Psychoeducation for bipolar disorder: systematic review for a new Dutch prototype

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Psychotherapy Task Force
Dutch Foundation for Bipolar Disorders
Statement of Potential Conflicts of Interest

Relating to this presentation, no author has relationships that could be perceived as potential conflict of interests.
Outline Symposium on psychoeducation in bipolar disorder

- P.F.J. Schulte: systematic review and overview of the new Dutch prototype
- T. Peetoom: New items and approaches
- C. Aelberts-van de Ven: Group psychoeducation for patients and their key-persons: the consumer view
Willem Nolen Prize of the Dutch Foundation for Bipolar Disorders for ‘an extraordinary initiative in the care for bipolar patients and their relatives’
Introduction

• Recent years: RCTs with hard outcomes
• Dutch Foundation for Bipolar Disorders: new prototype
• Psychotherapy Task Force: systematic review
Selection of studies

• Patients with bipolar disorder in remission and/or their care-givers
• Randomised, controlled trials
• Primary outcome: (time to) relapse, symptoms, hospitalization, QoL
• Secondary outcome: compliance, illness acceptance, self-management skills, interpersonal relationships, family burden
Flow diagram of study selection

- Literature search
  Databases: PubMed, PsychInfo, EMBASE and CINAHL

- Search results combined (n=528)

- Articles screened on basis of title and abstract (n=536)

- Included (n=43)

  - Manuscript review and application of inclusion criteria

    - Included (n=20)

      - PE group: patient n=11
      - PE group: patient and caregivers n=5
      - PE group: family n=2
      - PE individual: patient n=2

- Excluded (n=493)
  PE was part of other main treatment, no bipolar disorder, no control condition

- Excluded (n=35)
  - no primary or secondary outcome measures
  - weak methodology
Group psychoeducation I

- Colom et al. (2003a)
  - 120 pat. with bipolar I/II disorder in remission
  - 2 years follow-up: less relapse (manic, depressive, mixed episode), ARR 25%, less hospitalizations/patient
  - 5 years: relapses 3.8 vs 8.3, increasing effect-size (d=0.87), cost-effective
  - Effective in: bipolar II and Axis II comorbidity; <7 previous episodes
Group psychoeducation II

• Colom et al. (2003b)
  – 50 highly compliant patients with BP I or II

• Castle et al. (2010): naturalistic setting
  – 84 patients with bipolar I, II or NOS
  – 9 months follow-up: less manic/mixed and depressive relapse, ARR 45%, time unwell 4% vs 9%
De Barros Pellegrinelli et al. (2012)
- 55 patients with bipolar I or II disorder
- 16 sessions (after Colom) in eight weeks vs. relaxation
- Up to one year after intervention no difference
Group psychoeducation IV

- Parikh et al. (2012)
  - 204 patients with bipolar I or II disorder
  - 6 sessions group PE vs. 20 sessions individual CBT
  - 18 months follow-up: no difference in LIFEchart or relapse
Individual psychoeducation I

- Perry et al. (1999)
  - 69 patients with bipolar I or II disorder
  - Prodromal symptoms and action plan
  - 18 months follow-up: less manic relapse (ARR 30%), but 17% more depressive relapse (NS), better social functioning and employment
**Individual psychoeducation II**

- Lobban et al. (2010)
  - Randomisation of 23 community mental health centres
  - 96 patients with bipolar disorder
  - Training of community mental health nurses in psychoeducation and crisis intervention plan
  - 48 weeks follow-up: 14% less relapse (NS), better social and vocational functioning
Dyadic/multifamily psychoeducation

- D’Souza et al. 2010
  - 58 patients with recently remitted bipolar I/II disorder and one companion
  - 60 weeks follow-up: less relapse, ARR 37%, less manic symptoms, no difference in depressive symptoms
Caregiver psychoeducation I

- **Reinares et al. 2008**
  - 113 relatives living with a euthymic patient with bipolar I/II disorder
  - 12 months follow-up: less relapse ((hypo-)manic, but not depressive), ARR 24%

- **Reinares et al. 2004**
  - 45 relatives living with a euthymic patient with bipolar I/II disorder
  - Post-intervention: better knowledge of bipolar disorder, reduced subjective burden and caregiver’s belief about the link between the objective burden and the patient.
Caregiver psychoeducation II

- van Gent & Zwart (1991)
  - 39 partners of patients with bipolar I disorder
  - 6 months follow-up: better knowledge and coping, in patients no difference on mood scale or anxiety scale; no readmissions
Caregiver psychoeducation III

