Evidence Based Treatments or Evidence Based Services?

Have we lost sight of the wider picture

Ivan Eisler
and colleagues

Royal College of Psychiatrists
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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

• Evidence based practice
• Evidence based treatments
"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
Mayer, 1994

Martin, 1985
Herscovici & Bay 1996

Lock et al 2005

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

Eisler et al in preparation

Scholz & Asen 2001

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

- Client factors: 40%
- Therapist factors: 30%
- Expectancy & hope: 15%
- Model & technique: 15%
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
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)

F = 7.42; p < 0.004

- Generic CAMHS: 26.9
- Specialist CAMHS: 74.4
- Specialist EDS: 62.6
Estimated Incidence of AN per 100,000 females aged 13-17 years (London CPS)

Specialist vs Generic $p < 0.02$

- Specialist CAMHS: 79.3
- Generic CAMHS: 44.4
- Specialist EDS: 72.6
Estimated incidence of BN per 100,000 females aged 13-17 years (London CPS)

F = 6.57; p < 0.006

- Generic CAMHS: 14.3
- Specialist CAMHS: 21
- Specialist EDS: 36.7
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

- Estimated 150-200 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)

Regression p < 0.05  odds ratio 3.6
Changes in care pathways in different treatment settings

- Specialist OP ED
- "Specialist ED" CAMHS
- Generic CAMHS

- Treatment in original CP
- Treatment in multiple CP
Conclusions: evidence based treatments or evidence based services?

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

• 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 best 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.