

PICO 5 for ALKO DOB FINAL

Review information

Authors

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Citation example: [Empty name]. PICO 5 for ALKO DOB FINAL. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Nielsen 2007

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement

Sequence Generation	Unclear risk	The condition assignment was quasi-random. Computerized randomization was not possible, because it could have resulted in some groups being almost empty and other groups being larger than desirable, due to attrition and the natural flow of clients in the institution. Therefore, a secretary who had never met the clients or seen their test results assigned clients to groups when they were admitted to the institution. Because the secretary had absolutely no knowledge of clients, and because therapists were not able to later reassign clients to other groups, this approach is quasi-random.
Allocation concealment	Unclear risk	of clients in the institution. Therefore, a secretary who had never met the clients or seen their test results assigned clients to groups when they were admitted to the institution. Because the secretary had absolutely no knowledge of clients, and because therapists were not able to later reassign clients to other groups, this approach is quasi-random. TREATMENT ADHERENCE
Blinding of participants and personnel	High risk	Not blinded
Blinding of outcome assessors	High risk	Not blinded
Incomplete outcome data	High risk	29 of 47 included in the analyses of the intervention group. 30 of 61 included in the analyses of the control group.
Selective outcome reporting	Unclear risk	-
Other sources of bias	Low risk	No other apparent sources of bias

vandenBosch 2005

Methods	<p>Study design: Randomized controlled trial</p> <p>Study grouping: Parallel group</p> <p>Open Label:</p> <p>Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention (DSFT or DBT)</p> <ul style="list-style-type: none"> ● Mean age (sd): 35.1 (8.2) ● No. of males %: 0 ● Borderline personality disorder %: 100 ● Paranoid personality disorder %:

	<ul style="list-style-type: none"> ● Schizoid personality disorder %: ● Schizotypal personality disorder %: ● Antisocial personality disorder %: ● Histrionic personality disorder %: ● Narcissistic personality disorder %: ● Avoidant personality disorder %: ● Dependent personality disorder %: ● Obsessive-Compulsive personality disorder %: ● Addictive problems %: 59 <p>Control (alcohol treatment alone)</p> <ul style="list-style-type: none"> ● Mean age (sd): 35.1 (8.2) ● No. of males %: 0 ● Borderline personality disorder %: 100 ● Paranoid personality disorder %: ● Schizoid personality disorder %: ● Schizotypal personality disorder %: ● Antisocial personality disorder %: ● Histrionic personality disorder %: ● Narcissistic personality disorder %: ● Avoidant personality disorder %: ● Dependent personality disorder %: ● Obsessive-Compulsive personality disorder %: ● Addictive problems %: 59 <p>Included criteria: Female, age 18–65 years, DSM-IV diagnosis of BPD according to the Structured Clinical Interview for DSM-IV Axis II with at least six diagnostic criteria of BPD present.</p> <p>Excluded criteria: A DSM-IV diagnosis of bipolar disorder or (chronic) psychotic disorder, insufficient command of the Dutch language, and severe cognitive impairment</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention (DSFT or DBT)</p> <ul style="list-style-type: none"> ● Type: DBT treatment: The treatment combines weekly individual cognitive-behavioural psychotherapy sessions with the primary therapist, weekly skills training groups lasting 2-2.5 h per session, and weekly supervision and consultation meetings for the therapists. Individual therapy focuses primarily on motivational issues, including the

