Evidence for

Psychodynamic Therapy

in Specific Mental Disorders

Prof. Dr. Falk Leichsenring

Clinic of Psychosomatics and Psychotherapy
University of Giessen

Criteria of Evidence-based Medicine

- Evidence-based Medicine Working Group
  (Sacket, 1989; Cook et al., 1995; Guyatt et al., 1995)
- Canadian Task Force on the Periodic Health Examination (1979, 2004)
- Cochrane Collaboration (Clark & Oxman, 2003)

Psychotherapy Research

- American Psychological Association (APA, Chambless & Hollon, 1998)
- Roth & Fonagy (2005)
- Nathan & Gorman (2015)

Criteria for Efficacy

- Randomized Controlled Trials (RCTs): "Gold Standard"
- Random assignment to treament conditions
- Comparison with a control condition
- Use of treatment manuals
- Specific mental disorder (e.g. Social Phobia or PTSD)

- Critical discussion of RCTs

Strengths and Limitations of RCTs
(Efficacy Studies)

- controlled experimental conditions
- internal validity usually high
- external validity may be limited
  (not sufficiently representative of clin. practice
- effectiveness studies; conditions of clinical practice

Review on the Efficacy of Psychodynamic Therapy

- Using the criteria of EBM/APA

- Randomized Controlled Trials (RCTs)
- Treatment Manuals
- Treatment of a specific mental disorder

Method

- Computerized Search (MEDLINE, PsycINFO)
- Key words: psychodynamic, psychoanalytic, (psycho-) therapy, empirical study
- Textbooks, Journal Articles
- Period: 1960 – September 2017

Results

- Screen a large number of journal articles
- “Digging for Gold“
- RCTs fulfilling the inclusion criteria

Depressive Disorders (MDD)

- **RCTs: STPP vs. Cognitive-Behavioral Therapy (CBT)**
- **STPP = CBT**
  - Thompson et al. (1987; Gallagher-Thompson et al., 1990)
  - Gallagher et al. (1994)
  - Shapiro et al. (1994; 1995)
  - Barkham et al. (1996)
  - Cooper et al (2003)
  - Driessen et al (2013): STPP: N=177 CBT: N=164 Remission: 24% vs. 21%
  - Connolly et al (2016): STPP: N=118 CBT: N=119

Depressive Disorders

- **Meta-Analyses**

  Leichsenring (2001): STPP=CBT

  Cuipers et al (2009): STPP=CBT=IPT

  Driessen et al (2015):
  STPP (individual) = other psychotherapies (individual)

Anxiety Disorders

- Milrod et al. (2007): Panic Disorder
  - STPP > CBT (Applied Relaxation, Öst)
- Milrod et al. (2015): Panic Disorder
  - STPP = CBT (response rates)

Anxiety Disorders

- Crits-Christoph et al. (2005): GAD
  - STPP > Supportive Therapy (remission rates)
- Leichsenring et al (2009): GAD
  - STPP = CBT; STPP < CBT

Anxiety Disorders

- Knijnik et al. (2004): Social Phobia
  - STPP > Placebo
- Bögels et al. (2015): Social Phobia
  - STPP = CBT
- Leichsenring (2013, 2014): Social Phobia

Large-scale multicenter RCT in social phobia: SOPHO-NET *

- Leichsenring et al (2013, 2014, Am J P)
  - N=494 patients with Social Phobia
  - STPP vs CBT vs Waiting list
  - N= 207 vs. 209 vs 79

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Large-scale multicenter RCT in social phobia: SOPHO-NET

CBT vs STPP

- CBT = STPP (response rates): 60% vs 52%
- CBT > STPP (remission rates): 36% vs 26%
- all differences were small ($h \leq 0.23$) and below a priori set margin of 15%

Large-scale multicenter RCT in social phobia: SOPHO-NET

- Follow-up: 6, 12, 24 months
- Treatment effects were stable, tending to increase
- CBT = STPP

Meta-Analysis in Anxiety Disorders

Keefe, McCarthy, Dinger, Zilcha-Mano, Barber (2014)

- STPP > Controls (WL, Supportive Therapie): g=0.64
- STPP = other therapies
  - Post: g = 0.02
  - ≤ 1-YFU: g = -0.11
  - > 1Y FU: g = -0.26

Somatoform Disorders

- Guthrie al. (1991): irritable bowl syndrome
  - STPP > TAU
- Creed et al. (2003): irritable bowl syndrome
  - STPP > TAU
- Hamilton et al. (2000): chron. functional dyspepsia
  - STPP > Supportive Therapie
- Monsen & Monsen (2000): somatof. pain disorder
  - STPP > control (no treatment or TAU)
- Sattel et al (2011): somatoform disorders
  - STPP >TAU (enhanced medical care)

Somatoform Disorders

Meta-Analysis (Abbass, Kisley, Kroenke, 2009)

- Somatic Disorders
- STPP > Controls
- effects stable in follow-up
- improvements in physical and psychological symptoms, social functioning

