

PSYCHOLOGICAL THERAPIES INCLUDING DIALECTICAL BEHAVIOUR THERAPY FOR BORDERLINE PERSONALITY DISORDER

Introduction

The aim of the HTA programme is to ensure that high quality research information on the costs, effectiveness and broader impact of health technologies is produced in the most efficient way for those who use, manage and work in the NHS. Health technology assessment forms the largest portfolio of work in the NHS Research and Development Programme and each year about forty new studies are commissioned to help answer questions of direct importance to the NHS. The studies include primary and secondary research and cost about £10 million a year. Questions are identified and prioritised to meet the needs of the NHS and its patients.

Question

- What is the effectiveness and cost-effectiveness of psychological therapies including dialectical behaviour therapy for borderline personality disorder?
- 1 **Design:** Research is required in the form of a systematic review of the main psychological therapies, including dialectical behaviour therapy for borderline personality disorder. The research should include economic modelling.
 - 2 **Technology:** Psychological therapies, including dialectical behaviour therapy.
 - 3 **Patient group:** Adults with borderline personality disorder.
 - 4 **Control or comparator treatment:** Any.
 - 5 **Primary outcomes:** Self harm, suicide, crisis presentations to mental health services, measure of social functioning, quality of life, and cost. Any other reported outcomes should be included.
 - 6 **Study design:** The research methods should include:
 - (a) systematic literature review for evidence of effectiveness and cost-effectiveness of psychological therapies including dialectical behaviour therapy for borderline personality disorder.
 - (b) modelling of cost-effectiveness based on published research and/or appropriate NHS cost data.

Summary of research need:

Borderline personality disorder (BPD) is a serious mental disorder characterized by pervasive instability in moods, interpersonal relationships, self-image and behaviour. Originally thought to be at the 'borderline' of psychosis, people with BPD suffer from a disorder of emotion regulation.

BPD affects 2% of the population, and 75% of those diagnosed are women. However, the picture may be distorted because men are often less keen to seek treatment and less likely to continue with it if they do. Also, in some males BPD co-exists with Antisocial or Dissocial PD, and in these cases the latter is often the disorder commented on most.

There is a high rate of self-injury without suicidal intent, as well as a significant rate of suicide attempts and completed suicide in severe cases.

BPD often coexist with other psychiatric problems, including post traumatic stress disorder, mood disorders, panic/anxiety disorders, substance abuse (54% of people with BPD also have a problem with substance abuse), gender identity disorder, attention deficit disorder, eating

disorders, multiple personality disorder, obsessive-compulsive disorder, and severe dissociative symptoms.

Patients often need extensive mental health services, and account for 20% of psychiatric hospitalizations. A small number consume a disproportionately high number of bed days and are not seen to benefit much from such input.

Dialectical behavioural therapy is based on behavioural and cognitive therapy and was developed in Seattle, USA. It is being increasingly used in the UK.

Making an application

If you wish to submit a proposal on this topic, complete the electronic application form and return it to the External Projects Manager at the National Coordinating Centre for Health Technology Assessment, Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX by **Friday 10 December 2004**. Your application will be reviewed by the HTA Programme Director and the Chair of the HTA Commissioning Board.

Guidance on applications

Methods

Applicants should demonstrate knowledge of current research in the field and of systematic review methods and state how these would apply to the question posed. Valid and reliable methods should be proposed for identifying and selecting relevant material, assessing its quality and synthesising the results. Guidance on choice of appropriate methods is contained in NHS CRD Report 4 *Undertaking systematic reviews of research on effectiveness* (www.york.ac.uk/inst/crd/report4.htm). Where policy implications are considered, the emphasis should be on assessing the likely effects of a range of policy options open to decision makers rather than a judgement on any single strategy. Where epidemiological modelling or economic evaluation is required, the range of uncertainty associated with the results should be assessed. In the assessment of cost-effectiveness, further data collection may be required to estimate resource use and costs. If there is evidence that the ratio of costs and benefits may differ between readily identifiable groups, applicants are encouraged to state how they will identify these differences.

Cochrane

Applicants wishing to produce and maintain a Cochrane systematic review from this HTA commissioned systematic review should make the case in their proposal. This will need to include the approval of the relevant Cochrane Review Group (www.cochrane.org). Any additional costs associated with the initial preparation of a Cochrane review should be included in your project proposal. Maintenance costs cannot be met.

Consumer involvement in research

The HTA programme recognises the increasing active involvement of consumers in research and would like to support research projects appropriately. The HTA programme encourages applicants to consider whether the scientific quality, feasibility or practicality of their proposal can be improved by involving consumers. Research teams wishing to involve consumers should include in their application: the aims of active involvement in this project; a description of the consumers (to be) involved; a description of the methods of involvement; a budget for consumer involvement. Applications that involve consumers will not, for that reason alone, be favoured over proposals that do not but it is hoped that the involvement of consumers will improve the quality of the application.

Updating

In order to inform decisions on whether and when to update the review, researchers will be expected to give some indication of how fast the evidence base is changing in the field concerned, based on the nature and volume of ongoing work known at the time the review is completed. Applicants should note that they will not be expected to carry out updating as part of the contract to complete the review.

Communication

Communication of the results of research to decision makers in the NHS is central to the HTA Programme. Successful applicants will be required to submit a single final report for publication by the HTA programme. They are also required to communicate their work through peer-reviewed journals and may also be asked to support the NCCHTA in further efforts to ensure that results are readily available to all relevant parties in the NHS. Where findings demonstrate continuing uncertainty, these should be highlighted as areas for further research.

Timescale

There are no fixed limits on the duration of projects or funding. However, there is a pressing need within the NHS for the information and so the research would normally be expected to be completed as soon as possible – however it is for applicants to justify the duration and costs proposed.