	<p>motivation to stay alive and to stay in treatment. Group therapy teaches self-regulation and change skills, and self and other acceptance skills. Among its central principles is DBT's simultaneous focus on both acceptance and validation strategies and change strategies to achieve a synthetic (dialectical) balance in client functioning.</p> <ul style="list-style-type: none"> ● <i>Duration:</i> 12 months of treatment according to the treatment manual <p>Control (alcohol treatment alone)</p> <ul style="list-style-type: none"> ● <i>Type:</i> received ongoing outpatient treatment from the original referral source. Since DBT was rather recently introduced in the Netherlands, and because none of the therapists in the TAU condition were trained in DBT, it is highly unlikely that DBT strategies were actually applied in the control condition. ● <i>Duration:</i> 12 months
<p>Outcomes</p>	<p><i>Behandlingsdeltagelse, antal sessioner (treatment retention, number of sessions)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)"] <p><i>Behandlingsdeltagelse, antal uger (treatment retention, number of weeks)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)"] <p><i>Psykkiske symptomer (psychiatric symptoms)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)"] <p><i>Livskvalitet (quality of life)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)"] <p><i>Selvmoedsadfærd (suicide behavior)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)"]

	<p><i>Afholdenhed (abstinence)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)"] <p><i>Alkoholbrug (alcohol use)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)"] <p><i>Tid til recidiv (time to recidiv)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)"] <p><i>Frafald fra alkoholbehandlingen (Lost from alcohol treatment)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow-up, min. 3-6 mdr. (Longest follow-up, min. 3-6 months)"] <p><i>Funktionsniveau (level of functioning)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)"] <p><i>Parasuicidal behaviour</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)"] <p><i>Self mutilation</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Measure names: ["Endt behandling (End of treatment)", "Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)"] <p><i>Antal deltagere forsøgt selvmord (number of participants attempted suicide)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
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	<ul style="list-style-type: none"> ● Measure names: ["Endt behandling (End of treatment)", "Længste follow-up, min. 3-6 mdr. (Longest follow-up, min. 3-6 months)"]
Identification	<p>Sponsorship source: This work was supported by the Province of Noord-Holland and ZAO Health InsuranceCompany, Amsterdam</p> <p>Country: The Netherlands</p> <p>Setting: Addiction treatment and psychiatric services</p> <p>Comments:</p> <p>Authors name: Bosch, Koeter, Stijnen, Verheul & van den Brink (2005)</p> <p>Institution: Forensic Psychiatric Institute Oldenkotte; Amsterdam Institute for Addiction Research; Department of Clinical Psychology, University of Amsterdam; Department of Psychiatry, Academic Medical Center, University of Amsterdam; and more</p> <p>Email: wiesvdbosch@planet.nl</p> <p>Address:</p>
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Quote: "A minimization method was used to ensure comparability of the two treatment conditions on the following potentially confounding factors: (1) age; (2) severity of borderline symptomatology; (3) severity of drug and alcohol problems; and (4) severity of social problems."
Allocation concealment	Unclear risk	Quote: "Subjects in the TAU condition (addiction treatment centres n ¼ 11; psychiatric services n ¼ 20) received ongoing outpatient treatment from the original referral source. Since"
Blinding of participants and personnel	Unclear risk	Quote: "treatment manual. Subjects in the TAU condition (addiction treatment centres n ¼ 11; psychiatric services n ¼ 20) received ongoing outpatient treatment from the original referral source."
Blinding of outcome assessors	High risk	
Incomplete outcome data	Low risk	

Selective outcome reporting	Low risk
Other sources of bias	Low risk

Footnotes

Characteristics of excluded studies

Harned 2008

Reason for exclusion	Wrong comparator
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Rizvi 2011

Reason for exclusion	Wrong intervention
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Schornstein 2008

Reason for exclusion	Wrong study design
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Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

References to studies

Included studies

Nielsen 2007

Nielsen, P.; Rojskjaer, S.; Hesse, M.. Personality-guided treatment for alcohol dependence: a quasi-randomized experiment. *Am J Addict* 2007;16(5):357-64. [DOI: 10.1080/10550490701525640]

vandenBosch 2005

van den Bosch, L.M.; Koeter, M.W.; Stijnen, T.; Verheul, R.; Van Den Brink, W.. Sustained efficacy of dialectical behaviour therapy for borderline personality disorder. *Behaviour Research & Therapy* 2005;43(9):1231-1241. [DOI: S0005-7967(04)00238-4 [pii]]

