



Title	A Systematic Review and Economic Model of the Clinical Effectiveness and Cost Effectiveness of Interventions for Preventing Relapse in People with Bipolar Disorder
Agency	NETSCC, HTA, NIHR Evaluation and Trials Coordinating Centre Alpha House, University of Southampton Science Park, Southampton, SO16 7NS, United Kingdom; Tel: +44 2380 595 586, Fax: +44 2380 595 639; hta@soton.ac.uk, www.hta.ac.uk
Reference	Volume 11.39. ISSN 1366-5278. www.hta.ac.uk/project/1504.asp

Aim

To determine the clinical and cost effectiveness of pharmacological and psychosocial interventions used to prevent relapse in people with bipolar disorders.

Conclusions and results

Bipolar, or manic-depressive, disorder is a frequent, severe, mostly recurrent mood disorder associated with high morbidity and mortality. Pharmacological and psychosocial interventions have been used to prevent relapses in people with bipolar disorders.

Our review of clinical effectiveness included 45 trials. All but one study tested the intervention or comparator in adults. Twenty-eight studies included participants diagnosed as bipolar I and II or not specified, 14 studies included only bipolar I participants, and 3 studies included only bipolar II participants. Trials were available of lithium, valproate, lamotrigine, carbamazepine, olanzapine, imipramine, quetiapine, amitriptyline, perphenazine, and flupenthixol, and psychosocial methods (cognitive behavior therapy [CBT], psychoeducation, family intervention, crisis management, and integrated group therapy).

Standard meta-analysis produced the following results, but not all findings are supported by equally strong evidence. Placebo-controlled trials show evidence of the efficacy of lithium, valproate, lamotrigine, and olanzapine as maintenance therapy for preventing relapse in bipolar disorder. To prevent manic relapses, olanzapine and lithium are efficacious. To prevent depressive symptoms, valproate, lamotrigine, and imipramine are efficacious. No trials show evidence for the efficacy of combination therapy, despite its widespread use. The review revealed that psychosocial therapies have not been investigated thoroughly. Some evidence shows that CBT, group therapy, and family therapy might be beneficial as adjuncts to pharmacological maintenance treatments. Insufficient information regarding adverse effects and dropout rates were available to enable any meaningful assessment of the relative tolerability of the

treatments reviewed. Similarly, no assessment could be made of the relative effects of treatment on suicide rate and mortality. Many comparisons between treatments have not been investigated in trials. To further investigate the relative efficacy of the treatments, the data were further analyzed using methods for making indirect comparisons.

Recommendations

See Executive Summary link at www.hta.ac.uk/project/1504.asp.

Methods

See Executive Summary link at www.hta.ac.uk/project/1504.asp.

Further research/reviews required

See Executive Summary link at www.hta.ac.uk/project/1504.asp.