Participants were followed for up to 96 weeks.

What this paper adds

- Previous published bipolar psychoeducation groups in bipolar disorder have been facilitated solely by healthcare professionals. This study showed that such groups can be facilitated jointly by healthcare professionals working with service users.
- Such groups delayed time to manic episode in all patients (hazard ratio 0.66; 95% CI 0.44-1.00; $p=0.049$) and time to any episode in the sub-group of participants who had previously experienced seven or fewer episodes (hazard ratio 0.66; 95% CI 0.44-1.00; $p=0.049$)
- The initial psychoeducation studies were conducted in a tertiary care setting in Barcelona. This research shows that psychoeducation adapted and delivered by a UK team is effective in an NHS population.

Limitations

- There wasn't a TAU only control group.

- The primary outcome measure was time to next bipolar episode. This was examined using the SCID Longitudinal Interval Follow-up Evaluation every 16 weeks. This intermittent examination carries a risk that brief episodes may have been missed.

What next in research

- The demonstrated efficacy in delaying mania in all patients suggests that the focus should be on delivery and on using implementation research with, for instance, normalization process theory {Carl, 2009 #10069}, to understand barriers and facilitators to the widespread delivery of group psychoeducation for bipolar patients in routine clinical settings in the NHS. This should be supported by economic analysis and by replication to confirm that this pragmatic intervention can be effectively delivered by other groups who start at a lower level of expertise.
- The additional efficacy (delaying depression) in participants earlier in their illness histories suggests that implementation research should evaluate how this intervention should be particularly made available to patients who are at any earlier stage and also that modification is needed for those at a later stage to ameliorate the risk of depression.

Do these results change your practices and why?

Yes. These results show that manic relapse can be delayed in bipolar patients by this group intervention. Such psychological treatment is not part of my or other peoples' routine practice but these results confirm that it should be. The challenge is to make psychoeducation part of the normal care pathway in bipolar disorder.

References

1. Oud M, Mayo-Wilson E, Braidwood R, et al. Psychological interventions for adults with bipolar disorder: systematic review and meta-analysis. *The British Journal of Psychiatry* 2016;**208**(3):213-22.

Competing interests: None

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