Evidence Based Treatments or Evidence Based Services?

Have we lost sight of the wider picture

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October 2011

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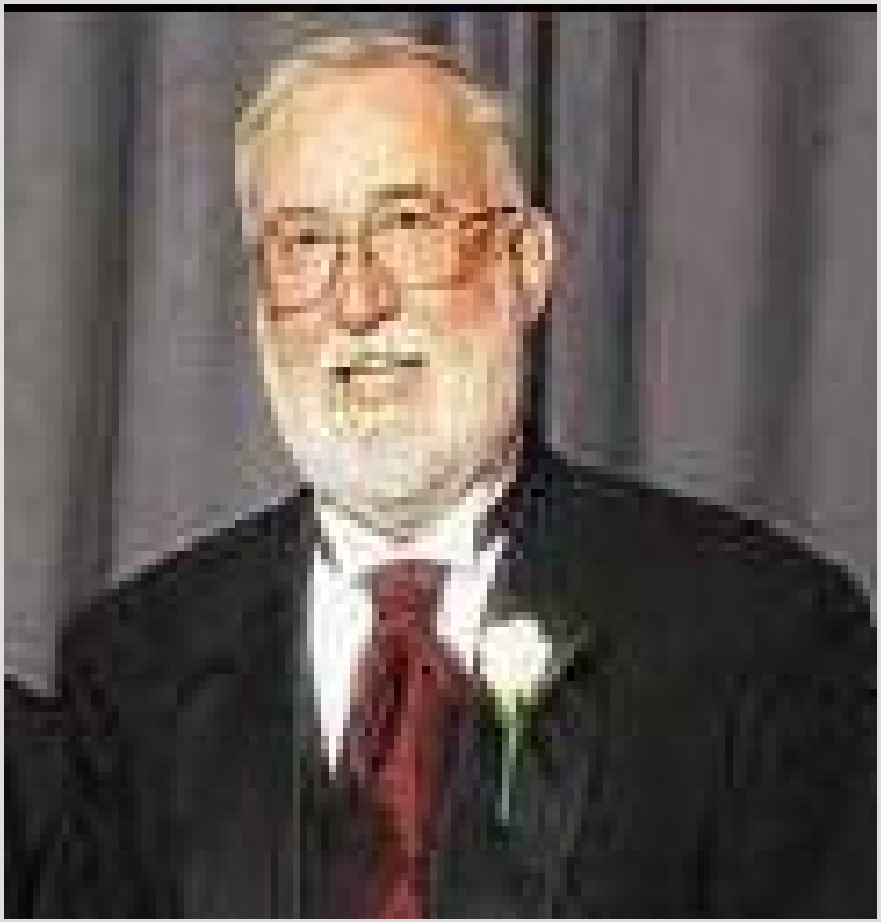
Limitations of evidence based practice

- We have become too narrow in what we consider to be relevant research
- We draw conclusions from such research that are too restrictive
- We do not pay sufficient attention to the service context in which treatment is provided

Evidence-based medicine is the conscientious, **explicit and judicious use of current best evidence** in making decisions about the care of individual patients.

The practice of Evidence Based Medicine means **integrating individual clinical expertise** with the best available **external clinical evidence from systematic research**



Sackett *et al* (1996) Evidence based medicine: what it is and what it isn't. *BMJ*. **312**, 71-2,

- Evidence based practice
- Evidence based treatments

Evidence-Based Treatment and Practice

New Opportunities to Bridge Clinical Research and Practice, Enhance the Knowledge Base, and Improve Patient Care

Alan E. Kazdin
Yale University

April 2008 • American Psychologist

 0003-066X/08/$12.00
Vol. 63, No. 3, 146–159 DOI: 10.1037/0003-066X.63.3.146

"Evidence-based practice (EBP) is a broader term *[than Evidence-based treatment] and refers to clinical* practice that is informed by evidence about interventions, clinical expertise, and patient needs, values, and preferences and their integration in decision making about individual care"

Eating disorder focussed family therapy

is an effective treatment for adolescent

anorexia nervosa

Evidence for the effectiveness of Eating disorder focussed family therapy

Minuchin et al 1978

Eisler et al in 2007

Lock et al 2010

Martin, 1985

Mayer, 1994

Lock et al 2005

Herscovici & Bay 1996

Le Grange et al 1992

Ball & Mitchell 2005

Le Grange et al 2005

Lock et al 2006

Robin et al 1994

Russell et al 1987

Robin et al 1999

Dare, 1983

Eisler et al 2000

Eisler et al 1997

There is emerging evidence that

Intensive multi family therapy

is similarly effective to single family therapy

(and possibly somewhat more effective)

