Preventing relapse in people with bipolar 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 relative clinical and cost effectiveness of different technologies for the prevention of relapse in bipolar disorder?

1 **Technology*:*** Pharmacological and non-pharmacological approaches for the prevention of relapse in bipolar disorder. To include long term prophylaxis of both manic and depressive phases of bipolar disorder.
2 **Patient group:** All people with relapsing bipolar disorder.
3 **Setting:** All settings
4 **Design:** Evidence synthesis is required in the form of a systematic review of the clinical effectiveness of pharmacological and non-pharmacological approaches for the prevention of relapse in bipolar disorder. This review should include comparisons of different technologies when used singly or in combination. It is expected that most evidence will come from randomised controlled trials but other levels of evidence may need to be considered if there are insufficient long-term RCTs to inform the economic model. Applicants should identify the priorities for future primary research.
5 **Outcomes:** Time to relapse; hospital admission; need for adjunctive medication; assessments of functioning; quality of life; adverse events; adherence to therapy; a comparison of the cost-effectiveness of different strategies.

Summary of research need:
Bipolar affective disorder is a recurring illness characterised by severe swings from very high (manic episodes) to very very low mood (depressive episodes). The pattern of mood swings is variable but on average, someone with bipolar disorder will have five or six episodes over a 20-year period. Once a person with bipolar disorder has recovered from an acute episode of illness a variety of drug therapies e.g. lithium, valproate, olanzapine, carbamazepine (or oxcarbazepine) and lamotrigine may be prescribed in the long term with the aim of preventing new episodes of acute illness and to control residual or chronic mood symptoms. Alternatively a non-pharmacological approach such as cognitive behavioural therapy may be employed. The optimum long-term treatment strategy is not established therefore a systematic review is required to assess the current evidence for the effectiveness of both pharmacological and non-pharmacological therapies, and to compare their cost-effectiveness in the long term management of people with bipolar disorder.

Making an application

If you wish to submit a proposal on this topic, complete the electronic application form and return it, along with a detailed project description, to the Commissioning Manager at the National Coordinating Centre for Health Technology Assessment, Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX by on **Thursday 14 July 2005**.

Your full proposal will be assessed by designated Commissioning Board members and clinical experts and a commissioning decision will be made by the Chair of the HTA Commissioning Board and the HTA Programme Director by Monday 15 August 2005.

Applications received after 1300 hours on the due date will not be considered

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.

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 any future 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

Your final report should be submitted to NCCHTA by **5pm on Friday 31 March 2006**.