



# E arly intervention for psychosis

## - THE LEADERS GUIDE

Produced by the Editorial base of the Cochrane Schizophrenia Group  
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from

Marshall M, Rathbone J. Early Intervention for psychosis. *Cochrane Database of Systematic Reviews* 2006, Issue 4. Art. No.: CD004718. DOI: 10.1002/14651858.CD004718.pub2.

### 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

### 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



### 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

### Inside this guide:

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### 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 the service user and parents arrive, 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.

## Part 1.1 Setting the scene – Helen

### Introduce participants in the journal club to their scenario

You are due to see Helen and her parents in the Outpatient Department. Helen has been treated by Child Psychiatry for sometime, but now she turns 18 and enters adult services. Throughout adolescence she has displayed odd thinking, transient experiences that seem right on the edge of being hallucinations. Holds on to



believe systems that are although culturally acceptable, focus, to an unusual extent, on ideas about magic and influence from outer space. Her social functioning has declined. Her school performance has fallen right away. There is the enduring concern, that with a family history of schizophrenia, that this is early stage schizophrenic illness. You have heard of good effects of early intervention and know that the concerned parents would be interested in the best evidence for their child.

## 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 Helen and her family 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 early intervention.



### Questions for participants:

Q 1. What do you think Helen's parents may ask?

A 1. [Suggestion] "Will this stop progression to a more serious state?"

Q 2. What do you think Helen will want to know?

A 2. **List** the suggestions from participants as these are what you will come back to in the role play



*Take time to read and think about the review - this is the only time-consuming bit*

### 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 Helen?

You now have only 20 mins to get participants through this large review. To do this quickly is not easy, especially as many will not have read the paper in preparation.

**Suggestion:** Ask parti-

pants what salient facts they want to know - especially considering their tight time-scale.

Remind them that Helen and parents now arrive 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.

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 Helen?

#### a. Can I apply the results to Helen?

Is Helen so different from those in the trial that the results don't apply?

#### b. Should I apply the results to Helen?

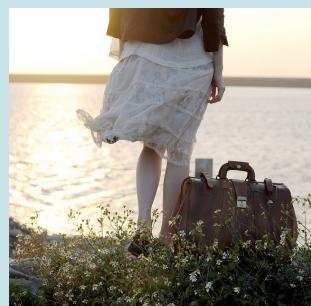
How great would the benefit of therapy be for this particular person?

Is the intervention consistent with Helen's values and preferences?

Were all the clinically important outcomes considered?

Are the benefits worth the harms and costs?

*There is no point proceeding to the second question if journal club participants think the results are not valid*



**"Will this stop progression to a more serious state?"**



## 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.

**Does 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**.

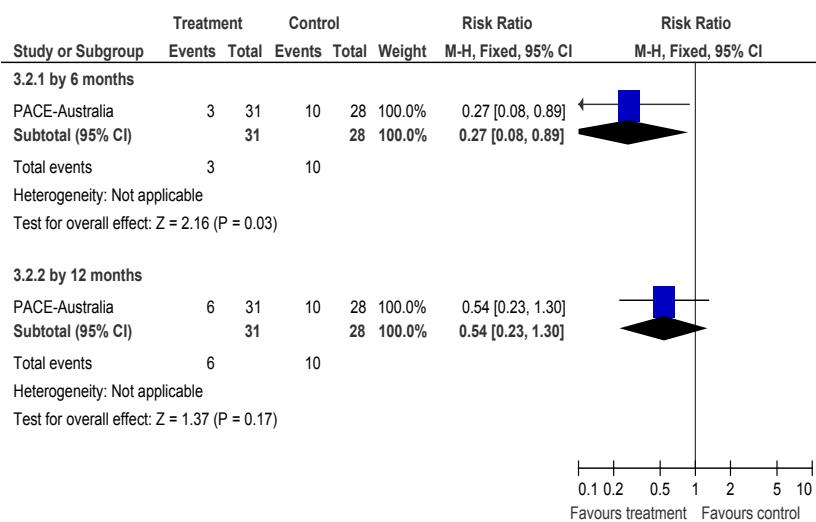
We suggest that the Graph providing data for 'Progression to psychosis' best fits Helen's parents' request of information about if the intervention will stop progression to a more serious state.