Personality Disorders
Cluster C

- **RCTs**
  - Winston et al. (1994): Cluster C Personality Disorders
    - STPP > Waiting List
  - Svartberg et al. (2004): Cluster C Personality Disorders
    - STPP = CBT
  - Muran et al. (2005): Cluster C Personality Disorders
    - STPP = CBT= brief relational therapy
  - Abbass et al. (2008): Personality Disorders
    - STPP > minimal contact

Borderline Personality Disorder

- Bateman & Fonagy (1999; 2001)
  - LTPP (MBT) > TAU
- Bateman & Fonagy (2009)
  - LTPP (MBT) > Structured Clinical Managem.
- Clarkin et al (2007)
  - LTPP (TFP) ≥ DBT, SupportiveTherapy
- Doering et al (2010)
  - LTPP (TFP) > TAU (experienced community therapists)
- Gregory et al (2008)
  - LTPP > TAU

Borderline Personality Disorders

Meta-Analysis (Cristea et al., 2017)

- PDT > Controls (TAU, other therapies): g=0.41
- DBT > Controls (TAU, other therapies): g=0.35
- CBT = Controls (TAU, other therapies): g=0.24 n.s.

Eating Disorders

- **Bulimia Nervosa**
  - Fairburn et al. (1986, 1995)
    - STPP = CBT (bulimic episodes, vomiting)
  - Garner et al. (1993)
    - STPP = CBT (bulimic episodes, vomiting)
  - Poulsen et al. (2014): LTPP < CBT
  - Bachar et al. (1999)
    - STPP > Cognitive Therapy
    - STPP > Control (nutritional counseling)

Eating Disorders

- **Anorexia Nervosa**
  - Gowers et al. (1994)
    - STPP > TAU
  - Dare et al. (2001)
    - STPP > TAU
- **Binge Eating (Tasca et al. 2006)**
  - STPP = CBT > Waiting list (e.g. days binged)

Anorexia Nervosa

Zipfel, Herzog et al (Lancet, 2013)

- LTPP vs E-CBT vs O-TAU (Primary Outcome: BMI)
- N = 80 : 80 : 82
- Sessions: LTPP: 39.9 E-CBT:44.8 O-TAU: 50.8
- LTPP = E-CBT = O-TAU

Anorexia Nervosa

Zipfel, Herzog et al (Lancet, 2013)

12 MFU: recovery (PSE 1 or 2 and BMI > 18.5):

- LTPP: 35%
- E-CBT: 19%
- O-TAU: 13%

- LTPP > O-TAU
- E-CBT= O-TAU
- LTPP vs E-CBT: n.s.

PTSD

- STPP= CBT= Hypnotherapy (Brom et al., 1989)
- STPP > Waiting list (Steinert et al., 2016, 2017)

Further Evidence

- **Alcohol misuse**: STPP= CBT (Sandahl et al., 1989)
- **Opiat Addiction:**
  - **STPP=CBT>Drug Counseling** (Woody et al., 1990)
  - **STPP >Drug Counseling** (Woody et al. 1995)

Short- vs. long-term Psychotherapy

Short- vs. Long-Term Psychotherapy: Dose–effectiveness relationships

- Acute mental problems: 20 sessions are sufficient to achieve remission in 70% of patients (Kopta et al., 1994)
- Chronic mental disorders: 50 sessions required for remission of 70% of patients (Kopta et al., 1994)
- Personality Disorders: 50 sessions are nor sufficient for remission of 50% of patients (Kopta et al., 1994)

Improving Access to Psychological Therapies: (IAPT)

- low intensity CBT (< 8 sessions, in person or via telephone, assisted by computerized learning modules)
- 53% of remitters relapsed within 1 year (Ali et al., 2017)
- the majority (79%) relapsed within the first 6 months post-therapy (Ali et al., 2017)

Short- vs. Long-Term Psychotherapy: Dose–effectiveness relationships

There is a time for everything …

Meta-Analysis: LTPP*

- LTPP (at least 50 sessions or 1 year)
- Complex Mental Disorders: chronic, multimorbid, personality disorders
- overall outcome, target problems, general symptoms, personality functioning, and social functioning
- Large effect sizes for LTPP
- stable in FU; increased significantly during FU
- LTPP > shorter forms of treatment (8 studies)

* Leichsenring, F & Rabung, S, E (2008). Effectiveness of long-term psychodynamic therapy: a meta-analysis *JAMA*, *300,* 1551-1564.

Meta-Analysis of LTPP*: an update

- LTPP (at least 50 sessions or 1 year)
- Complex Mental Disorders
- 10 controlled studies
- LTPP > shorter forms of treatment
- Between-group effect sizes
  - Overall 0.54
  - Target problems 0.49
  - General psychiatric problems 0.44
  - Personality functioning 0.68
  - Social functioning 0.62

* Leichsenring, F Rabung, S (2011). Long-term psychodynamic psychotherapy in complex mental disorders: update of meta-analysis. *British Journal of Psychiatry*, 199, 15-22.

