Dance therapy for schizophrenia

- THE LEADERS GUIDE

Produced by the Editorial base of the Cochrane Schizophrenia Group
http://szg.cochrane.org/en/index.html, email: jun.xia@nottingham.ac.uk

from

Background explanation

Thank you for giving this guide a go. The idea behind this is to make things easier for you when you lead the journal club.

Journal clubs are often difficult to conduct and far removed from clinical life. Even if the leaders do prepare well, those turning up may be more in need of lunch, coffee or a social time than practical academic stimulation and the implicit pressure to read a difficult paper.

This suggested design is an attempt to allow for those needs, whilst getting the very best out of the session.

This journal club design should really help those attending see that this research may have some clinical value.

What you will need to do is:

☑ Have a good read of this
☑ Then read the review to which this is attached.
☑ Distribute the review to those attending well before the club
☑ Make more copies for those turning up on spec
☑ Do not really expect many to have read the review

The three parts

Part 1. Set the clinical scene (5 mins)

Be clear, but really make the participants feel the pressure of the situation...just like you would in clinical life

Part 2. Critical appraisal of the review (20 mins)

Get participants to list what is needed from the review before service user arrives, get them to talk, split into groups - with a feeling of urgency.

Part 3. Use of evidence in clinical life (20 mins)

Having distilled the evidence use role play to see how the participants would use what they have learned in everyday life.

Inside this guide:

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Part 2.1.2 Critical appraisal 2-3
Part 2.3 Doing the appraisal 3
Part 2.4 Interpret numerical outcomes 4
Part 3. Service user arrives 4
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Participants crib sheet 7
Feedback sheet 8

Special points of interest:

- This should take no longer than 1 hour to prepare
- First time you undertake a journal club in this way it may be a bit nerve-wracking but.....
- It should be fun to conduct and attend
- It should begin and end on the practical day-to-day clinical situation

PRINTING GUIDE

Pages 1-4 - one copy for you
Pages 5-6 - one copy for each participant - distributed at start of journal club
Page 7 - one copy for each participant distributed at end of journal club
Page 8 - one copy for you to collate feedback
Full review for everyone
Try to find a colour printer that does double sided printing

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Part 1.1 Setting the scene

Introduce participants in the journal club to their scenario

You used to like dance. You used to attend classes and even give performances. Since falling ill you just can be bothered getting out of your bed. You’ve been pushed into one thing after another by the nurses on the ward. Now that you've been discharged and you are comfortable at home, really lacking motivation to go out to do anything else. Community nurse has recommended some dance therapy locally. You are meeting with her again this afternoon.

Questions for participants:
Q 1. What do you think the service user may ask?
A 1. [Suggestion] “What's the point of going?”
Q 2. What do you think the service user means by 'point'?
A 2. List the suggestions from participants as these are what service user will come back to in the role play
Q 3. What is dance therapy, anyway?
A 3. Again, list answers.

Part 1.2 Setting the scene – the Journal club

Complicate the scenario by adding the need to attend this journal club

Knowing you are due to see the service user in less than an hour you are nevertheless compelled to attend journal club.

You have not had time to read the paper and need some lunch.

By a stroke of luck the paper for discussion focuses on the value of dance therapy!

Questions for participants:
Q 1. If you had not had this paper fall into your lap where might you have gone for reliable information?
A 1. There are now lots of answers to this - The Cochrane Library, Clinical Evidence, NICE Technology Appraisals.

List 1:
1. 
2. 
3. 
4. 
5.

List 2:
1. 
2. 
3. 
4. 
5.

Part 2.1 Critical appraisal of the review

For every review there are only three important questions to ask:
1. Are the results valid?
2. What are the results?
3. Are the results applicable to service user?

Suggestion: Ask participants what salient facts they want to know - especially considering their tight time-scale.

Remind them that service user now arrives in about 20 mins.

You should be able to fit most of the suggestions supplied by participants into the three categories of question outlined above.

Questions for participants:
Read 2.2 as this give more detail of the issues that will, in some shape or form, be supplied by the participants.

If they are not lively—give them a hand.

Do not panic. Bright journal club attendees will come up with all the answers—your job is to help focus their efforts and categorise their answers.

Do not be worried by silence.