Evidence for the effectiveness of Multi family therapy

Dare & Eisler, 2000

Scholz & Asen 2001

Eisler et al in preparation

Scholz et al 2005

Salaminiou et al submitted

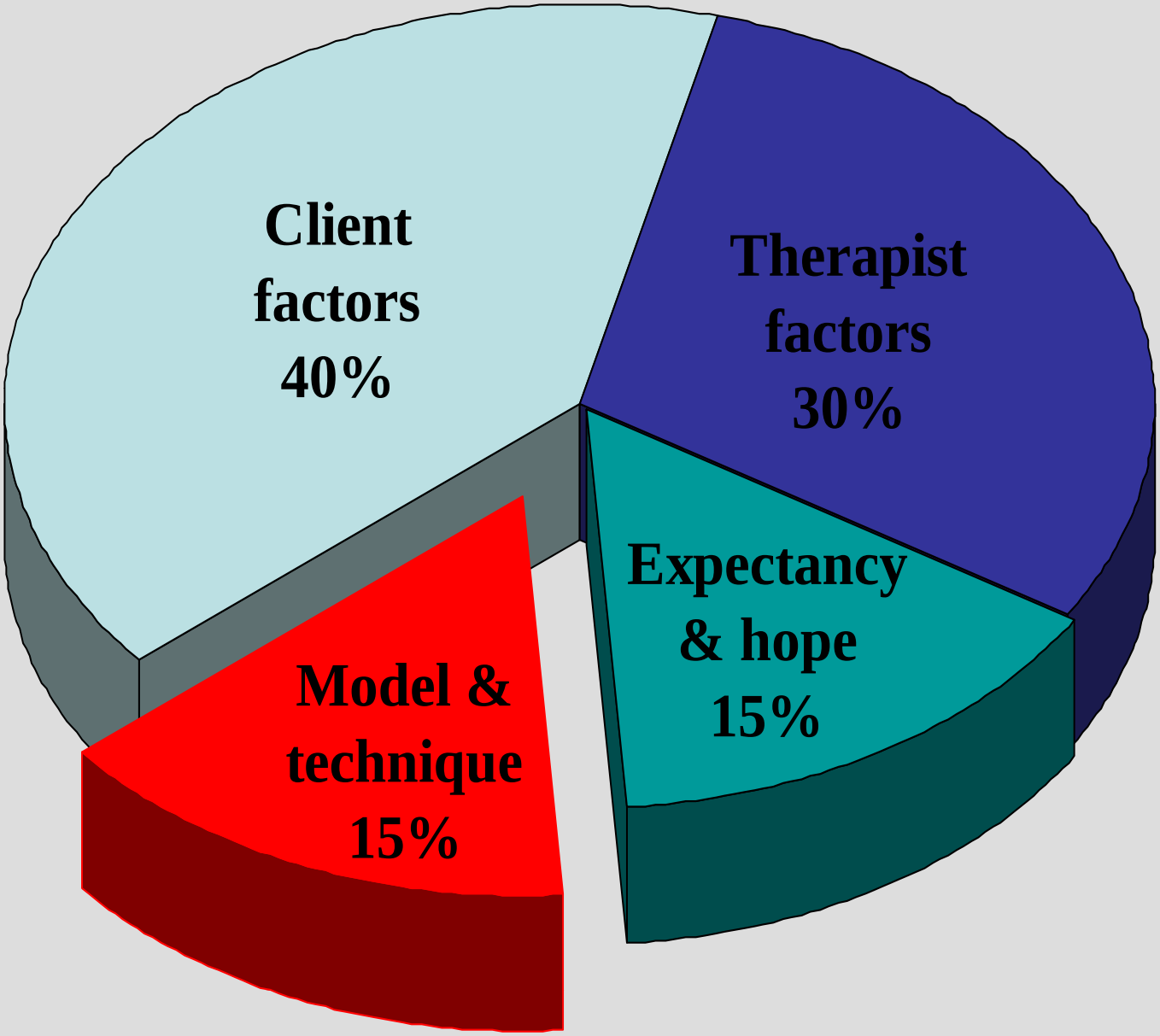
Rhodes et al

Questions about effective treatments

- Who does FT work for best (moderator Q)
- How does effective FT work (mediator Q)
- How do we ensure wide availability of FT (dissemination Q)
- How do we ensure that FT is used well (fidelity Q)

