

## 1.7 PSYCHOLOGICAL AND PSYCHOSOCIAL INTERVENTIONS FOR ADULTS WITH BIPOLAR DISORDER

### References to included studies:

1. Lam DH, McCrone P, Wright K, Kerr N. Cost-effectiveness of relapse-prevention cognitive therapy for bipolar disorder: 30-Month study. *British Journal of Psychiatry*. 2005;186:500-06.
2. Scott J, Colom F, Popova E, Benabarre A, Cruz N, Valenti M, et al. Long-term mental health resource utilization and cost of care following group psychoeducation or unstructured group support for bipolar disorders: a cost-benefit analysis. *Journal of Clinical Psychiatry*. 2009;70:378-86

Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Lam and colleagues (2005)  UK  Cost-effectiveness analysis	<u>Intervention:</u> Cognitive behavioural therapy (CBT) added to standard care (14 sessions on average for 6 months and two booster sessions for the following 6 months)  <u>Comparator:</u> Standard care (mood stabilisers at a recommended level and regular psychiatric outpatient follow-up)	<u>Population:</u> Adult outpatients with bipolar I disorder aged 18-70 years, without a bipolar episode at enrolment, who experienced frequent relapses despite the prescription of commonly used mood stabilisers  <u>Study design:</u> RCT (N = 101) (LAM2003)  <u>Source of effectiveness data:</u> RCT (N = 101)  <u>Source of resource use</u>	<u>Costs: Direct health and social services:</u> <ul style="list-style-type: none"> <li>• Hospital care: inpatient (psychiatric and general), outpatient, day hospital, accident and emergency</li> <li>• Staff: psychiatrists, GPs, psychologists, social workers, counsellors, other therapists</li> <li>• Community mental healthcare, day centres</li> <li>• Residential care, support groups</li> <li>• Medication</li> </ul> <u>Mean cost per person:</u> <b>12 months:</b> CBT: £4,383 (SD £5,264) Standard care: £5,356 (SD £6,599) <b>30 months:</b> CBT: £10,352 (SD £13,464) Standard care: £11,724 (SD £12,061) (differences not statistically significant)  <u>Primary outcome:</u> Mean number of days in / free from bipolar episodes	CBT added to standard care dominated standard care alone  Probabilistic analysis: Probability of CBT being cost-effective 0.85 at 12 months and 0.80 at 30 months, at a zero willingness to pay per additional day free from bipolar episodes  Probability of CBT being cost-effective 0.90 at 12 months and 0.85 at 30 months, at a £10 willingness to pay per additional day free from bipolar episodes	<u>Perspective:</u> NHS and social care <u>Currency:</u> UK£ <u>Cost year:</u> 1999/2000 <u>Time horizon:</u> 12 and 30 months <u>Discounting:</u> Not undertaken <u>Applicability:</u> Directly applicable <u>Quality:</u> Minor limitations

		<p><u>data:</u> RCT (N = 91 for 12 months and N = 83 Ffor 30 months), based on self report and hospital records</p> <p><u>Source of unit cost data:</u> National sources</p>	<p>per person</p> <p><u>Mean number of days in bipolar episodes per person:</u></p> <p><i>12 months:</i> CBT: 26.6 (SD 46.0) Standard care 88.4 (SD 108.9)</p> <p><i>30 months:</i> CBT: 95.3 (SD 152.1) Standard care: 201.0 (SD 95.3) (differences statistically significant)</p>		
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Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Scott and colleagues (2009)  Spain  Cost consequence analysis	<u>Intervention:</u> Group psychoeducation (up to 21 sessions over 6 months)  <u>Comparator:</u> Unstructured group support	<u>Population:</u> Adults with bipolar disorder type I or II aged 18–65 years, with at least 6 months of euthymia prior to entering the study  <u>Study design:</u> RCT (N = 120) (COLOM2003A)  <u>Source of effectiveness data:</u> RCT  <u>Source of resource use data:</u> RCT based on self report and hospital records  <u>Source of unit cost data:</u> \ hospital and other published sources	<u>Costs: Direct healthcare:</u> Inpatient, outpatient, emergency visits, medication, laboratory testing, group and individual psychological therapy  <u>Mean cost per person:</u> <i>Group psychoeducation:</i> €17,582 (SD €16,395) <i>Unstructured group support:</i> €20,909 (SD €17,392) (p > 0.05)  <u>Primary outcomes:</u> <ul style="list-style-type: none"> <li>• Number of people experiencing at least one relapse</li> <li>• Mean number of relapses per person</li> <li>• Mean number of days in episode per person</li> </ul> <u>Number of people experiencing a relapse:</u> <i>Group psychoeducation:</i> 51 (85%) <i>Unstructured group support:</i> 57 (95%) (p > 0.05)  <u>Mean number of relapses per person:</u> <i>Group psychoeducation:</i> 3.86 (SD 4.18) <i>Unstructured group support:</i> 8.37 (SD 6.02) (p < 0.05)  <u>Mean number of days in acute episode per person:</u> <i>Group psychoeducation:</i> 154.73 <i>Unstructured group support:</i> 586.45 (p = 0.01)	Group psychoeducation dominant (significantly more effective at no extra cost)	<u>Perspective:</u> Healthcare system <u>Currency:</u> Euros (€) <u>Cost year:</u> Not reported, likely 2006 <u>Time horizon:</u> 5.5 years (6 months of intervention plus 5 years post-intervention) <u>Discounting:</u> Not undertaken <u>Applicability:</u> Partially applicable <u>Quality:</u> Minor limitations