Excluded studies

Harned 2008

Harned, Melanie S.; Chapman, Alexander L.; DexterMazza, Elizabeth T.; Murray, Angela; Comtois, Katherine A.; Linehan, Marsha M.. Treating co-occurring Axis I disorders in recurrently suicidal women with borderline personality disorder: A 2-year randomized trial of dialectical behavior therapy versus community treatment by experts.. *Journal of consulting and clinical psychology* 2008;76(6):1068-1075. [DOI: <http://dx.doi.org/10.1037/a0014044>]

Rizvi 2011

Rizvi, S. L.; Dimeff, L. A.; Skutch, J.; Carroll, D.; Linehan, M. M.. A pilot study of the DBT coach: an interactive mobile phone application for individuals with borderline personality disorder and substance use disorder. *Behavior therapy* 2011;42(4):589-600. [DOI: 10.1016/j.beth.2011.01.003 [doi]]

Schornstein 2008

Schornstein, Katrin; MayerBruns, Friederike; Dannegger, Eckhard; Knabe, Michael; Stoffers, Jutta; Lieb, Klaus; Jacob, Gitta A.. Dialectical behavioral therapy for patients with alcohol dependence and co-morbid borderline personality disorder. First results from a pilot study.. *Sucht: Zeitschrift für Wissenschaft und Praxis* 2008;54(2):86-94. [DOI: <http://dx.doi.org/10.1024/2008.02.05>]

