

**Efficacy of treatments for
deliberate self harm:
Have we learned from the past?**

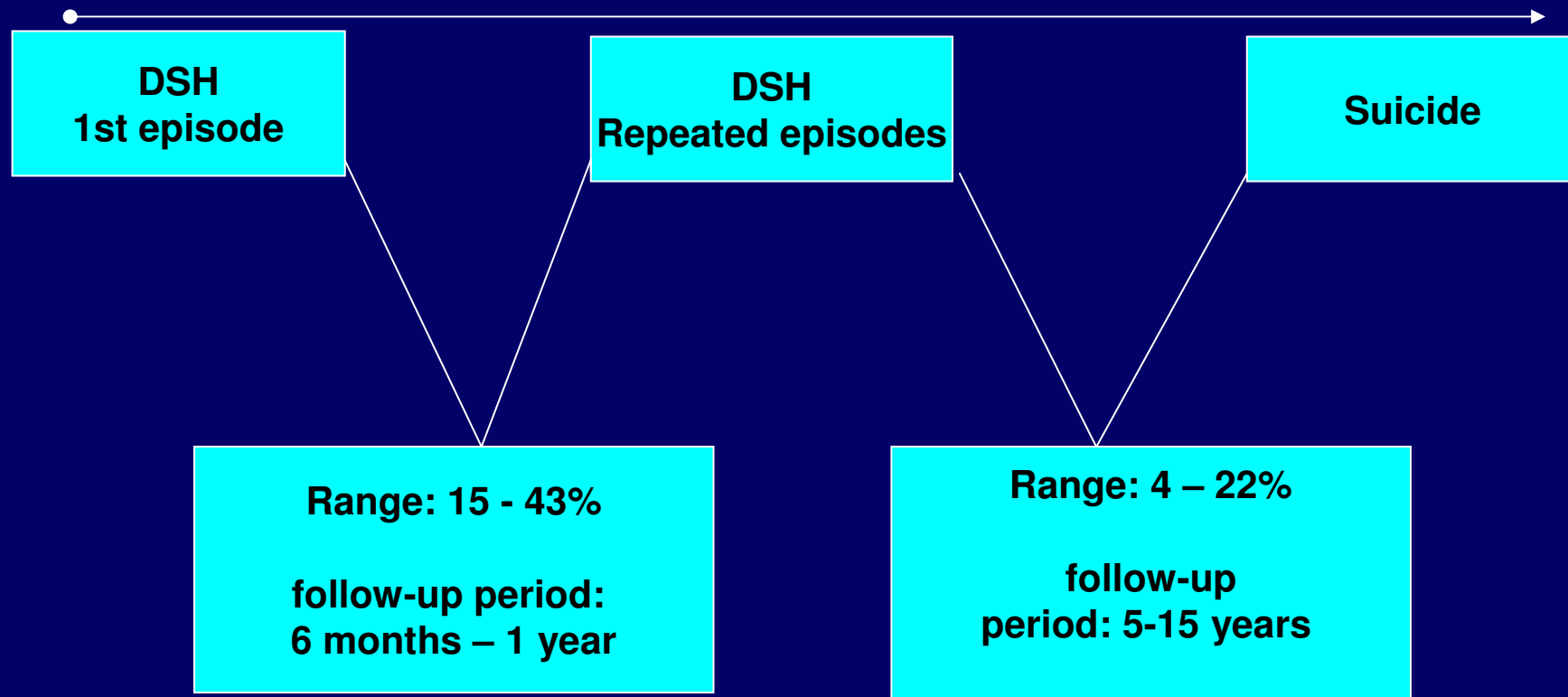
**National Suicide Prevention Forum
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Objectives

- To review randomised controlled treatment trials for Deliberate Self Harm (DSH) patients in the past 9 years
- To determine whether the methodological quality of the treatment trials has improved since publication of the 1st systematic review in 1998
- To examine whether the effectiveness of treatments preventing repeated self harm has improved in the past 9 years

