

Psychological treatments in liaison psychiatry: the evidence base

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Psychological interventions are important in liaison psychiatry. Anxiety and depression are common among people with physical illnesses, influenced more by the person's appraisal of his or her circumstances than by factors related to the disease itself such as severity of symptoms or prognosis. There are many different types of psychotherapy but the three main approaches are:

- basic supportive techniques and problem solving
- relational therapies
- cognitive-behavioural therapy (CBT).

Table 1^{1–16} summarises the main high-quality systematic reviews of psychological treatment interventions in liaison psychiatry. This updates the work of Ruddy and House¹⁷ who reviewed both pharmacological and psychological systematic reviews of treatment interventions in liaison psychiatry from 1980 to the end of 2002.

The best evidence at present for the efficacy for psychological treatments is in patients who present with medically unexplained symptoms. Systematic reviews of psychological interventions in physical disease states have yielded only moderate effects.

Basic supportive techniques and problem solving

Simple psychological skills can be employed by most healthcare professionals to help patients navigate their way through the illness process. A variety of different forms of counselling are used throughout medical services both in

primary and secondary care. Educational counselling services are widespread; they are used in both primary and secondary prevention programmes in which counselling skills are utilised to deliver information, help people understand and assimilate the information and change behaviour.

Relaxation training

Relaxation training is a simple psychological technique which can be taught to patients quickly and then practised at home with audiotapes. It is simple to learn but requires regular practice.

Counselling

There are very few evaluations of counselling in relation to medical illness. Two recent systematic reviews of the effectiveness of counselling in primary care (not with patients with physical illness) both showed modest but positive effects over the short term.^{18,19} Counselling may also be cost neutral in that there is a reduction in other healthcare use by patients who use counselling services.¹⁹ More recently, counselling has been shown to be as effective as cognitive therapy for the treatment of depression in a primary

care setting. It is becoming clearer that the treatment setting for a particular intervention may influence its efficacy and effectiveness. There is a clear difference between the effects of some treatments when used with patients in primary and secondary care settings.¹²

Problem solving

Problem-solving therapy (PST) is a clinical intervention approach aimed at increasing an individual's ability to cope with stressful problems. It is based on the observation that emotional symptoms are generally induced by problems of living and has its theoretical roots in cognitive approaches to depressive disorders. There are three main steps:

- 1 Patients' symptoms are linked with their problems.
- 2 The problems are defined and clarified.
- 3 An attempt is made to solve the problems in a structured way.

PST has been shown to be valuable in primary care for anxiety and minor emotional disorders and as effective as antidepressant medication in the treatment of major depression. In the general hospital setting PST has been mainly used for the treatment and management of patients following self-harm, but the techniques are generalisable to patients with physical disease or physical symptoms; for example, PST has been used to help patients with cancer.

Key Points

Reaction to illness depends much more on psychological factors than on factors directly attributable to the disease

Three main psychological treatment approaches are commonly used in liaison psychiatry: basic supportive techniques and problem solving, relational therapies and cognitive-behavioural therapy (CBT)

There is a limited but expanding evidence base for problem-solving therapies and relational therapies in liaison psychiatry

CBT can be an extremely valuable and useful treatment for a variety of psychological issues that arise in the context of physical illness

KEY WORDS: cognitive-behavioural therapy, counselling, interpersonal therapy, liaison psychiatry, medically unexplained symptoms, physical illness, problem solving, psychodynamic interpersonal therapy, psychological treatments, somatisation

Table 1 Systematic reviews, critical reviews and meta-analyses of trials of cognitive therapy and psychological treatments in physical illness.

Ref	Condition	Therapy	Type of review	Outcome
1	IBS	CBT	Critical review	Good evidence for efficacy of CBT interventions Long-term outcome rarely evaluated
2	IHD	Relaxation training	Systematic review and meta-analysis 27 studies	Cardiac effects: positive effects on frequency of occurrence of angina pectoris, arrhythmia and exercise-induced ischaemia Return to work improved
3	Needle phobia	CBT	Systematic review 3 studies	Methodology differed but all had optimistic outcomes Overall quality of evidence for treatment effectiveness poor Outcome measures need further development
4	IBS	Psychological treatment	Systematic review 32 studies	Meta-analysis of efficacy data of 17 trials gave an odds ratio of 12 (95% CI 5.6–26.0) NNT 2
5	Rheumatoid arthritis	Psychological interventions	Meta-analysis 6 studies	Significant pooled effect sizes for pain (0.22), disability (0.27), coping (0.46)
6	Asthma	Psychotherapeutic interventions	12 studies No meta-analysis because poor quality of studies	Unable to draw firm conclusions for role of psychological interventions in asthma due to the absence of adequate evidence base
7	Back pain	Psychological treatment	Meta-analysis 146 interventions	Psychological interventions showed small effects No treatment of choice emerged
8	Fibromyalgia	Non-pharmacological treatment	Systematic review 25 studies	Methodological quality of studies fairly low Variation in studies made it hard to draw conclusions across studies Strong evidence did not emerge for any single intervention, though preliminary support of moderate strength existed for aerobic exercise
9	Chronic fatigue syndrome	CBT	Critical review 4 studies	Positive outcome for most studies
10	Headache	CBT	Critical review 4 studies	Psychological treatments superior to usual care
11	Hypochondriasis	CBT	Critical review 4 studies	Psychological treatments superior to usual care
12	IBS	Psychological treatment	Critical review 11 studies	Psychological treatments more effective than controls in most studies
13	Back pain	CBT	Systematic review 16 studies	Sustained improvements in pain, depression and disability
14	Anxiety in COPD	Psychologically based treatments	6 RCTs but variability prevented meta-analysis	No study adequately designed to provide assessment of psychological interventions aimed at anxiety in COPD Secondary outcomes included impacts on breathlessness, disability and QoL
15	Non-ulcer dyspepsia	Psychological treatment	Systematic review 4 studies	All showed evidence of effectiveness, but data could not be pooled for meta-analysis
16	Hypertension	Biofeedback	Meta-analysis	Biofeedback resulted in a reduction in SBP and DBP Only biofeedback (with related cognitive therapy and relaxation training) showed significantly greater reduction in both SBP and DBP compared with inactive control treatments
17	Hypertension	Patient-centred behavioural interventions	Meta-analysis 232 studies	Results show counselling improved both SBP and DBP beyond the benefit from medications alone No significant effect on BP related to training courses or self-monitoring

