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A cohort study into the effectiveness of long-term psychoanalytic treatment for patients with personality disorders and/or chronic depression

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Summary

Research into the effectiveness and cost-effectiveness of long-term psychoanalytic treatments, in specific psychoanalysis and psychoanalytic psychotherapy, is still relatively scarce and is the central topic of this PhD thesis. First, we performed a pilot study to investigate pre-treatment mental health characteristics of patients assigned to psychoanalysis and psychoanalytic psychotherapy. This pilot study was also meant to examine the feasibility of doing effectiveness research in this setting. Next, we performed a large multicentre study which aimed to investigate the effectiveness and cost-effectiveness of long-term ambulatory psychoanalytic treatment in the Netherlands.

Chapter 1 presents an introduction to the subject, which aims to explain the choice of theoretical framework, instruments, and design of our study into the effectiveness of psychoanalytic treatment

Chapter 2 offers a description of patients prior to long-term psychoanalytic treatment. The main question in this chapter is how the pre-treatment psychopathology levels of patients assigned to long-term psychoanalytic treatment relate to those of other ambulatory patient groups. For each patient we calculated whether the level of symptoms, interpersonal problems and personality pathology were above or below a statistically defined cut-off. The results showed that patients assigned to long-term psychoanalytic treatment presented less symptoms and complaints than other ambulatory patients. However, with regard to personality pathology they scored similar – and in some areas even higher – in comparison to other ambulatory patient groups. Next, we combined this information to come to a global estimation of the number of ‘clinical cases’ in our patient population. From the combined test results it appeared that the overwhelming majority of patients were identified as clinical cases, characterized by high levels of chronic depression, hypervigilance, trait anxiety, and interpersonal problems. Thirty-five percent of the patients was diagnosed with dysthymic disorder. Long-term psychoanalytic treatment appears to be assigned to patients with complex and chronic mental health problems, most of whom have already received short-term therapy. They present problems that exist on a deeper (and less easily detectable) personality level. We conclude that patients assigned to long-term psychoanalytic treatment are more distressed than is commonly assumed.

Chapter 3 discusses the differences between patients assigned to psychoanalysis (PA) and patients assigned to psychoanalysis psychoanalytic psychotherapy (PP). We found a great number of similarities, but also some interesting differences between the two patient groups. The results showed that patients assigned to psychoanalysis reported higher pre-treatment levels of interpersonal problems and avoidance, and less problems with reality testing, information processing and instrumental aggression compared with patients assigned to psychoanalytic psychotherapy. These results seem to suggest that social inhibition and avoidance are important aspects in the therapists’ decision making

process regarding treatment assignment. Avoidant patients appear to be more likely to be assigned to a longer and more intensive treatment than less avoidant patients. We conclude that there appears to be a large ‘grey area’ concerning assignment to psychoanalysis or psychoanalytic psychotherapy, and that perhaps other factors (which we did not measure) can also play an important role in therapists’ decision making process.

Chapter 4 reports on the results of the multiple-cohort effectiveness study. We compared patients in four different phases of treatment (pre, during, post, follow-up) with regard to symptoms and personality functioning. Differences in raw scores between patients in the different phases of treatment were investigated. We performed factor analyses to reduce the number of outcome variables, and with these outcome factors we investigated potential predictors of treatment outcome. Also we compared the effect sizes with natural remission data. The results showed that long-term psychoanalytic treatment was highly effective in reducing symptomatic distress ($d = 1.19 - 1.27$) and moderately effective in improving personality functioning ($d = 0.52 - 0.79$). The effect sizes of psychoanalytic treatment were several times bigger than the average control group effect. Patient gender appeared to moderate treatment outcome, with women having a better treatment outcome with regard to disadaptation and disorganization compared to men, in particular in the psychoanalysis group. Our results showed that the presence and depth of depression, the level of social maladjustment and feelings of alienation, and the level of (social) anxiety and self-doubt were substantially and consistently reduced after long-term psychoanalytic treatment.

Chapter 5 investigates the clinical significance of long-term psychoanalytic treatment. Normative comparisons were done to investigate how the patient’s level of functioning related to that of the ‘functional’ population and the ‘dysfunctional’ population. This way, we got an estimation of the proportion of ‘normal functioning’ people in each phase of treatment. The results showed that after long-term psychoanalytic treatment the majority of the participants appeared to function within the normal range on most instruments. We conclude that psychoanalytic treatment led to clinically significant changes in patients’ lives, although complete remission should not be expected for *all* patients.

Chapter 6 discusses the results of the longitudinal measurements we performed within the multiple cohort effectiveness study. We investigated changes in symptoms and interpersonal problems during the first two years of long-term psychoanalytic psychotherapy and psychoanalysis. The results showed less improvement in the first two years with regard to interpersonal problems compared to symptomatic improvement. Secondly, patients in psychoanalytic psychotherapy showed clear improvements on both symptomatic and interpersonal functioning, while patients in psychoanalysis only showed symptomatic improvement within the first two years of treatment. On the whole, the rates

of change were lower than expected because patients in both treatment groups still presented moderate to high levels of symptoms and interpersonal problems after two years of treatment compared to non-clinical populations. Also, exploratory analyses revealed that interesting differences could be found between patients responding fast to treatment and patients responding slow to treatment. We found that fast responders in both treatment groups seemed to start with a much lower level of symptoms and interpersonal problems compared to slow responders.

Chapter 7 investigates the societal costs and savings of long-term psychoanalytic treatment. Long-term psychoanalytic treatments are relatively expensive treatments within the ambulatory segment. We investigated the effects of long-term psychoanalytic treatment on health care utilization and work impairment. From the results of our study it appears that after long-term psychoanalytic treatment health care utilization decreases, absenteeism reduces and work productivity increases. Long-term psychoanalytic treatment appears to generate economical benefits in the long run. We found that part of the treatment costs will be earned back because of these indirect costs savings. However, not *all* invested costs will be earned back eventually.

Chapter 8 reports on the cost-utility analysis where the differences in costs and effects of psychoanalysis and psychoanalytic psychotherapy were investigated. The analyses were done from a societal perspective. We examined the incremental cost-effectiveness ratio of high-dosage versus lower-dosage psychoanalytic treatment which estimates the additional costs that need to be invested to achieve an extra quality-adjusted life year (QALY) when choosing psychoanalysis over psychoanalytic psychotherapy. Our cost-utility analysis revealed that psychoanalysis is more costly than psychoanalytic psychotherapy, but also more effective from a health related quality of life perspective. The cost-utility ratio of psychoanalysis relative to psychoanalytic psychotherapy was estimated at about €52,000. Whether or not psychoanalysis provides good value for money compared to psychoanalytic psychotherapy depends on the threshold of the ICER as is acceptable in the society. No clear consensus exists on which ICER value is still acceptable, but estimates of this threshold vary from €12,000 to €73,000 per extra QALY. Our results suggest that the cost-utility ratio of psychoanalysis relative to psychoanalytic psychotherapy appears to be within the acceptable range when lenient threshold values are applied, but it becomes less cost-effective when stricter threshold values are used.

Chapter 9 summarizes the main findings from the previous chapters of this thesis, and presents a general discussion of the results. Merits and limitations of the chosen research design are discussed, and implications and recommendations are made for clinical practice, policy making, and future research. Finally, we discuss the importance of doing empirical research for the survival of long-term psychoanalytic treatments within the health care system.