DSH – repetition - Suicide Evidence for a continuum



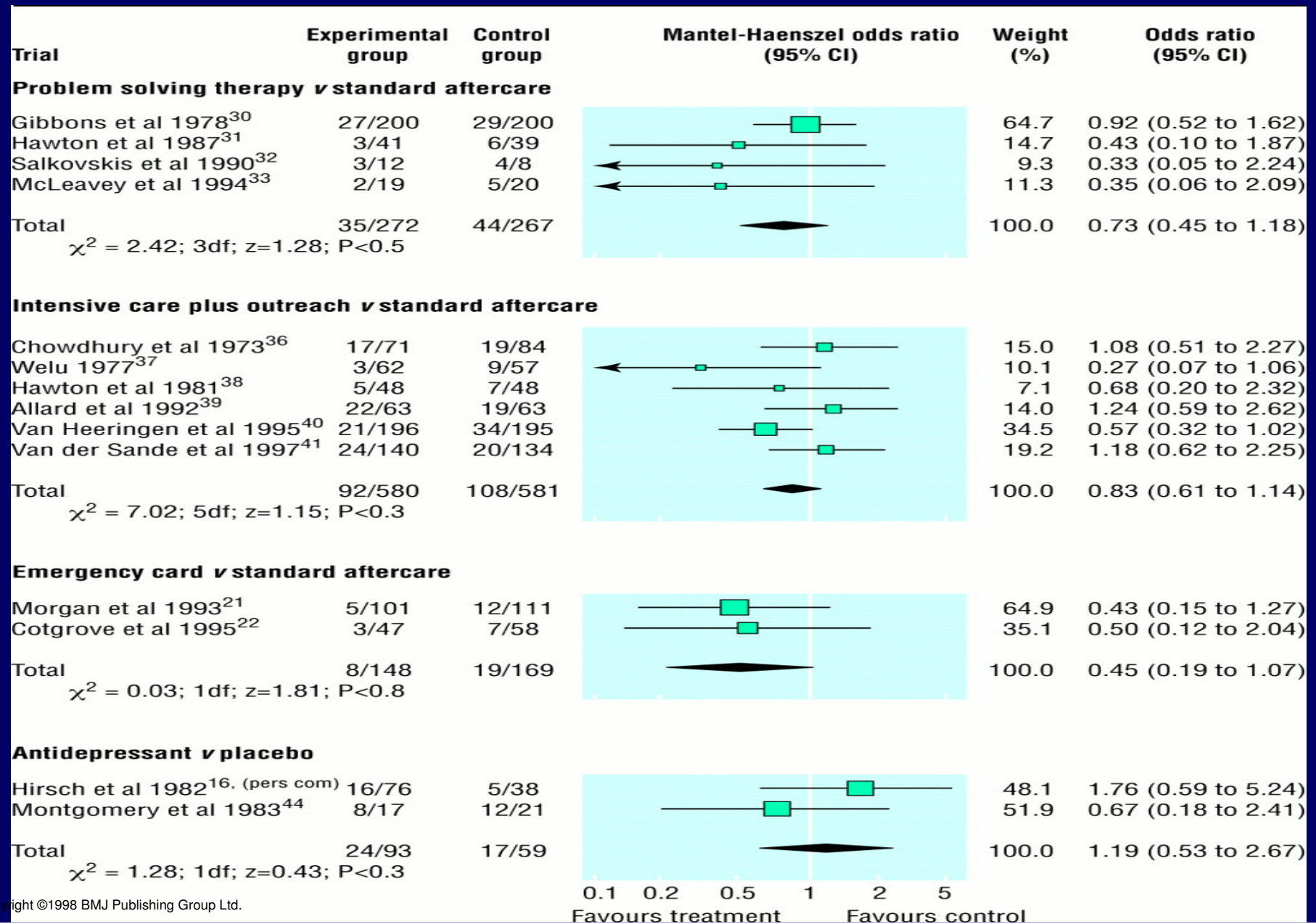
Review of the efficacy of psychosocial and pharmacological treatments for DSH patients

(Hawton et al, 1998; Arensman et al, 2000)

- *Objective:* To identify and synthesise the findings from all randomised controlled trials that have examined the treatments for DSH patients
- *Methods:*
 - Systematic review incl. quality assessment
 - Population: DSH patients who had engaged in an episode of DSH shortly before entry into the study
 - N patients (all trials): 2,452
 - Main outcome measure: Repetition of self harm

Main outcomes

Summary odds ratios for repetition of DSH during follow-up



Main outcomes

- Dialectical Behaviour therapy vs. Standard aftercare
(N studies=1)
⇒ Lower rate of repeated DSH in experimental group
($p < .05$)
- Flupenthixol vs. Placebo (N studies=1)
⇒ Lower rate of repeated DSH in experimental group
($p < 0.02$)

Efficacy of problem-solving treatments for DSH patients with regard to other outcome measures

(Townsend et al, 2001)

Problem-solving therapy versus standard aftercare

Experimental group vs. Control group:

- Greater improvement in Depression scores
- Greater improvement in Hopelessness scores
- Greater reduction in number of reported problems