CBT = cognitive-behavioural therapy; CI = confidence interval; COPD = chronic obstructive pulmonary disease; DBP = diastolic blood pressure; IBS = irritable bowel syndrome; IHD = ischaemic heart disease; NNT = number-needed-to-treat; QoL = quality of life; RCT = randomised controlled trial; SBP = systolic blood pressure.

Relational therapies

Relational therapies focus upon emotions or feeling states and their relationship to interpersonal functioning. The basic premise underlying all these different types of therapy is that human beings are social animals and are shaped by the relationships they form as infants, children and adults. Physical illness is a major stressor which places great demands not only on the affected individual but also on his or her family and the relationship patterns within families.

Psychodynamic therapy

Objective evidence for the effectiveness and efficacy of psychodynamic therapy is slowly building. A recent meta-analysis of studies published in the last 30 years yielded the following effect sizes (the size of the treatment effect in therapeutic studies):²⁰

- target problems 1.39
- general psychiatric symptoms 0.90
- social functioning 0.80.

These effect sizes tended to increase at follow-up (1.57, 0.95, 1.19, respectively). The effect sizes of therapy significantly exceeded those of waiting-list controls and patients having usual treatments. No differences were found between brief therapy (up to 20 sessions of therapy) and other forms of psychotherapy.

Long-term psychoanalytic therapy

A recent meta-analysis showed that long-term psychoanalytic therapy is also of benefit.²¹

There are insufficient studies of relational therapies in the field of liaison psychiatry to carry out specific meta-analyses on their efficacy and effectiveness in discrete physical conditions.

Interpersonal therapy

Interpersonal therapy (IPT) was developed as a time-limited therapy for major depression but it has been adapted to treat a variety of different disorders. Problem areas are classified into three groups:

- grief
- interpersonal disputes
- role transitions.

A recent systematic review concluded that it is an effective treatment for depression, superior to placebo and equivalent to antidepressants.²² IPT has been used to good effect to treat depression in HIV-positive patients. It has recently been adapted for the treatment of post-traumatic stress disorder for patients who refuse repeated exposure to past trauma and for use in hypochondriasis. The therapy focuses upon the interpersonal consequences of being preoccupied with fears of illness. The patient's real distress is understood, and maladaptive communications are explored and modified so that others are more able to meet the patient's attachment needs.

Psychodynamic interpersonal therapy

Psychodynamic interpersonal therapy (or conversational model therapy) has also been used in the field of liaison psychiatry. This form of therapy has elements of psychodynamic therapy and IPT, but places less emphasis than psychodynamic therapy on the interpretation of transference and greater emphasis than IPT on the patient-therapist relationship as a tool for resolving interpersonal issues.

It is equivalent to cognitive therapy for the treatment of depression, has been adapted for use in medically unexplained symptoms and evaluated in several large randomised controlled trials (RCTs). It is cost-effective, the costs of therapy being recouped by reductions in healthcare use in the months post-therapy. It has also been used following self-harm, resulting in a reduction in repetition in the six months following the index episode.

Cognitive-behavioural therapy

The aims of cognitive therapy are to:

- help patients gain awareness and understanding of their maladaptive beliefs
- understand how these are associated

with unhelpful behaviours and/or distressing emotions

- help patients modify these behaviours or beliefs for better adaptation.

Emotions, beliefs and behaviours are interlinked, so modifying one is expected to lead to changes in the others.

CBT is an effective treatment for anxiety and depression, and there are many RCTs of CBT in the treatment of these conditions in the physically ill. It also results in other benefits including:

- changes in attitudes towards illness
- adherence to medication
- reductions in the severity of pain and other physical symptoms.

For some illnesses there have been sufficient interventions to justify systematic reviews and meta-analyses. Most, but not all, of the studies summarised in Table 1 have focused upon CBT interventions, but some have included other therapeutic modalities.

The overall evidence suggests that CBT can be an extremely valuable and useful treatment for a variety of psychological issues that arise in the context of physical illness. It can also impact upon physical symptoms and the ways in which patients manage and cope with illness.

Conclusions

Psychological therapies can be helpful for patients with emotional problems who present to liaison psychiatry services. The evidence base is limited at present and further research is required to strengthen it. More trials have been conducted to evaluate the efficacy of cognitive therapy than other psychological treatment approaches so there is the best evidence for this approach. There is, however, little evidence that cognitive therapy is superior to other psychological treatment modalities. In most head-to-head trials of the two approaches there is usually no difference in treatment outcome. Relatively few patients in the acute physical setting are offered psychological treatment. More resources should be provided where there is sufficient evidence base to justify their provision.

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