but

Common factors in psychotherapy

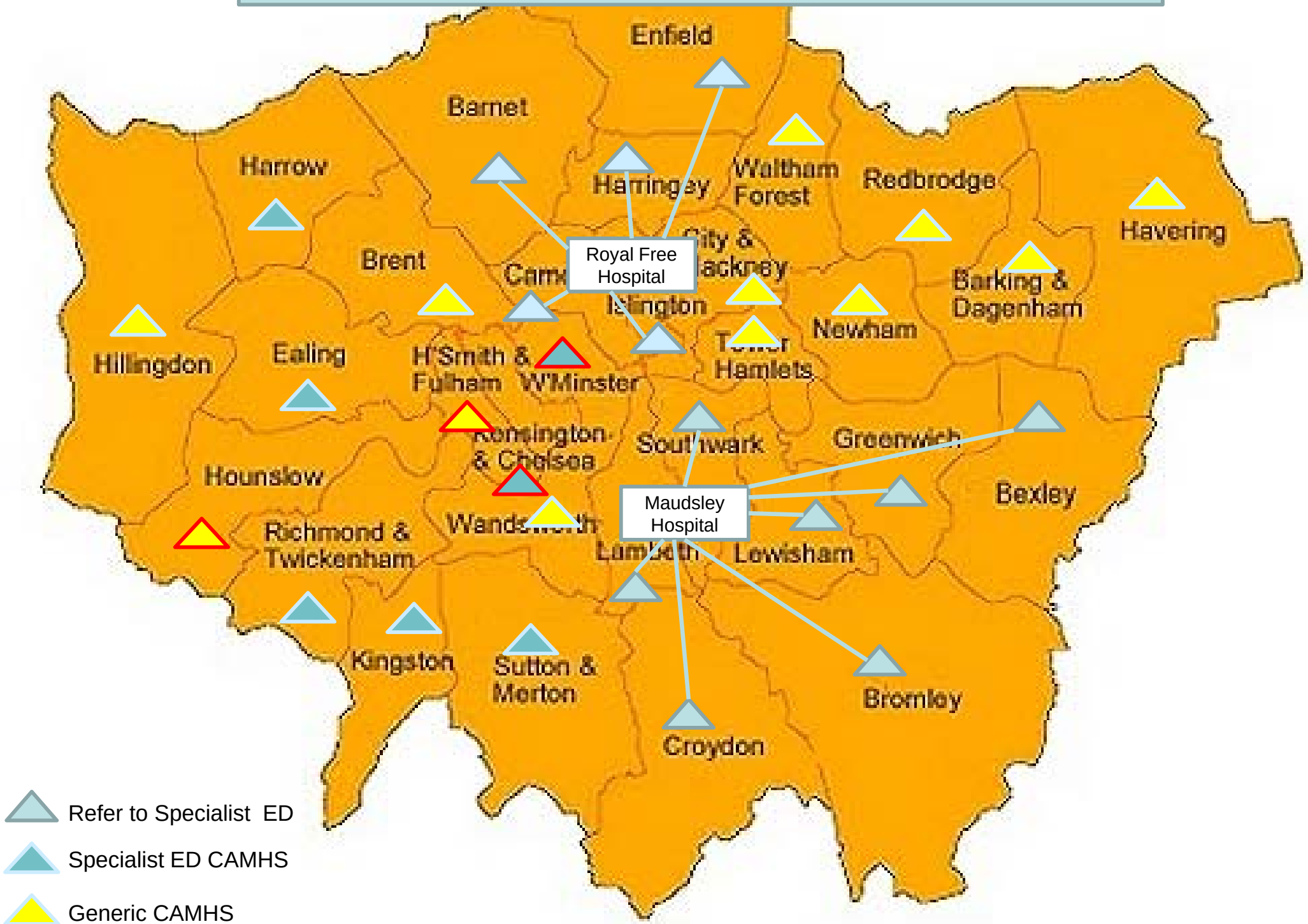


Impact of service contexts on treatments and outcomes

London care pathways study

- All services across London beyond primary care approached (NHS as well as private)
- Services asked to identify ED cases for 2007/08 aged 13-17 years
- Total of 42 services took part
- 27 CAMHS services took part (4 refused or agreed but failed to provide data)
- 479 cases identified of whom **378 met inclusion criteria**