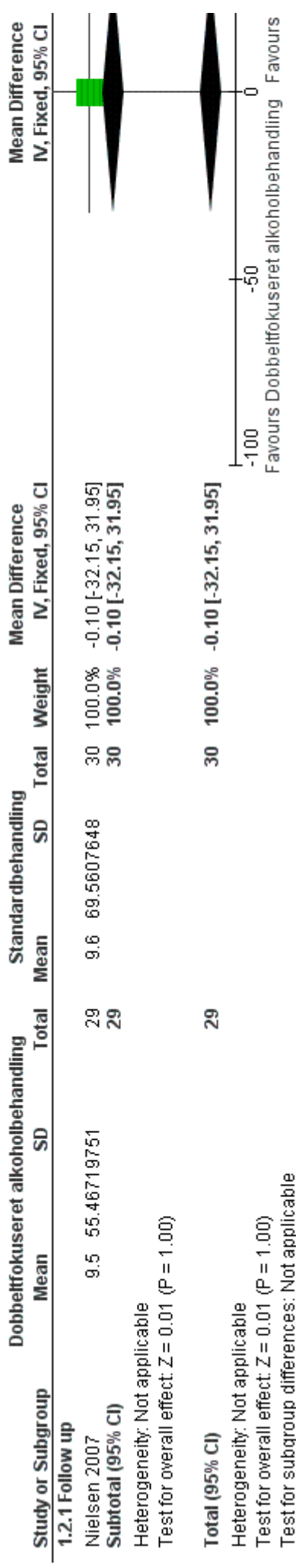
Data and analyses

1 Intervention (DSFT or DBT) vs Control (alcohol treatment alone)

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.2 Alkoholbrug (Antal genstande per dag med massivt drikkeindtag)	1	59	Mean Difference (IV, Fixed, 95% CI)	-0.10 [-32.15, 31.95]
1.2.1 Follow up	1	59	Mean Difference (IV, Fixed, 95% CI)	-0.10 [-32.15, 31.95]
1.7 Alkoholbrug (Alkohol BPD severity index subskala)	1	92	Mean Difference (IV, Fixed, 95% CI)	-0.28 [-1.56, 1.00]
1.7.1 Længste follow up, min. 3-6 mdr. (longest follow-up, min. 3-6 months)	1	44	Mean Difference (IV, Fixed, 95% CI)	0.55 [-1.37, 2.47]
1.7.2 Endt behandling (End of treatment)	1	48	Mean Difference (IV, Fixed, 95% CI)	-0.95 [-2.67, 0.77]
1.8 Tid til recidiv (time to relapse)	1	59	Mean Difference (IV, Fixed, 95% CI)	7.40 [-0.32, 15.12]
1.15 Antal deltagere forsøgt selvmord (number of participants attempted suicide)	1		Risk Ratio (IV, Fixed, 95% CI)	Subtotals only
1.15.1 Længste follow-up, min. 3-6 mdr. (Longest follow-up, min. 3-6 months)	1	56	Risk Ratio (IV, Fixed, 95% CI)	0.41 [0.02, 9.66]
1.17 Abstinenser (Procent afholdende dage)	1	59	Mean Difference (IV, Fixed, 95% CI)	14.00 [-59.94, 87.94]
1.17.1 Follow up	1	59	Mean Difference (IV, Fixed, 95% CI)	14.00 [-59.94, 87.94]
1.18 Frafald fra alkoholbehandlingen (all cause discontinuation)	1		Risk Ratio (IV, Fixed, 95% CI)	Subtotals only
1.18.1 Endt behandling	1	108	Risk Ratio (IV, Fixed, 95% CI)	0.58 [0.29, 1.16]

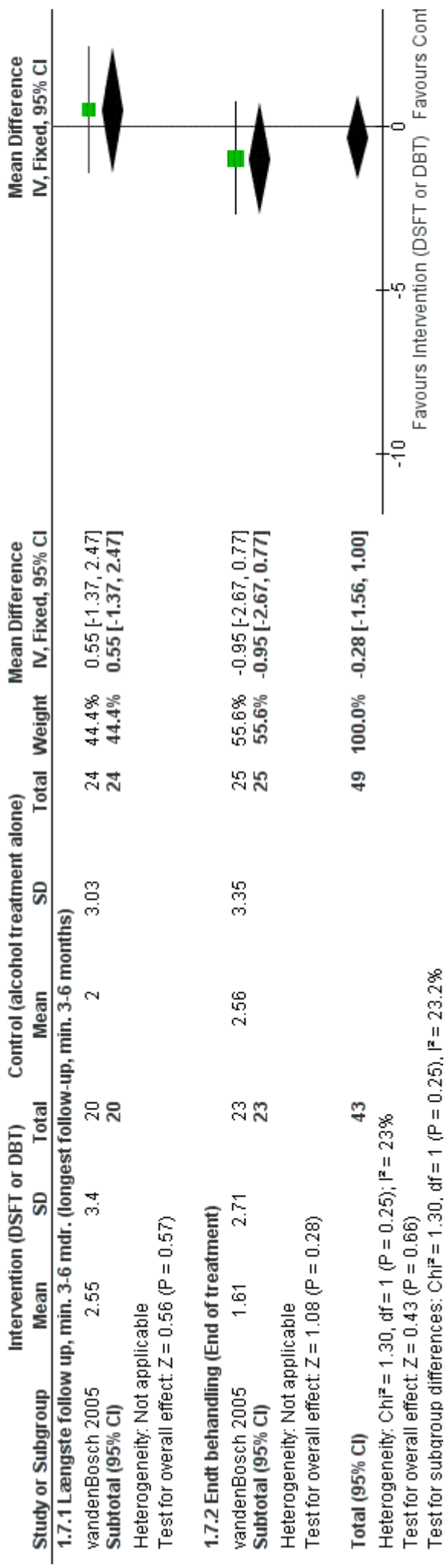
Figures

Figure 2 (Analysis 1.2)