Participants will think of most of the issues - you just need to catch them and write them on a board or flip chart.
Part 2.2 The three parts of appraising a review

1. Are the results valid?
   There is no point looking at the result if they are clearly not valid.
   a. Did the review address a clearly focused issue?
      Did the review describe the population studied, intervention given, outcomes considered?
   b. Did the authors select the right sort of studies for the review?
      The right studies would address the review’s question, have an adequate study design
   c. Do you think the important, relevant studies were included?
      Look for which bibliographic databases were used, personal contact with experts, search for unpublished as well as published studies, search for non-English language studies
   d. Did the review’s authors do enough to assess the quality of the included studies?
      Did they use description of randomization, a rating scale?

2. What are the results?
   a. Were the results similar from study to study?
      Are the results of all included studies clearly displayed?
      Are the results from different studies similar?
      If not, are the reasons for variations between studies discussed?
   b. What is the overall result of the review?
      Is there a clinical bottom-line?
      What is it?
      What is the numerical result?
   c. How precise are the results?
      Is there a confidence interval?

3. Can I use the results to help service user?
   a. Can I apply the results to service user?
      Is your service user so different from those in the trial that the results don’t apply?
      b. Should I apply the results to service user?
         How great would the benefit of therapy be for this particular person?
         Is the intervention consistent with service user’s values and preferences?
         Were all the clinically important outcomes considered?
         Are the benefits worth the harms and costs?

Part 2.3 Doing the appraisal

Having managed the interactive session with the participants - acquiring the three questions that need to be addressed by those appraising a review and some idea of how to answer each of those questions - now divide the room into three.

Apportion one of the questions per group and ask each group to get a feel for the whole review (1 min) but to focus on answering their particular question for the rest of the participants (5 mins or so).

Encourage talking to each other.

Move round the room to help the groups if they seem to need it.

Have your copy of the review marked up with where they may look for answers - although in a good review it should be obvious.

Stop the flow after about 10 minutes and ask each group to report in turn.

Do Group 1 really think that the review uses valid methods? Why?

After the first group’s report you may want to ask everyone to vote whether to proceed or not.

If they agree to proceed — see if you can get Group 2 to give you the clinical bottom line.

We suggest that the Graph 1.5 providing data for ‘Mental state: 3b. Negative symptoms - not improved’ best fits service user’s request of information what’s the point of going?’.

And from Group 3 get some feel of how applicable the findings are.
### Part 2.4 A quick a dirty way to work out NNT

**Analysis 1.4**

Comparison: 1 DANCE THERAPY vs STANDARD CARE  
Outcome: 4 Mental state: 3a. Negative symptoms - average score (PANSS negative symptom reduction less than 20-40%)  

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Dance Therapy</th>
<th>Standard Care</th>
<th>Mean Difference</th>
<th>M-H, Fixed, 95% CI</th>
<th>IV, Fixed, 95% CI</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rohricht 2006</td>
<td>12 events</td>
<td>24 patients</td>
<td>Total 21 events</td>
<td>0.62 [0.38, 0.97]</td>
<td></td>
<td>100.0%</td>
</tr>
<tr>
<td>Total (95% CI)</td>
<td>Total patients</td>
<td>Total weight</td>
<td>Total events</td>
<td>Heterogeneity: Not applicable</td>
<td>Test for overall effect: Z = 2.10 (P = 0.04)</td>
<td>Favor Dance Therapy Favor Standard Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dance Therapy</th>
<th>Standard Care</th>
<th>Risk Ratio</th>
<th>M-H, Fixed, 95% CI</th>
<th>IV, Fixed, 95% CI</th>
</tr>
</thead>
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</tr>
</tbody>
</table>

12 people out of 24 given dance therapy were not clinically improved with their negative symptoms in the short term (50%) but 17 people out of 21 allocated to standard care did not improve in the sort term (81%). So, because a few people would have got better without dance therapy, the proportion attributable to receiving dance therapy, according to these results, is the difference between the groups (or 81% minus 50% = 31%). Just round up or down to make it easy. Let’s say, in this case, 30%. So 30% of people in these trials, in the short term, have ‘improved negative symptoms’ – or put another way, 1 in 3, or put another way 3 people have to be treated with dance therapy in order for 1 more to have reduced negative symptom in the short term compared with standard care (NNT=3).

### Part 3. Your home visit

This is the most important part of the journal club - the practical application of what knowledge you have gained.

This is one way of doing it.

Set out two chairs in consultation style (one for the community nurse and one for the service user).

Do not call for a volunteer - just nominate someone to be the clinician and you be the service user.

Make sure that the clinician feels they can have time to ask their [relieved for not being singled out] colleagues for help [remember - this has got to be a combination of practical and fun].

