

Evaluation of patient outcome measure questionnaires across Psychodynamic Psychotherapy services in North East London.

Dr Anna Croxford¹, Dr Giedre Cesnaite¹, Dr Paul Cundy², and Dr Andrew Soutter¹.
¹Walthamstow / ²Barking and Dagenham Psychodynamic Psychotherapy Service.

INTRODUCTION

- Outcome measure questionnaires are widely collected from patients receiving Psychodynamic Psychotherapy in the NHS, although systems are not always in place for them to be analysed and utilised.
- The patient completed outcome measure questionnaires of the CORE Outcome Measure (CORE-OM)¹, Warwick-Edinburgh Mental Wellbeing Scale (WEMWS)², and Inventory of Interpersonal Problems-25 (IIP-25)³ have been routinely collected at the beginning, middle, and end of treatment across four Psychodynamic Psychotherapy services across North East London NHS Foundation trust and uploaded onto the Patient Owned Database at the Anna Freud Centre providing a wealth of data for analyses.
- CORE-OM scores indicate levels of mental distress (figure 1) and define reliable and clinically significant change (see results),¹ WEMWS scores indicate mental wellbeing and probability of depression,² and IIP-25 screens for personality disorder including 5 subscales.³
- We aimed to complete initial quantitative analyses of the questionnaire data to demonstrate the severity of mental disorder in patients treated across the services and reported changes in their mental wellbeing through treatment.

METHODS

- CORE, WEMWS, and IIP-25 questionnaires available via the database from November 2013 to August 2019 were transferred to excel where data was enumerated for descriptive analyses in SPSS statistics 22.
- Total questionnaire scores for patients who returned three questionnaire sets are presented below for each measure at baseline and treatment completion in accordance with each outcome measure's clinical scoring system.

RESULTS

CORE-OM:

- 250 questionnaires were available; 94.4% for individual therapy, including 32 complete questionnaire sets (40.4%) of which the below results relate to.
- Most patients scored as severe at baseline (questionnaire 1) on the CORE-OM (figure 1 and 2).
- From baseline to treatment completion questionnaire, there was a shift across the 6 score categories towards health (3.1% to 12.5%), and a reduction in severe pathology ((37.5% to 12.6%) figure 1). Shifts in category as treatment progresses are shown by sequential questionnaires in figure 2.
- 46.9% (15 of 32) demonstrated a 'reliable clinical' change comparing end of treatment and baseline questionnaire. Reliable change is change that exceeds that which might be expected by chance alone or measurement error and is represented by a change of 5 or more in the clinical score.¹
- 3 questionnaire sets showed 'clinically significant change', which is defined as when a client's CORE score moves from the clinical to the non-clinical population.¹

WEMWS:

- 226 questionnaires were available; 94.7% for individual therapy, including 31 complete questionnaire sets (41.2%) and of which these results relate to.
- At baseline 81.7% of patients scored for probable depression, 9.7% for possible depression, and none scored for high mental wellbeing.
- At treatment completion questionnaire there was a reduction (22.6%) in patients scoring for probable depression, and increases for possible depression (3.2%) and scoring below depression threshold (12.9%) and high mental wellbeing (0 to 6.5%).

IIP-25

- 232 questionnaires were available, 94.8% for individual therapy, including 31 complete questionnaire sets (40.1%) of which these results relate to.
- At baseline 90.3% of patients scored for definite personality disorder compared to 83.9% at treatment completion questionnaire.

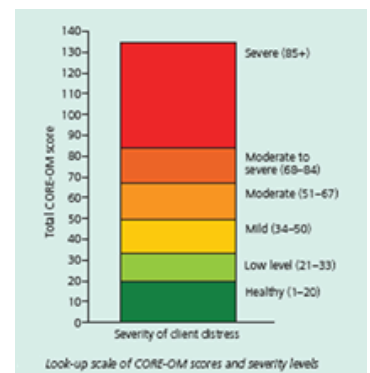


Figure 1: CORE-OM scoring.¹

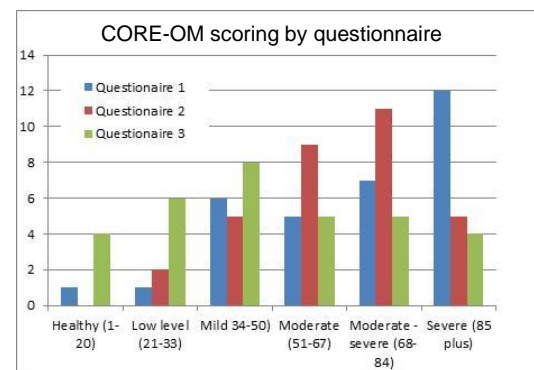


Figure 2: Number of patients scoring in each score category at each questionnaire point.

DISCUSSION AND CONCLUSIONS

- These NHS patients treated with Psychodynamic Psychotherapy reported high levels of mental distress and depression as baseline, and many met threshold for personality disorder. Improvements in depression and mental wellbeing were reported at treatment completion.
- Further collaborative work is required to evaluate the in-house and across service usefulness of outcome measures in evaluating treatment effectiveness, including in relation to external and funding bodies. Longer term follow-up one year post treatment completion may be useful.⁴

REFERENCES

- https://www.coreims.co.uk/About_Core_System_How_Used.html. Accessed on 30.3.21.
- <https://warwick.ac.uk/fac/sci/med/research/platform/wemws>. Accessed on 30.3.21.
- Baer, L. & Blais, M. Handbook of Clinical Rating Scales and Assessment in Psychiatry and Mental Health. Springer Science & Business Media 2009.
- Fonagy, P. et al. Pragmatic randomised controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: The Tavistock Adult Depression Study (TADS). World Psychiatry 2015; 14:312-321.