LTPP: Another update 2013

- Leichsenring, Abbass, Luyten, Hilsenroth, Rabung (2013)
- Results were corroborated

* Leichsenring et al (2013). The emerging evidence for long-term psychodynamic psychotherapy. *Psychodynamic Psychiatry, 41, 361-384.*

Long-term Psychodynamic Therapy

- Results support those reported by Olavi Lindfors and Felicitas Rost

Reviews

Short-term psychodynamic psychotherapies for common mental disorders (Review)

Abbass AA, Kisely SR, Town JM, Leichsenring F, Driessen E, De Maat S, Gerber A, Dekker J, Rabung S, Rusalovska S, Crowe E

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2014, Issue 7

http://www.thecochranelibrary.com

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Cochrane Report (2014)

Abbass, Kisley, Town, Leichsenring, Driessen, deMaat, Gerber, Dekker, Rabung, Rusalovska, Crowe

- STPP vs. Controls
- Common mental disorders (dep, anx, personality etc.)
- Depressive symptoms
- anxiety symptoms
- somatic symptoms
- general psychiatric symptoms

Cochrane Report (2014)

Abbass, Kisley, Town, Leichsenring, Driessen, deMaat,
Gerber, Dekker, Rabung, Rusalovska, Crowe

STPP > Controls

- short-term ≤ 3-MFU
- medium-term 3-6-MFU
- long-term: effect sizes tended to increase (n.s.)

Reviews

- Leichsenring, Leweke, Klein, Steinert (2015). The empirical status of psychodynamic therapy: an update – Bambi´s alive and kicking. *Psychotherapy and Psychosomatics, 84, 129-148*

Reviews

- Leichsenring, Luyten, Hilsenroth, Abbass, Barber, Keefe, Leweke, Rabung, Steinert (2015). Psychodynamic therapy meets evidence-based medicine: a systematic review using updated criteria. *The Lancet Psychiatry, 2, 648-660.*

Meta-Analysis (Steinert et al., 2017): Am J P

- Is PDT as efficacious as treatments established in efficacy ?
- Controlled for researcher allegiance
- Logic of equivalence testing
- margin (g=0.25)
- two-one-sided tests (TOST)

Meta-Analysis (Steinert et al., 2017): Am J P

- across disorders (e.g. depressive, anxiety, personality disorders)
- PDT as effcacious as established treatments
- PDT as efficacious as CBT

Conclusions

Evidence for efficacy of psychodynamic therapy in:

- Depressive Disorders
- Anxiety Disorders (GAD, Social Phobia, Panic Disorder)
- PTSD
- Somatoform Disorders
- Eating Disorders (Anorexia, Bulimia, Binge Eating)
- Personality Disorders (Cluster C; BPD)
- Substance-related Disorders

Several approaches exist: e.g. CBT, PDT, IPT …

Is there a Gold Standard for Psychotherapy ?

Is CBT the gold standard for Psychotherapy ? (Leichsenring & Steinert, 2017, JAMA)

- Leichsenring & Steinert (2017, JAMA), we reviewed
- study quality
- efficacy (response rates)
- evidence for superiority
- meta-analyses or reviews by independent researchers

Is CBT the gold standard for Psychotherapy ? (Leichsenring & Steinert, 2017, JAMA)

- Study Quality is limited: 17% (24/144) of high quality (Cuijpers et al., 2016)
- Weak empirical tests: in 80% of 121 studies in anx dis test against waiting list (Depresson: 44%) Cuijpers et al 2016
- Uncontrolled researcher allegiance: neutering of control conditions (Wampold et al 2017: Clark et al, 1994, Gilboa–Schechtman et al 2010; Durham et al. 1994)

Is CBT the gold standard for Psychotherapy ? (Leichsenring & Steinert, 2017, JAMA)

- Mechanisms of change were not corroborated (e.g. negative triad, Kazdin, 2007)
- Limited efficacy: CBT is not a panacea (e.g. response: 50% in anxiety or depress dis) : Cuijpers et al, 2014, Craske & Stein 2017
- No clear evidence of superiority, e.g. in depr. or anx. disorders (Cuijpers et al, 2014; Tolin et al, Keefe et al)

Is CBT the gold standard for Psychotherapy ? (Leichsenring & Steinert, 2017, JAMA)

- no form of psychotherapy can presently claim to be the gold standard
- neither CBT, PDT, IPT or any other form
- monocultures not successful (e.g. only CBT)
- different approaches may be helpful to different patients

German Health Care System

German Health Care System

- PDT was shown to sign. reduce the days in hospital (Dührssen & Jorswieck 1965)
- PDT sig. reduced costs
- 1967 insurance companies decided to reimburse PDT
- 1987: CBT was included
- cost reduction was corroborated (Margraf et al, 2009)

German Health Care Sytsem

- Psychodynamic therapy and CBT: „Richtlinientherapien“, i.e. reimbursed by the insurance companies
- CBT and PDT are equally frequently applied.
- CBT: 24 - 80 sessions
- PDT: 24 - 100 sessions
- Psychoanalytic therapy: 80-300 sessions
- Mean: about 50 sessions (CBT, PDT, Psa)

Thank you for your attention !