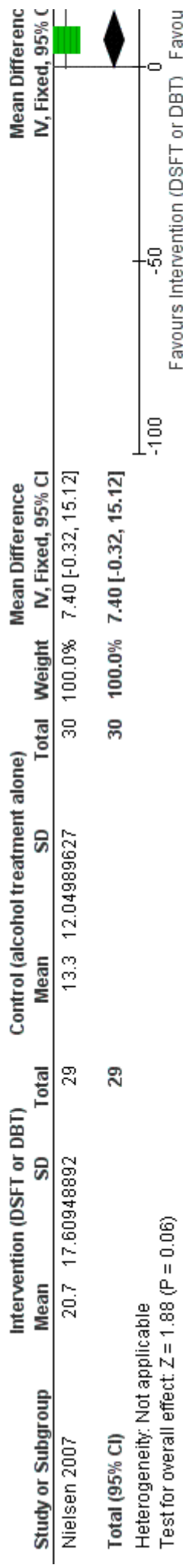
Forest plot of comparison: 1 Intervention (DSFT or DBT) vs Control (alcohol treatment alone), outcome: 1.2 Alkoholbrug (Antal genstande per dag med massivt drikkeindtag).

Figure 5 (Analysis 1.7)



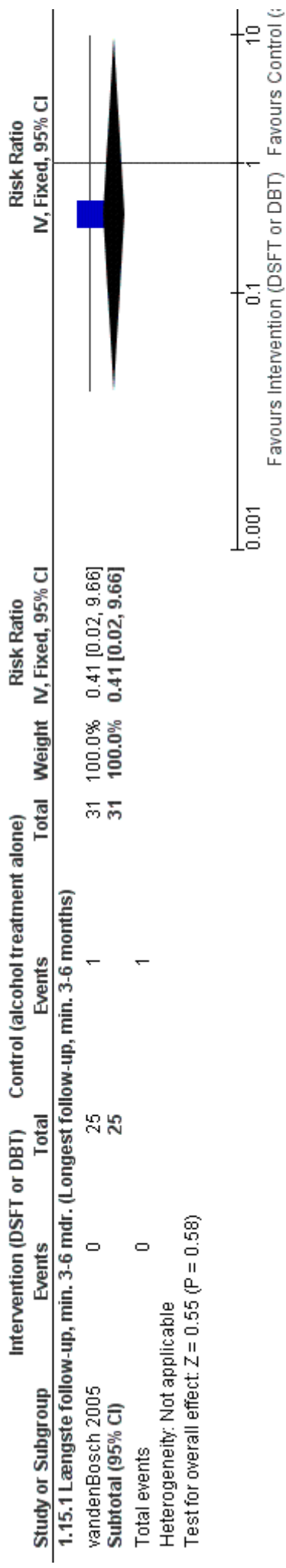
Forest plot of comparison: 1 Intervention (DSFT or DBT) vs Control (alcohol treatment alone), outcome: 1.7 Alkoholbrug (Alkohol BPD severity index subskala).

Figure 6 (Analysis 1.8)



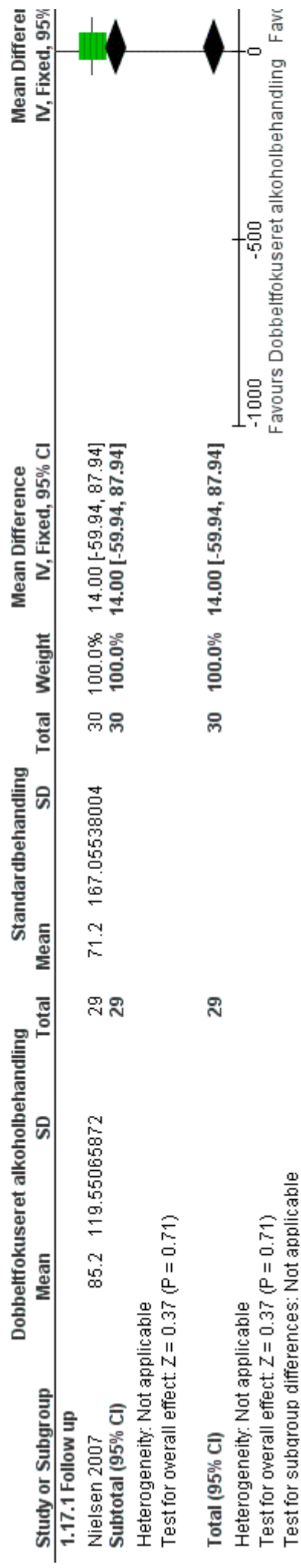
Forest plot of comparison: 1 Intervention (DSFT or DBT) vs Control (alcohol treatment alone), outcome: 1.8 Tid til recidiv (time to relapse).