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

COMPARISON 3. PHASE SPECIFIC INTERVENTION (RISPERIDONE + CBT) + SPECIALISED TEAM vs SPECIALISED TEAM  
Outcome 2. Progression to psychosis



At 6 months 3 people out of 31 given the early intervention package progressed to psychosis (**9%**) compared with 10 people out of 28 not given the package (**35%**). So, because a few people would have got better without the early intervention pack-

age, the proportion attributable to taking this package, according to these results, is the difference between the groups (or 35% minus 9% = 26%). Just round up or down to make it easy. Lets say, in this case, 25%. So 25% of peo-

ple in these trials, in 6 months time, avoided progression to psychosis – or put another way, 1 in 4, or put another way NNT = 4. (However, by 12 months this result is no longer significant)

## Part 3. Helen's family arrives

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.

Do not call for a volunteer—just nominate someone to be the clinician and you be Helen's family.

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 Helen and parents may ask—use them.

### "Will this stop progression to a more serious state?"

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 - there is the impression that, for people not too dissimilar to you, about 1 in 4 really shows an improvement and avoid progression to psychosis in 6 months time. However this advantage is no longer obvious at 12 months time."

**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 4 people get a clinical improvement in 6 months 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 detailed changes like the devil becoming quiet."

As has been said—there is no right answer and all depends on personal style and situation. Your job is to encourage the best answer out of the clinician.

If it is going well there are other questions that you may

Limitations of using this means of calculating NNT is that it does not take into account the baseline risk of the control group and does not give confidence intervals.

In this case factoring in baseline risk of the control group does not make a difference.

**NNT = 4, CI 4 to 26**

<http://www.nntonline.net/ebm/visualrx/what.asp>



This can be part of a store of Critically Appraised Topics - see CATmaker online

### Box 1. Additional questions

- Do you have the resources that the Australian trial did?**

Probably not. PACE was part Janssen funded, and had very highly trained and excellent practitioners lead by Prof McGorry who is a world leader in the area of early intervention. Ask those attending to see how this tempers how they will communicate the findings for their real-world situation.

- What about the side effects?**

Rather oddly there are no data for the risperidone intervention trial - but when olanzapine is used there are data on weight gain and other adverse effects. Considering much of early intervention treatment has been lead by the Australian example, how will the clinicians dealing with the family communicate this odd lack?

- Would you give your daughter these treatments, Doc?**

Well, would they?



# E arly intervention for psychosis

## - HANDOUT FOR PARTICIPANTS

Produced by the Editorial base of the Cochrane Schizophrenia Group  
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**Helen and parents will arrive soon**

**What do you think Helen and parents may ask?**

**List:**

1.

2.

3.

4.

5.

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

### 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



- 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

**What key points do you need to know to see if this review can help?\***

1.

2.

3.

4.

5.

\*Helen and parents arrive 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.

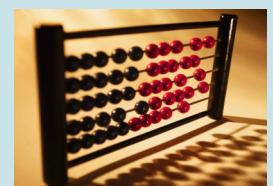
3.

\*Helen and parents arrive in 10 mins

**Can you extract numbers that will be useful to you and Helen?**

**Clue: focus on what you think Helen and parents may ask - main effects and adverse effects - graph number '3.2' may be a good one to use**

**1. Can you put relative risk into words?**



The arithmetic is not complicated

**2. Can you work out the proportion of improvements attributable to use of early intervention package?**

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

**4. Can you put that into words?**

**Helen and parents arrive**

Is there a good use of words you would want to use?



**Special points of interest:**

- Best evidence suggests that clinically focused problem-based learning "has positive effects on physician competency" even long into the future.<sup>1</sup>

1. Koh GC, Khoo HE, Wong ML, Koh D. The effects of problem-based learning during medical school on physician competency: a systematic review. (CMAJ 2008; 178(1):34-41. (free online))



This can be part of a store of Critically Appraised Topics  
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# E arly intervention for psychosis

## - PARTICIPANTS' CRIB SHEET

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**Please return to:**

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## 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>

# Early intervention for psychosis

## - FEEDBACK

### Date and place of journal club

#### 1. How many attended?

About

#### 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