



## Metacognitive training for schizophrenia: A multicentre randomised controlled trial



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### ABSTRACT

A psychotherapeutic approach for schizophrenia is now recommended as an adjuvant for psychopharmacology, since antipsychotic medications only have a partial impact especially as regards positive symptoms and insight. In addition, cognitive distortions and the lack of metacognitive skills might increase positive symptoms leading to poor social functioning. This underlines the need for specific approaches which target cognitive processes relevant for insight, and abilities in metacognition. Metacognitive training (MCT) is a structured group intervention, which enhances a patient's reflection on cognitive biases and improves problem-solving. The aim of our study was to assess MCTs' short term impact on insight, symptoms and quality of life. Fifty patients with schizophrenia or schizoaffective disorders and persistent positive symptoms (delusions or hallucinations) were enrolled in the study. After baseline assessment participants were randomised either to supportive therapy or MCT. Both groups used the same design (1 h-session twice a week during 8 weeks) although the basic knowledge given to participants was different between interventions. Participants were assessed at eight weeks based on the Scale to Assess Unawareness of Mental Disorder, Positive and Negative Syndrome Scale (PANSS), Psychotic Symptom Rating Scales, the Calgary Depression Scale for Schizophrenia and the Quality of Life Scale. Between-group differences were significant in favour of MCT on the PANSS positive scale. Between-group differences in post- and pre-test values showed a trend in favour of MCT for insight on hallucinations. Results of our study indicate that the MCT has an effect on reducing positive symptomatology, and a trend impact on insight and social functioning.

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### 1. Introduction

Schizophrenia is a complex condition with a wide range of clinical signs. Although more recent antipsychotic medications have lower side-effects, the size of their effect relative to placebo remains moderate, and a substantial proportion of patients relapse despite a good compliance (Stone and Pilowsky, 2006; Zink et al., 2010). The psychotherapeutic

approach for schizophrenia has been recommended as an adjuvant for psychopharmacology, but its use still remains insufficiently widespread (WHO, 1996; Favrod et al., 2011).

Despite significant inter-individual variability as regards symptomatology, from 50% to 80% patients often have a lack of insight regarding their own pathology (Amador et al., 1994; Beck et al., 2004; Pini et al., 2004). Poor insight may worsen the prognosis especially in terms of social functioning (Lysaker et al., 2003; Raffard et al., 2009), compliance to medical treatment (Fenton et al., 1997; Smith et al., 2004), and in a more moderate way, symptomatology (Mintz et al., 2003; Lincoln

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et al., 2007). More generally, patients often show difficulties in metacognitive skills, i.e. one's capacity for self-reflectivity and reflection of others as distinct individuals (Lysaker et al., 2002, 2010; Kircher et al., 2007; Metcalfe et al., 2012). Indeed, insight and metacognition might be new therapeutic targets for schizophrenia (Pijnenborg et al., 2011, 2013; David et al., 2012).

Metacognitive training (MCT) is a new group treatment programme developed for patients with schizophrenia (Moritz and Woodward, 2005, 2007a,b) to improve patient thinking regarding their biased thoughts by enhancing metacognitive skills. Seven randomised controlled trials in various languages have shown good results on positive symptomatology associated with changes in patient's reasoning (Ross et al., 2011; Aghotor et al., 2010; Kumar et al., 2010; Moritz et al., 2011a,b, 2013; Favrod et al., 2014). Only one reported study, to our knowledge, has assessed social functioning, showing better social relationships (Moritz et al., 2011b) whereas the other investigated clinical insight as a secondary outcome, demonstrating better awareness of delusion with a sustained effect at 6-month follow-up (Favrod et al., 2014). The French MCT version was administered with good compliance and acceptability in a small non-controlled study which reported a decrease in delusion and hallucinations, better insight into the need for disease treatment, with improved mood after the training (Favrod et al., 2011). We were prompted by these findings to further investigate this new approach, particularly concerning its effects on insight, symptomatology and social functioning.