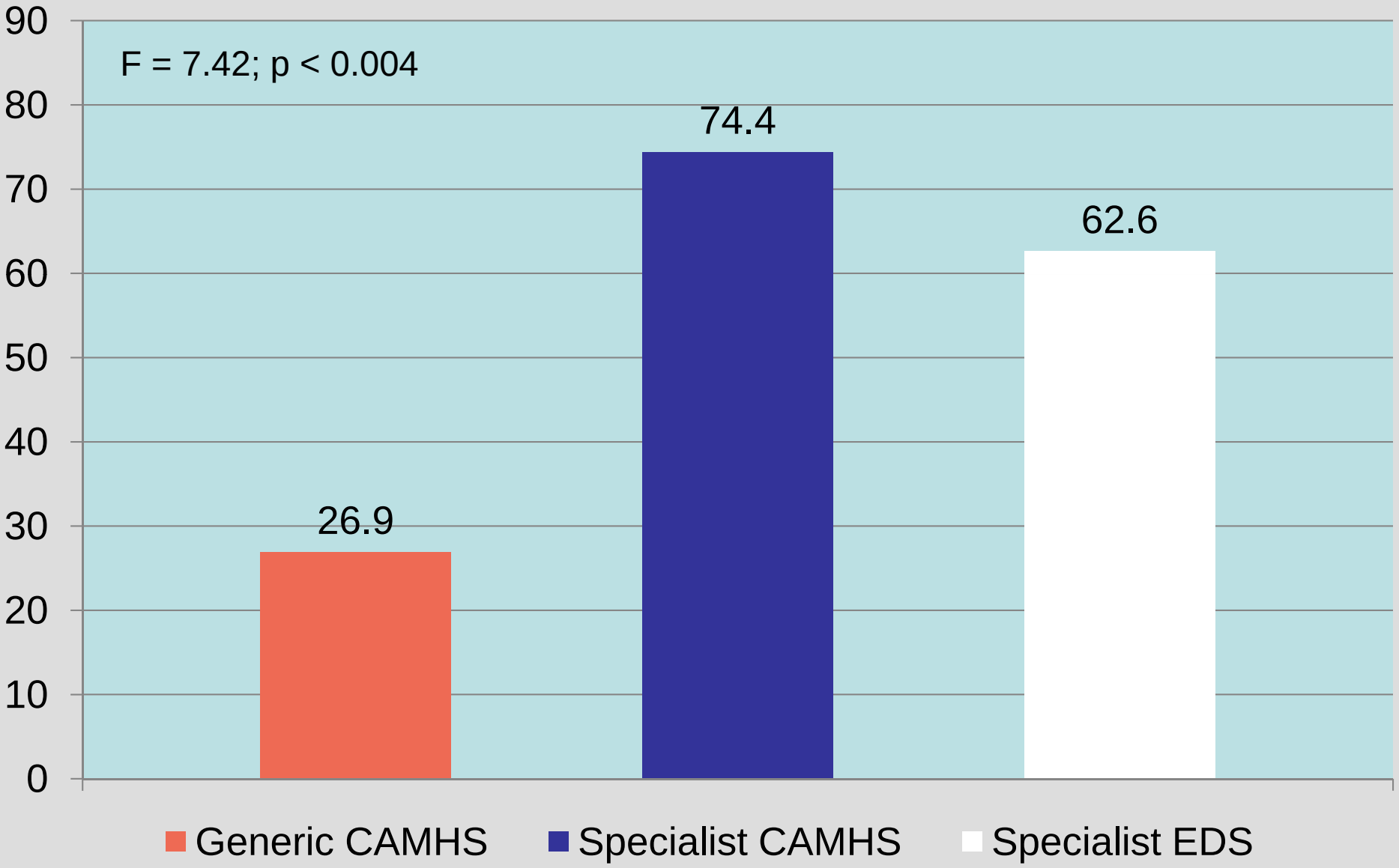
Child and adolescent ED care pathways in London by PCT