Back on page 2 there are suggestions for what the service user may ask - use them.

“"What’s the point of going?"”

See if they can put across in a supportive way the best evidence as they understand it.

There is no perfect way to do this – but perhaps something like this:

“The best evidence we have is from a small Cochrane review and is inconclusive - but there is the impression that, for people not too dissimilar to you, about 1 in 3 really show an improvement on negative symptoms within a short term.”

What do YOU mean by “improvement”? would be a good next question. Again there is no right answer but think about how to put into words what the research outcome really means.

Perhaps – “the improvement that the best evidence suggests may not be all that you would want or hope for - but there is the residing suggestion that about 1 in 3 people get a clinical improvement on negative symptoms in the short term that is reasonably easily recognisable. That does not necessarily mean a cure but the measures used in these studies could on the other hand have averaged up so much that they missed out on the really important de-

End on a positive note. Feedback how in a matter of minutes they have got though the bare bones of a big review, appraised and applied it - and, you hope, enjoyed doing it.
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- HANDOUT FOR PARTICIPANTS

Produced by the Editorial base of the Cochrane Schizophrenia Group
http://szg.cochrane.org/en/index.html, email: jun.xia@nottingham.ac.uk

from
Xia J, Grant TJ. Dance therapy for schizophrenia. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.:

Service user will arrive soon
What do you think service user may ask?
List:
1.
2.
3.
4.
5.

What key points do you need to know to see if this review can help?*
1.
2.
3.
4.
5.

*Service user arrives in 30 mins

Special points of interest:
- The idea of this is to lead you from the clinical situation, through the research and back to the real-world clinical situation again
- You may or may not have read the paper - but even if you have not that does not mean that you cannot get something out of this

If you had not had this paper fall into your lap where might you have gone for reliable information?

- Make sure you participate, and speak up - you will have to in the real clinic
- There is no perfect way of doing this - each person has an individual way of interacting and conveying information

*Service user arrives in 30 mins
After discussion do you want to change the key points you need to know to see if this review can help?*

1. 

2. 

3. 

*Service user arrives in 10 mins

Can you extract numbers that will be useful to you & service user? 
Clue: focus on what you think service user may ask - main effects - graph number 1.4 and 1.5 may be good ones to use

1. Can you put relative risk into words?

2. Can you work out the proportion of improvements attributable to use of dance therapy?

3. Can you work out the number needed to treat?

4. Can you put that into words?

Service user arrives
Is there a good use of words you would want to use?
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- PARTICIPANTS’ CRIB SHEET

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The right studies would address the review’s question, have an adequate study design

c. Do you think the important, relevant studies were included?
Look for which bibliographic databases were used, personal contact with experts, search for unpublished as well as published studies, search for non-English language studies

d. Did the review’s authors do enough to assess the quality of the included studies?
Did they use description of randomization, a rating scale?

2. What are the results?

a. Were the results similar from study to study?
Are the results of all included studies clearly displayed?
Are the results from different studies similar?
If not, are the reasons for variations between studies discussed?

b. What is the overall result of the review?
Is there a clinical bottom line?
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What is the numerical result?

3. Can I use the results to help the service user?

a. Can I apply the results to service user?
Is your service user so different from those in the trial that the results don’t apply?

b. Should I apply the results to the service user?
How great would the benefit of therapy be for this particular person?

CMAJ 2008; 178(1):34-41. (free online)

A quick a dirty way to work out NNT (Graph 1.5)

12 people out of 24 given dance therapy were not clinically improved with their negative symptoms in the short term (50%) but 17 people out of 21 allocated to standard care did not improve in the sort term (81%).

So, because a few people would have got better without dance therapy, the proportion attributable to receiving dance therapy, according to these results, is the difference between the groups (or 81% minus 50% = 31%).

Just round up or down to make it easy. Lets say, in this case, 30%.

So 30% of people in these trials, in the short term, have ‘improved negative symptoms’ – or put another way, 1 in 3 (NNT=3).
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- FEEDBACK

Date and place of journal club

1. How many attended?

2. What was the background of the people attending? (please tick)
   - Health care professionals
   - Consumers
   - Policymakers
   - Undergraduate
   - Postgraduate
   - Others

3. Marks out of ten compared with usual journal club

(10=much better, 5=same, 0 = much worse)

Free text feedback

Thank you

This is one of 40 Cochrane Schizophrenia Group Guides for Journal Clubs

A full list is found on

http://szg.cochrane.org/journal-club