Recommendations based on first systematic review

- Adequate sample sizes are required and power calculations should be performed
- More information should be provided on method of randomisation, blinding procedures and participants who withdraw from trials
- More detailed information should be provided on the interventions that are evaluated, such as "treatment as usual" or "routine aftercare"
- Investigators should use standard measures of outcome, e.g., repeated self harm, suicidal ideation, depression, hopelessness and problem solving
- Further trials are indicated for specific subgroups of DSH patients, e.g. DSH patients who frequently repeat, patients with specific psychiatric disorders, adolescents

Treatment trials published in the last 9 years

I Treatments including elements of

Problem-Solving and Cognitive Behaviour Therapy (CBT)

1. Home-based Family Problem-Solving + standard aftercare vs. Standard aftercare among DSH patients aged ≤ 16 years (N=162) (Harrington et al, 1998)
 \Rightarrow Reduction of suicidal ideation (not repeated DSH) in patients without major depression in experimental group ($p < .01$)
2. Manual-assisted Cognitive-Behaviour Therapy vs. Standard aftercare among DSH repeaters (N=34) (Evans et al, 1999)
 \Rightarrow Lower rate of repeated DSH in experimental group (NS)
3. Multicentre trial: Manual-assisted Cognitive-Behaviour Therapy vs. Standard aftercare among DSH repeaters (N=480) (Tyrrer et al, 2003)
 \Rightarrow Lower rate of repeated DSH in experimental group (NS)

I Treatments including elements of Problem Solving and CBT ctd.

4. Cognitive-Behavioural Therapy vs. Standard aftercare among DSH patients (N=40) (Raj et al, 2001)
⇒ Lower rate of repeated DSH in experimental group ($p < .05$)
5. Compliance Enhancement Intervention vs. Standard planning among adolescents with DSH (N=63) (Spirito et al, 2002)
⇒ Higher number of treatment sessions attended by those in the experimental group: Exp: $M=8.4$ vs. Control: $M=5.8$ ($p < .01$)

II Treatments including elements of psychoanalytically oriented therapeutic approaches

1. Brief Psychodynamic Interpersonal Therapy vs. Standard aftercare among DSH patients (N=119) (Guthrie et al, 2001):
⇒ Lower rate of repeated DSH in experimental group: (p<.009)
2. Psychoanalytically oriented partial hospitalization vs. Standard psychiatric care in DSH patients with BPD (N=44) (Bateman & Fonagy, 2001)
⇒ Lower rate of repeated DSH in experimental group (p<.05)

III Dialectical Behaviour Therapy

1. Dialectical behaviour therapy vs. Standard aftercare in DSH patients with BPD (N=58) (Verheul et al, 2003)
 - ⇒ Lower rate of repeated DSH in experimental group (p<.01)

IV General practice based intervention

1. Consultation with GP focusing on assessment and management of DSH vs. Standard GP aftercare among DSH patients (N=1932) (Bennewith et al, 2002)

⇒ Lower rate of repeated DSH in control group (NS)

V Pharmacological treatment

1. Paroxetine vs. Placebo among DSH repeaters (N=63) (Verkes et al, 1998)

⇒ Lower rate of repeated DSH in Exp. Group (comparing DSH patients with less than 5 previous episodes) ($p < .01$)

VI Intervention using postcards

1. Postcard + Standard aftercare vs. Standard aftercare only
(N=772) (Carter et al, 2005)

⇒ Lower number of repeated DSH episodes experimental group
($p < .01$)

Methodological quality of trials (N=11) published in the last 9 years

	<i>Criterion fulfilled</i>
▪ Adequate sample size, incl. power calculation	8x
▪ Specific information regarding method of randomisation + blinding procedures	10x
▪ Information on non-compliance and drop-out	6x
▪ Detailed information on "treatment as usual" and "routine aftercare"	6x(N=10)
▪ Standard measures of outcome	9x
▪ Specific subgroups	7x

Conclusions

- Treatment studies in recent years provided more evidence for significant reductions in repeated self-harm
- There are indications for improved methodological quality of the treatment trials published in recent years
- Improvement of methodological quality of the RCTs is likely to have contributed to improved detection of positive and significant treatment effects
- A shortcoming of most trials is the absence of definitions of "treatment as usual" or "routine aftercare" and absence of information on non-compliance and drop-out

Recommendations

- Implementation of effective treatments for DSH patients in the mental health services should be prioritised in all HSE regions (in line with *Reach Out* and *A Vision for Change*)
- In addition to short term effectiveness, focus on long term effects of treatments for people who engage in DSH
- Focus on gender specific differences in treatment outcome research involving people who engaged in DSH
- Focus on subgroups of people who engage in repeated DSH episodes (major / minor repeaters)