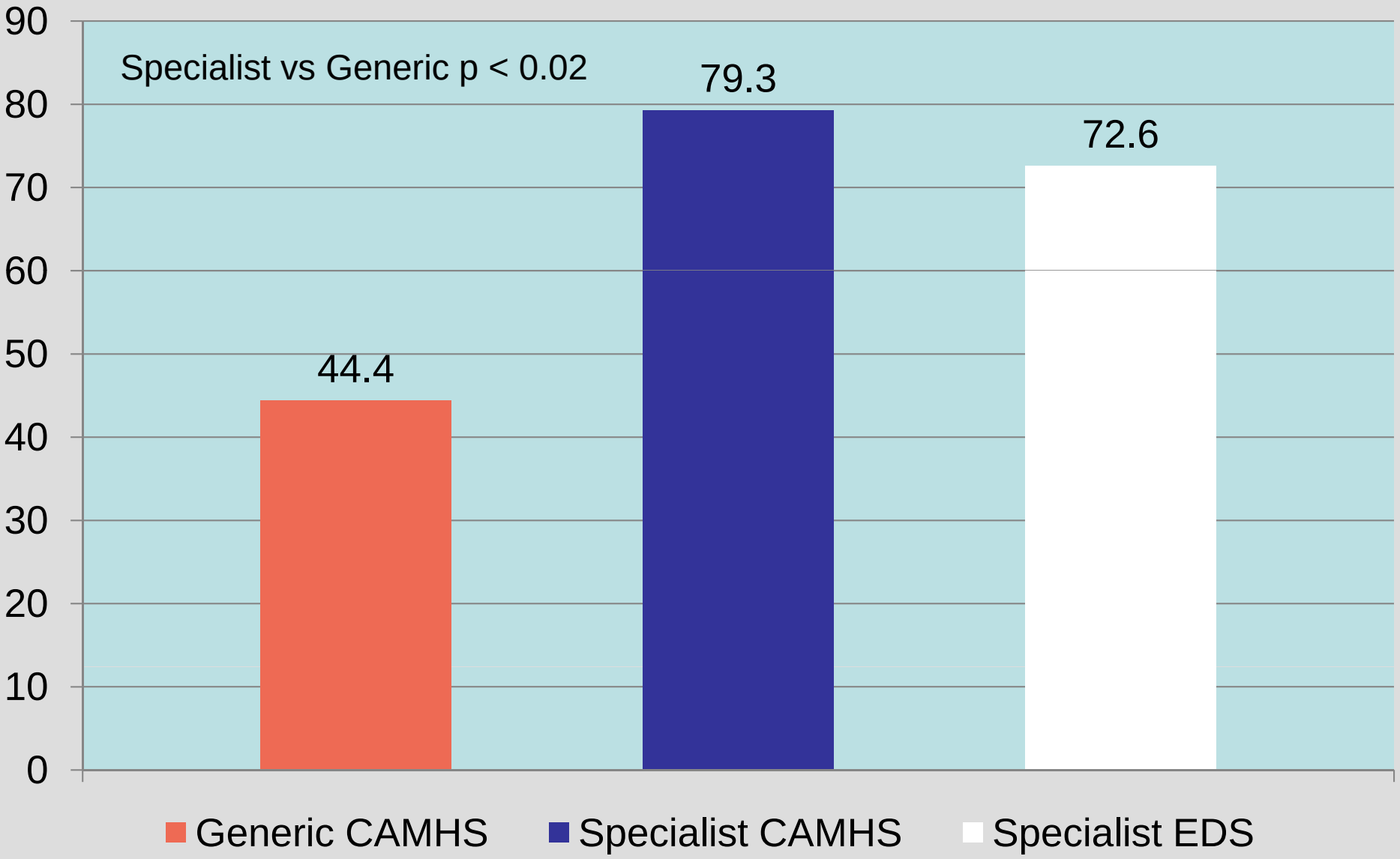
Aims of study

- Assess the impact of availability of specialist outpatient ED services on:
  - Rates of case identification
  - Rates of inpatient admissions
  - Clinical outcome
  - Health economic costs