The present multicentre investigation aimed to assess the short-term impact of the French version of the MCT programme in stabilized schizophrenic patients with a residual positive symptomatology. We compared the MCT group with an active verbal therapy group called "supportive therapy (ST)".

It was predicted that MCT will improve clinical and cognitive insight in psychotic symptoms (delusion, and hallucinations), compared to supportive therapy. As secondary outcome, it was predicted that positive symptomatology would be significantly improved after MCT, based on putative links between cognitive biases, insight and clinical symptoms (Moritz and Woodward, 2007a,b; Moritz et al., 2010), as well as an improvement in quality of life (QoL), particularly regarding social relationships.

## 2. Experimental

### 2.1. Participants

The study enrolled in- and out-patients, from university and psychiatric hospitals. Ninety-one participants enrolled from 7 psychiatric centres in three regions: Alsace, Burgundy and Franche-Comté (France). The CONSORT flow chart (Fig. 1) shows the initial referral rate, randomization and exclusion from main outcome assessment. Inclusion and exclusion criteria are presented in Table 1. In line with recent recommendations to include clinically representative samples for randomised

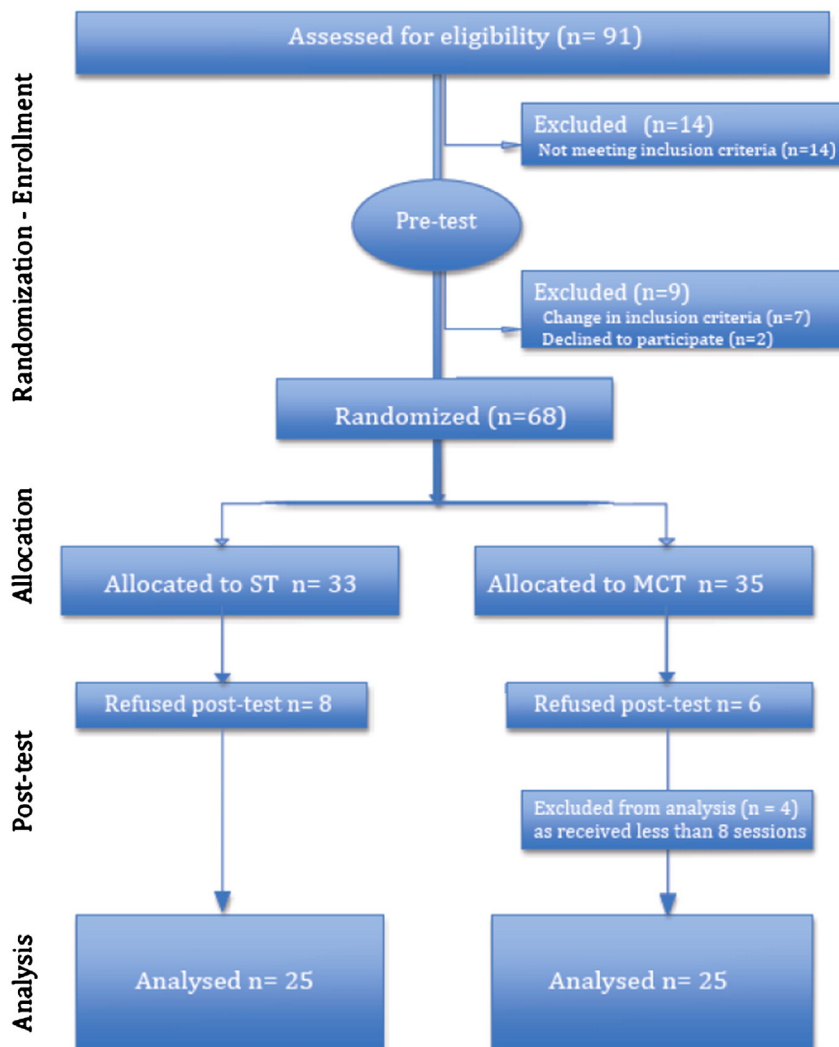


Fig. 1. CONSORT flow chart.

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