Figure 9 (Analysis 1.15)



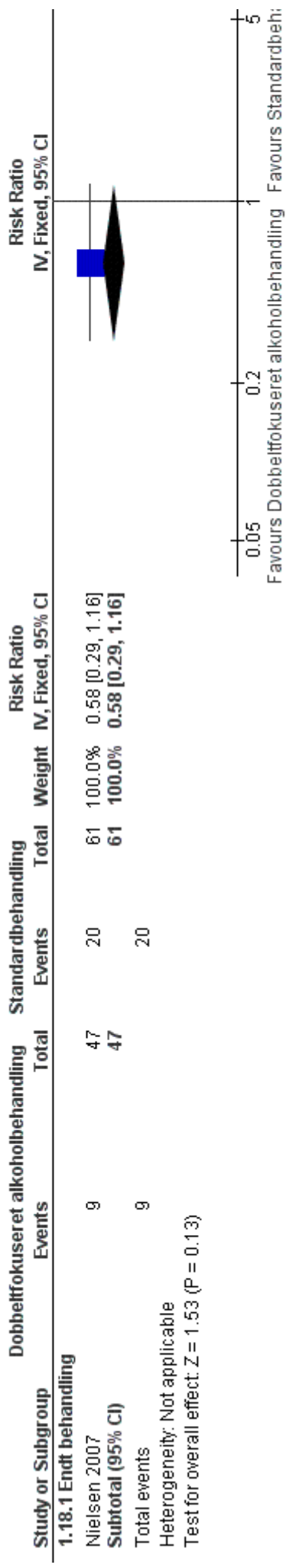
Forest plot of comparison: 1 Intervention (DSFT or DBT) vs Control (alcohol treatment alone), outcome: 1.15 Antal deltagere forsøgt selvmord (number of participants attempted suicide).

Figure 11 (Analysis 1.17)



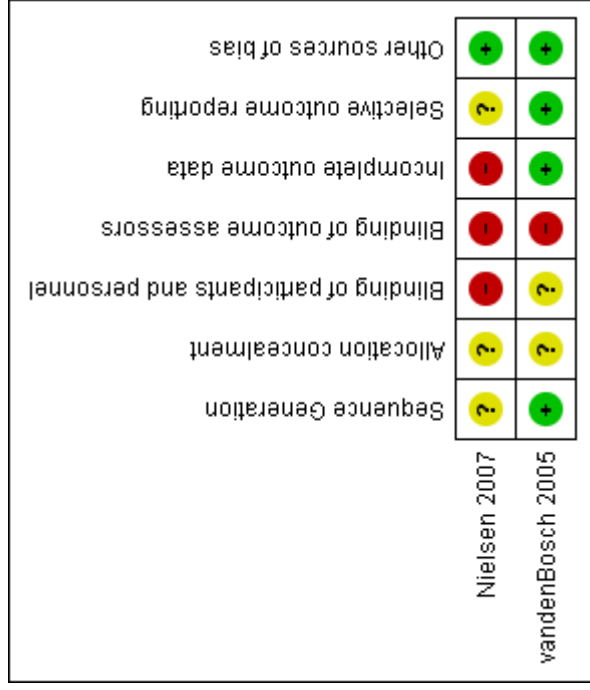
Forest plot of comparison: 1 Intervention (DSFT or DBT) vs Control (alcohol treatment alone), outcome: 1.17 Abstinenser (Procent afholdende dage).

Figure 12 (Analysis 1.18)



Forest plot of comparison: 1 Intervention (DSFT or DBT) vs Control (alcohol treatment alone), outcome: 1.18 Frafald fra alkoholbehandlingene (all cause discontinuation).

Figure 13



Risk of bias summary: review authors' judgements about each risk of bias item for each included study.