



Research report

Quasi-experimental study on the effectiveness of psychoanalysis, long-term and short-term psychotherapy on psychiatric symptoms, work ability and functional capacity during a 5-year follow-up

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ABSTRACT

Background: Psychotherapy is apparently an insufficient treatment for some patients with mood or anxiety disorder. In this study the effectiveness of short-term and long-term psychotherapies was compared with that of psychoanalysis.

Methods: A total of 326 psychiatric outpatients with mood or anxiety disorder were randomly assigned to solution-focused therapy, short-term psychodynamic and long-term psychodynamic psychotherapies. Additionally, 41 patients suitable for psychoanalysis were included in the study. The patients were followed from the start of the treatment and assessed 9 times during a 5-year follow-up. The primary outcome measures on symptoms were the Beck Depression Inventory, the Hamilton Depression and Anxiety Rating Scales, and the Symptom Check List, anxiety scale. Primary work ability and functional capacity measures were the Work Ability Index, the Work-subscale of the Social Adjustment Scale, and the Perceived Psychological Functioning Scale.

Results: A reduction in psychiatric symptoms and improvement in work ability and functional capacity was noted in all treatment groups during the 5-year follow-up. The short-term therapies were more effective than psychoanalysis during the first year, whereas the long-term therapy was more effective after 3 years of follow-up. Psychoanalysis was most effective at the 5-year follow-up, which also marked the end of the psychoanalysis.

Conclusions: Psychotherapy gives faster benefits than psychoanalysis, but in the long run psychoanalysis seems to be more effective. Results from trials, among patients suitable for psychoanalysis and with longer follow-up, are needed before firm conclusions about the relative effectiveness of psychoanalysis and psychotherapy in the treatment of mood and anxiety disorders can be drawn.

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1. Introduction

Psychotherapies of different forms and duration, including psychoanalysis can be applied in the treatment of mood and anxiety disorders (American Psychiatric Association, 1985).

Clinical trials have demonstrated that short-term psychodynamic psychotherapy is effective in the treatment of these disorders and that the effects are stable during follow-up (Leichsenring et al., 2004). Solution-focused therapy has been reported to be effective as well (Gingerich and Eisengart, 2000). Long-term psychodynamic psychotherapy has been shown to be more effective than short-term psychodynamic psychotherapy and solution-focused therapy in reducing psychiatric symptoms and improving work ability and functional capacity (Knekt et al., 2008a,b). Most of the few naturalistic studies comparing the outcome of psychoanalysis and long-term psychodynamic psychotherapy have suggested that psychoanalysis might be more effective in reducing psychiatric symptoms (Grande et al., 2006; Rudolf et al., 1999; Sandell et al., 2000). Studies on changes in work ability and functional capacity in psychoanalysis compared to long-term psychotherapy, are scarce and the findings inconsistent, indicating no additional decrease in work absenteeism and equal or more benefits in perceived work capacity (Lazar et al., 2006; Sandell et al., 2000). Thus, although these findings suggest that the more intensive the therapy the better the results with respect to symptoms, work ability and functional capacity, as far as we know, despite the obvious need (Fonagy et al., 2002; Gabbard et al., 2002), there are no clinical trials on this topic.

To address the important question of whether psychoanalysis is more effective than less intensive psychotherapies in the treatment of patients suffering from mood or anxiety disorder we conducted a quasi-experimental clinical trial comparing the effectiveness of psychoanalysis with one long-term psychotherapy and two short-term therapies on psychiatric symptoms, work ability and functional capacity during a 5-year follow-up.

2. Patients and methods

The methods used have been described in detail elsewhere (Knekt and Lindfors, 2004) and are summarized briefly here.

2.1. Patients and settings

A total of 506 eligible outpatients, 459 for short- and long-term psychotherapy and 47 for PA, were recruited to the Helsinki Psychotherapy Study from psychiatric services in the Helsinki region from June 1994 to June 2000 (Fig. 1). Eligible patients were 20–45 years of age and had a long-standing disorder causing work dysfunction. They had to meet DSM-IV criteria (American Psychiatric Association, 1994) for anxiety or mood disorders. Patients with psychotic disorder, severe personality disorder, adjustment disorder, substance abuse or organic disorder were excluded, as were individuals treated with psychotherapy within the previous 2 years, psychiatric health employees, and persons known to the research team members (Knekt et al., 2008a). In addition the 47 patients, self-selected for psychoanalysis, were pre-screened by the treating psychoanalyst.

Of the 506 eligible patients referred to the study, 139 refused to participate (Fig. 1). Of the remaining 367 patients who remained eligible at baseline, 326 were randomly assigned in a 1:1:1.3 ratio to solution-focused therapy (SFT) (97 patients), short-term psychodynamic psychotherapy (SPP)

(101 patients), and long-term psychodynamic psychotherapy (LPP) (128 patients). The remaining 41 patients were those self-selected for psychoanalysis (PA). After assignment to the treatment group, participation was refused by 7 patients assigned to the brief therapies, 26 assigned to LPP, and 1 assigned to PA. Of the patients starting the assigned therapy, a total of 47 patients discontinued the treatment prematurely.

After selection for treatment, the patients were monitored for 5 years. According to study protocol, patients were provided with short-term or long-term therapy, both followed by no treatment, or with psychoanalysis, ending at the 5-year follow-up point. The mean drop-out rate over the 10 measurement occasions during the follow-up was 16% in the SFT, 14% in the SPP, 11% in the LPP, and 1% in the PA group. The major reason for the drop-out from measurement was refusal on the ground that the study occasion was felt to be mentally stressful or the patient was disappointed with the treatment.

Written informed consent was obtained from the patients after giving them a complete description of the study. The study protocol was approved by the Helsinki University Central Hospital's ethics council.

2.2. Therapies

SFT is a brief, resource-oriented, goal-focused therapeutic approach which helps clients change by constructing solutions (Johnson and Miller, 1994). The orientation was based on an approach developed by de Shazer et al. (1986). The frequency of sessions in SFT was flexible, usually one session every second or third week, up to a maximum of 12 sessions, over no more than 8 months.

SPP is a brief, focal, transference-based therapeutic approach which helps patients by exploring and working through specific intrapsychic and interpersonal conflicts. The orientation was based on approaches described by Malan (1976) and Sifneos (1978). SPP was scheduled for 20 treatment sessions, one session per week.

LPP is an open-ended, intensive, transference-based therapeutic approach which helps patients by exploring and working through a broad area of intrapsychic and interpersonal conflicts. Therapy includes both expressive and supportive elements, depending on patient's needs. The orientation followed the clinical principles of LPP (Gabbard, 2004). The frequency of sessions in LPP was 2–3 times a week during approximately 3 years.

PA is an open-ended, highly intensive, transference-based psychodynamic therapeutic approach which helps patients by analyzing and working through a broad area of intrapsychic and interpersonal conflicts. The therapeutic setting and technique are characterized by facilitating maximum development of transference by the use of couch and free association for exploring unconscious conflicts, developmental deficits, and distortions of intrapsychic structures (Greenson, 1985). The frequency of sessions in PA was 4 times a week during approximately 5 years.

2.3. Therapists

Altogether 71 therapists participated in the study; 6 provided SFT, 12 SPP, 41 LPP, and 30 PA. All therapists had received standard training in respective therapy form. The

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