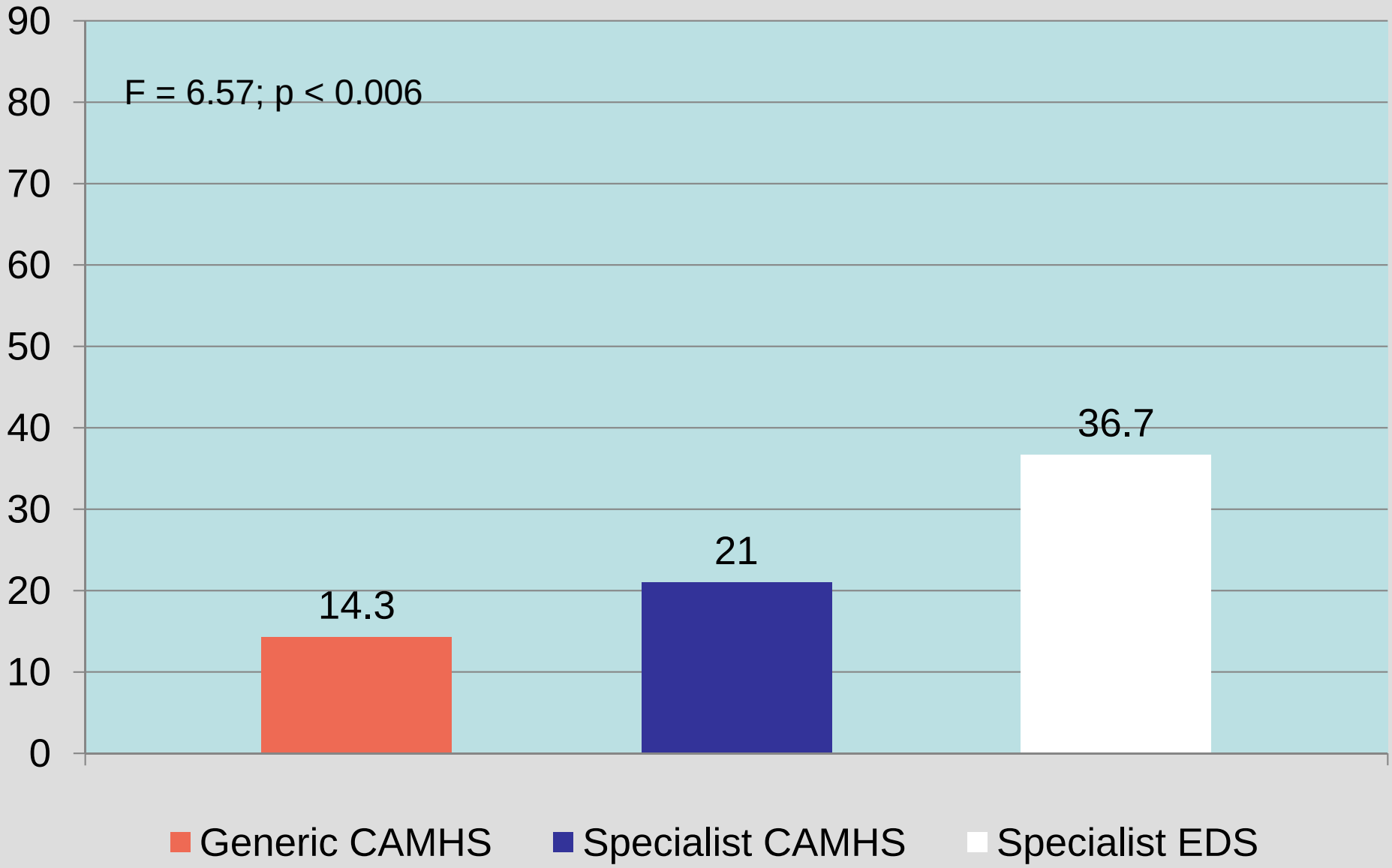
Observed Incidence of AN per 100,000 females aged 13-17 years (London CPS)



Estimated Incidence of AN per 100,000 females aged 13-17 years (London CPS)



Estimated incidence of BN per 100,000 females aged 13-17 years (London CPS)



