



Title	Clinical Effectiveness and Cost Consequences of Selective Serotonin Reuptake Inhibitors in the Treatment of Sex Offenders
Agency	NCCHTA, National Coordinating Centre for Health Technology Assessment Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX, United Kingdom tel: +44 2380 595586, fax: +44 2380 595639
Reference	Health Technol Assess 2002; 6(28). Nov 2002. www.ncchta.org/execsumm/summ628.htm

Aim

Systematically review the evidence on the clinical effectiveness and cost consequences of using selective serotonin reuptake inhibitors (SSRIs) in treating sex offenders.

Conclusions and results

The effectiveness review included 9 case series, but methodological quality was generally poor: only 2 enrolled consecutive patients, only 1 was prospective, and only 2 stated that participants were sex offenders. Followup was too short to assess long-term consequences on re-offence. Two-thirds of the studies reported some significant changes from baseline in the frequency of masturbation and the intensity of deviant fantasies. However, the scales used to assess the outcomes were subjective, and the validities not stated. This, along with openness to bias in the study designs, suggest that the results should be approached with caution. The search identified no cost effectiveness studies on SSRI treatment of sex offenders. Three cost-benefit analyses assessed the efficiency of treatment of sex offenders in general. The main costs associated with SSRI treatment were drug costs, estimated at £750/annum (max.). Optimal treatment duration was a source of uncertainty concerning the total cost of SSRI treatment. Considering the main identifiable costs and consequences indicated that assessing the efficiency of SSRIs is overly speculative, particularly in the absence of valid information on their effectiveness and the magnitude of any effect on recidivism.

Recommendations

Although SSRIs are clearly of potential importance in treating sex offenders, there is great uncertainty about their effectiveness. Hence, further research should be the main priority.

Methods

Bibliographic databases, including MEDLINE, EMBASE, and PsycINFO were searched up to Oct. 2001, supplemented by searching the Internet, recent conference abstracts, and the National Criminal Justice Reference System. Enquiries were made to pharmaceutical companies and experts. Inclusion criteria were predefined and allowed many research designs, including case series. Quality was assessed on criteria from the Cochrane Collaboration. Analysis was qualitative. Economic analysis involved systematic review of past economic evaluations, collation of cost information, and a cost-consequences analysis.

Further research/reviews required

A double-blind, randomized controlled trial is needed, preferably involving several centers, to compare best treatment plus SSRIs with best treatment plus placebo. Psychometric methods and/or measures of sexual arousal to assess the progress of sex offenders over at least 2 years may need to be used. The need to assess the cost effectiveness of SSRIs should be anticipated in future research. Decision analytic modeling may contribute directly and help further define information to which estimates of cost effectiveness are sensitive. Since sex offences are not a uniform entity, future research should distinguish among different types. The relationship between benefit and cost of SSRI treatment may vary considerably.

Written by Dr Yaser Adi, WMHTAC, University of Birmingham, UK