- Madigan et al. (2012)
  - 182 caregivers of 125 patients with bipolar I disorder
  - 5 sessions group psychoeducation vs. problem solving group therapy vs. TAU
  - 1 and 2 year follow-up: patients QoL: PE > TAU, functioning: PE ≥ TAU; caregivers: knowledge, burden and psychological stress: PE > TAU
Conclusion

• Best evidence for (12-) 21 sessions group PE

• 6-12 participants

• Evidence from (single or replicated) trials
  – individual PE
  – (5-) 12 sessions care-giver PE
  – 12 sessions dyadic PE
Facilitators and sessions

- Facilitators, vary between:
  - psychologists (Colom 2003, Reinares 2008, Castle 2010),
  - psychiatrist, social worker (van Gent 1993),
  - occupational therapist, psychiatric nurse (Castle 2010)
  - mental health clinicians (D’Souza, 2010)

- Minimum 6 (Honig 1995) to maximum 21 sessions (Colom 2003). Follow-up sessions (Castle 2010, D’Souza 2010)

- 90 minutes, presentation then group-talk
Dutch prototype: 12 sessions 
patient with care-giver

1) Outline and efficacy of course, group rules (confidentiality), extensive acquaintance, introduction LCM
2) Symptoms of bipolar disorder: mania and mixed episode
3) Symptoms of bipolar disorder: depression and cognitive impairment
4) causes, outcome, heredibility and children
5 + 6) Medication (efficacy, side-effects), alternative treatments, driving, compliance (ambivalence, technical aspects), ECT, light therapy

7) Self-management (Life Chart, regular rythms, life style)

8) Problem solving, communication skills, stress management
9) Crisis intervention plan: depression (CTO, suicidality)
10) Crisis intervention plan: mania and mixed epis.
11) Psychosocial aspects: work, effect of bipolar disorder on relations and vice versa
12) Open questions, acquaintance with Dutch Foundation for Bipolar patients and their carers, self help, evaluation
psychopedeucatie
bipolaire stoornissen

Doelen
De eerste bijeenkomst heeft als doel dat patiënten en betrokkenen:
- weten wat ze van de psycho-educatiecursus kunnen verwachten
- een indruk krijgen van hoe de cursus zal verlopen en wat voor regels er gelden
- met elkaar en met de groepsleiders kennis maken
- op de hoogte zijn van eerdere positieve resultaten van psycho-educatie cursussen
- een eerste stap zetten in het begrijpen en accepteren van de bipolaire stoornis als (medische) ziekte, met als einddoel zelfstigmatisering te verminderen, ziekte-inzicht te vergroten, actief zelfmanagement en samenwerking met behandelers te bevorderen. Aan dit doel zal overigens elke bijeenkomst aandacht worden besteed.

Benodigdheden
- papier voor naambordjes en voldoende stiften
- programma op papier voor alle deelnemers
- life chart boekjes om uit te delen aan alle deelnemers
- werkboeken om uit te delen
- patiëntefolders ‘in gesprek over: Manisch-depressieve stoornissen’ (Knoppert-van der Klein en Nolen, 2009; NVvP).

Voorbereiding
- Neem de ‘algemene aanwijzingen’ aan het begin van dit boek goed door
- Zorg dat je een deelnemerslijst hebt en weet hoe je afwezige deelnemers kunt bereiken
- Maak duidelijke afspraken over waar en hoe laat de deelnemers opgehaald worden

Aandachtspunten
De eerste bijeenkomst is vaak zwaarder voor de deelnemers dan de volgende bijeenkomsten. Vertel de deelnemers dat zij na de bijeenkomsten wellicht moe zullen zijn, maar dat dit met name voor de eerste bijeenkomst geldt.

Bijeenkomst 1
Didactic techniques

- Lecture
- Group discussion
- Individual task
- Bilateral discussion
Psychoeducation enables your patient to handle mood disruptions.

Thank you!
Psycho-education
bipolar disorder
How?
Biological

- physical health
- disability
- genetic vulnerabilities
- exposure

Social

- peers
- family
- circumstances
- work

Drug effects

Health

- family relationships
- trauma

Temperament

Psychological

- beliefs
- attitudes
- self-esteem
- coping skills
- social skills
THE BIOPSYCHOSOCIAL MODEL

- GENES
- NUTRITION
- BIOLOGY
- BRAIN / PERSONALITY
- SOCIAL ENVIRONMENT

- DRUGS
- PERSONALITY
- ABUSE
- NEGLECT
- TRAUMA
- STRESS
- SOCIETAL NORMS
Psycho education
bipolar disorder

NEW!