Eating disorders in London

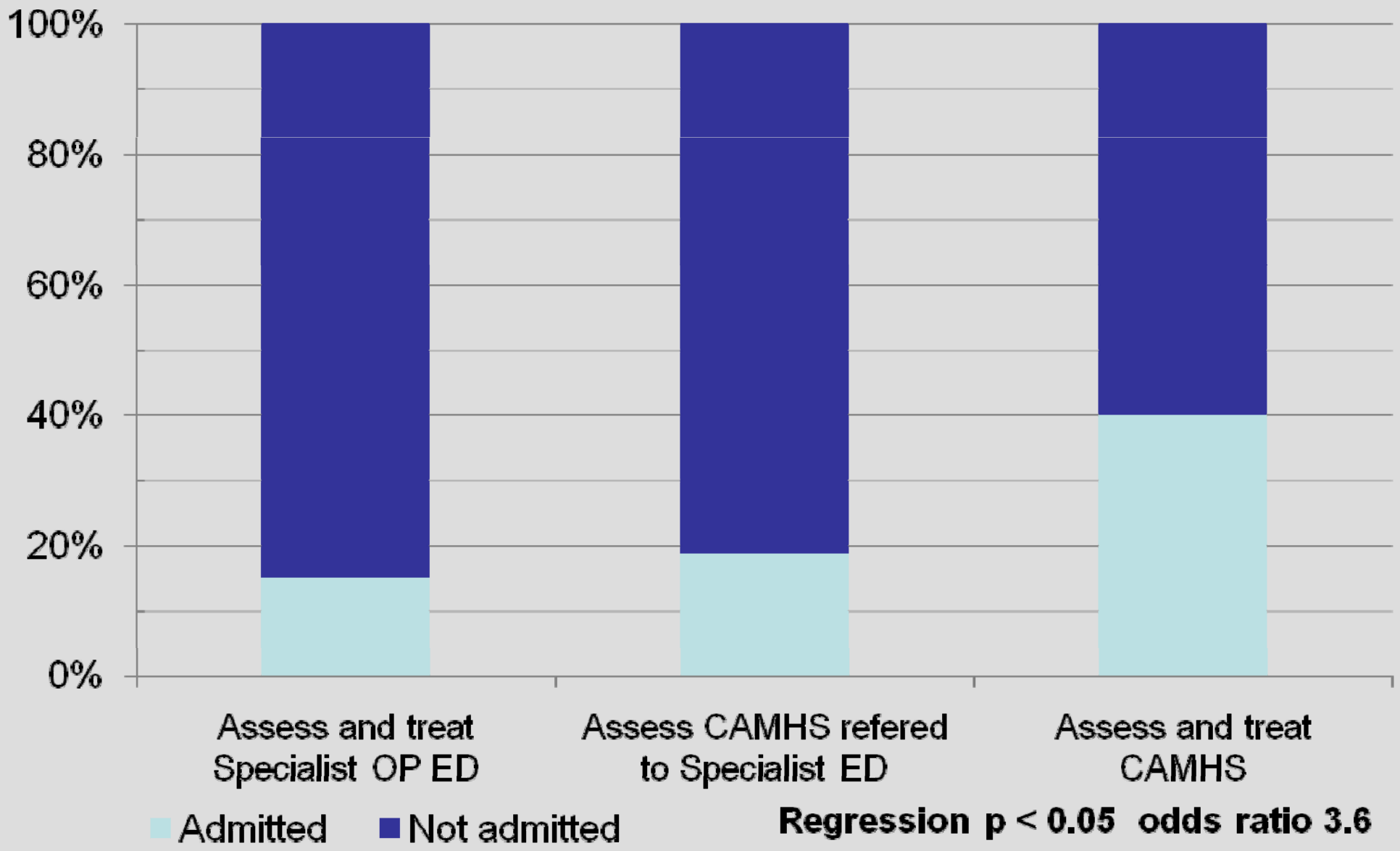
- Estimated 150-200 new cases of AN in London/year
  - Good identification in specialist services
  - Poor identification in generic CAMHS services
- Estimated150-200 new cases of BN in London/year
  - Poor identification specialist services
  - Significantly worse identification in generic CAMHS services

Actual Care Pathways London

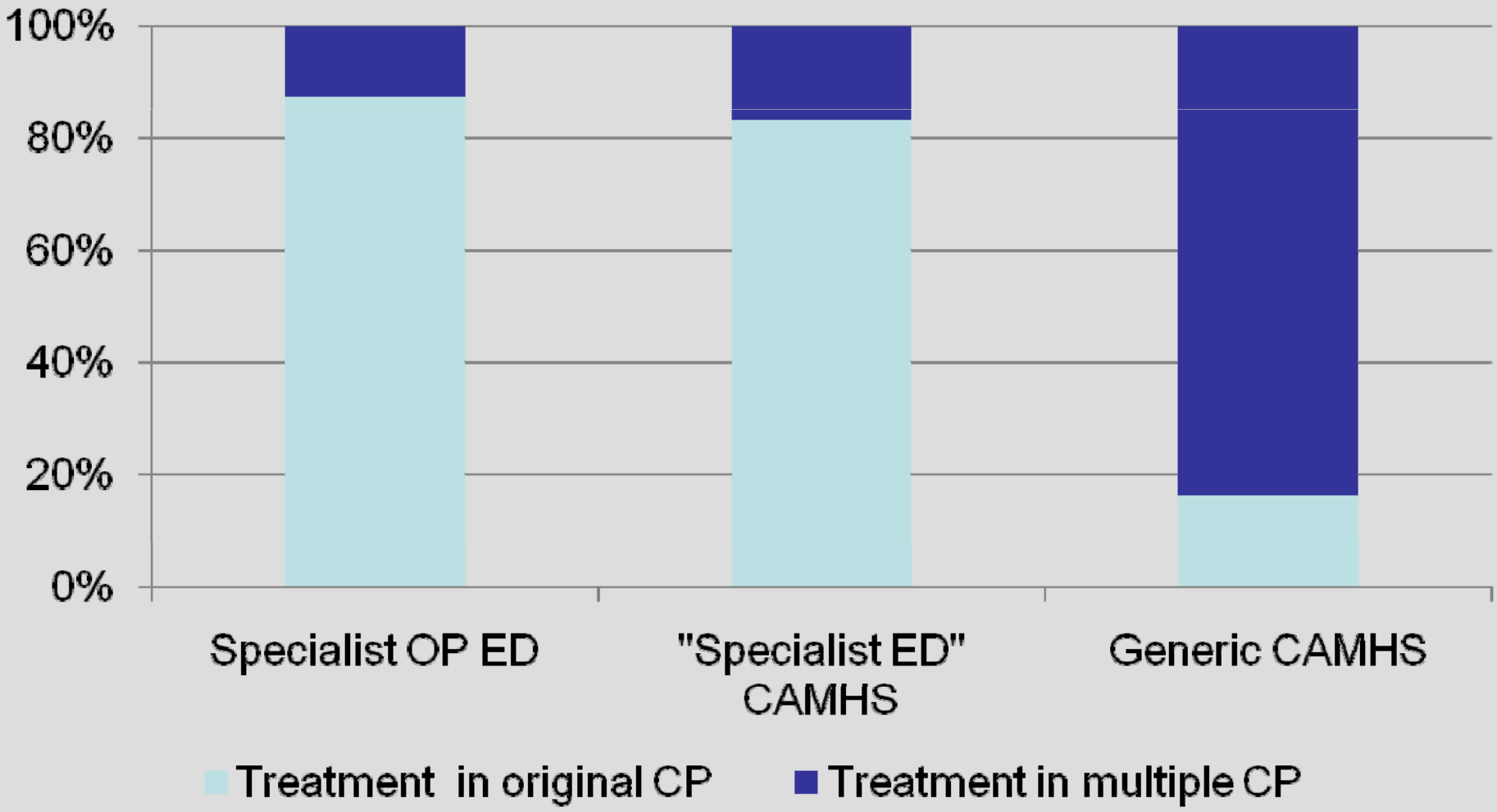
Data obtained for 27/31 Primary Care Trusts

Detailed data based on 90 cases who gave consent for their case files to be reviewed

Outpatient and inpatient treatment in different settings (by care pathway)



Changes in care pathways in different treatment settings



Conclusions: **evidence based treatments or evidence based services?**

- Family therapy and multi family therapy for adolescent anorexia nervosa work

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- Specialist outpatient CAED services identify two or more times as many ED cases as generic CAMHS
- Specialist CAED are able to significantly reduce the need for admissions to hospital
- In specialist CAED 80-90% receive continuous care
- In generic CAMHS 80% continuing care is rare (20% of those assessed; 40% of those who are offered treatment)

Conclusions continued:

Somewhat more speculative

- Developing specialist outpatient services is probably the bets way of providing clinically effective treatment
- Specialist outpatient services are the most cost effective way of providing treatment
- Easy access to such services is likely to increase early referrals further reducing the long term health economic costs
- Specialist services offer an ideal context of disseminating evidence based treatments and maintain the skills within the team