Psychological aspects
stress (-management), communication skills, problem-solving strategies and psychotherapy
Stress

Stress factors

Stress resistance

Stress level

Stress reducing measures
PHASES IN ILLNESS EVOLUTION AND TREATMENT RESPONSE IN A BIPOLAR II FEMALE

Depression
- Severe
- Moderate
- Mild
- Rapid

Mania
- Severe
- Moderate
- Mild

Therapy
- Methylphenidate
- Lithium
- Propranolol
- Aripiprazole
- Lithium


INTERRMITTENT

CONTINUOUS RHYTHMIC

http://www.medscape.com
Problem solving

- **Step 1: Problem description**
  Ask yourself: What is actually the problem?
  To do: Collect information

- **Step 2: Brainstorming**
  Ask yourself: How can I resolve this?
  To do: Invent as many possibilities you can come up with

**Step 3: Evaluation**
Ask yourself: what are the pros and cons at short and long term.
To do: Write this down and decide.
Relaxation exercises
Communication skills

Active listening

1: Look at the other
2: Show non-verbally that you are listening: say for example: ‘uh-huh’
3: Take notice what has been said
4: Clarify if it is not clear for you
5: Summarize what you understand
Communication skills

Confronting

1. Describe the concrete behavior that creates the problem
2. Describe the effect it has on you
3. Describe the feeling it has on you.
4. Listen to the other what he/she has to say

If this works insufficient:
5. Go back to step 1 if you didn’t find a solution and the stress hasn’t decreased
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Consumer view by
Cécile Aelberts-van de Ven:

A new Dutch prototype of
group psychoeducation
for bipolar patients
and their key-persons
Consumer VMDB

- VMDB = (Dutch) Association for Manic Depressives and their key-persons
Logo VMDB

Association since 1987

colours: orange = “up” = manic
dark blue = “down” = depressive
KenBiS

- VMDB works together with
- KenBiS Centre to develop the knowledge of bipolar disorders

2012: a member of the VMDB starts the participation in the KenBiS-committee to renovate the psychoeducation course
Deliberation

• Once a month, in the evenings, by telephone:
  7 members of the committee
• After previous preparation and under the direction of Dr. Raphaël Schulte
The committee worked for two years
Education is the foundation for a better future

Slogan of the Mont Blanc products (writing-materials) in sponsoring UNICEF
Psycho education

important and necessary to learn about

• your bipolar disorder or the disorder your beloved one suffers from

• to learn how to cope with the problems you (both) encounter

• to obtain the skills for self management and to experience to be empowered to get confidence in your future!
Group Psycho Education

- Investigations and research pointed out that psycho education in a group is even more effective than the same content of psycho education for an individual.
- Effective in terms of ARRR=absolute risk reduction of relapse.
- So in this new Dutch course the present of key-persons is important.
Psycho education recommended

• In treatment guidelines such as from the ISBD= International Society of Bipolar Disorder

• not merely to provide information, but also

• to foster an alliance whereby a patient becomes an active collaborator in treatment which will raise the compliance

• this will also improve the, most wanted, shared decision making
The group

• Mostly about 15 -20 persons
• In de preparation there will be asked explicit to attend with a key-person: partner, brother, sister, friend etc.
The Psycho-Education Course

the new Dutch prototype:
preceding information talk

• 12 sessions
• a manuel for the facilitator(s)
• a workbook for the participants: patients and key persons
• evaluation included
• 12 th session: information by an experience-expert from the VMDB
IMPORTANT

learning about

the meaning of the

the bipolar disorder to you and your key persons

how to cope with the problems arise from this disorder

obtaining skills to accept being ill
to develop self management
feeling empowered for the future
Empowerment

conception, in Dutch, mostly used in mental health care

term not translated in Duth language

means:

when you feel empowered you are actively able to develop your capacities in your own life by individual skills, self confidence, and you are autonomous to decide for yourself
CONCLUSION

• to follow a cours of psycho education fosters better/good coping with the bipolar disorder for both patients and key persons it is proved that PE will diminish relapses: a very important perspective for those who suffer from a bipolar disorder.
Thank you!

- for your attention
- for your questions and comments
- for telling others about psycho-education for bipolar patients and their key persons

Cécile S.H. Aelberts-van de Ven - VMDB - 29th of september 2014- RAI - Amsterdam