Multi- vs unimodal behandling for Borderline

Characteristics of studies

Characteristics of included studies

Jørgensen 2014

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group.
Participants	**Included criteria:** All patients met DSM-IV criteria for BPD as assessed by SCID-II. **Excluded criteria:** Patients who also met the diagnostic criteria for antisocial or paranoid PD at the time of assessment were excluded from the randomization. Patients with severe substance abuse (on a daily basis) requiring specialist treatment were also excluded. Only patients older than 21 years and with a global assessment of functioning (GAF) score above 34 were included in the randomization. **Pretreatment:** None known
Interventions	•
Outcomes	*Interpersonelle problemer ved længste FU (6 måneder)* *Symptombelastning ved behandlingsafslutning;* *Drop-out ved behandlingsafslutning;* *Socialt funktionsniveau ved længste follow-up*
Identification	**Sponsorship source:** All seven contributing authors declare the following: We have had no commercial associationsor interests which might pose a conflict of interest in general or in connection with the presentstudy and paper. **Country:** Denmark **Setting:** Outpatient **Comments:** none **Authors name:** Carsten René Jørgensen, **Institution:** Department of Psychology, Aarhus University, Denmark **Email:** carsten@psy.au.dk **Address:** Correspondence address: Carsten Rene Jørgensen,Department of Psychology, Aarhus UniversityBartholins Alle 9, Building 1350, DK-8000 Aarhus C
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	111 SCID-II diagnosed patients with BPD were randomly assigned to either 2 years of outpatient mentalization-based (n = 74) or supportive group psychotherapy (SP; n = 37)
Allocation concealment (selection bias)	Unclear risk	Randomization was conducted by an individual outside the clinic. Two-thirds (n = 74) of the 111 patients included in the study were randomized to combined treatment, while one-third (n = 37) were offered supportive group therapy.
Blinding of participants and personnel (performance bias)	High risk	All participants received written and oral information about the study, thus not blinded to the treatment received. Most likely the personnel weren't blinded either.
Blinding of outcome assessment (detection bias)	High risk	All clinical interviews were conducted by a member of staff (a psychologist or psychiatrist), and the patients were known to the team. Thus, the team was not blind to the original treatment group when doing the GAF assessment. An independent rater (the first author, blind to treatment group) GAF rated 15 patients based on extensive clinical notes from 1.5-year follow-up interviews, and the reliability of the GAF rating was analysed using Cronbach's Alpha. The reliability was high, Cronbach's Alpha = 0.94 for GAF-F and 0.87 for GAF- S (both P's = 0.0005)
Incomplete outcome data (attrition bias)	High risk	Thus, we decided only to include patients who completed the 2-year treatment (and quick responders) in order to get the best possible picture of the longer term development of patients who completed one of the two treatments. We neither conducted intent-to-treat analysis (primarily because of missing outcome data) nor did we impute missing data. The analysis is thus based on 58 of 63 (92%) patients who completed 2 years of either combined MBT treatment (n ¼ 40) or supportive group therapy (n = 18) (see Figure 1)." Judgement Comment: Drop-out rates high 16/58 (27,6%) for IV gr and 6/27 (22,2%) for 'con' gr. Could be upgraded to unclear according to RoB 2 algorithm Fig 4 and Fig 5
Selective reporting (reporting bias)	Low risk	Protocol not available, all stated outcomes are reported
Other bias	Unclear risk	No control group

McMain 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Included criteria:** Participants were between 18 and 60 years old and had at least two suicidal or nonsuicidal self-injurious episodes in the past 5 years, with at least one occurring in the past 3 months. **Excluded criteria:** Exclusion criteria included substance dependence in the preceding 30 days; a diagnosis of psychotic disorder, bipolar I disorder, delirium, dementia, or mental retardation; a medical condition that precluded psychiatric medications; a serious medical condition requiring hospitalization within the coming year; living outside of a 40-mile radius

	of Toronto; and having plans to leave the province in the next 2 years. **Pretreatment:** none known
Interventions	**Intervention Characteristics** Intervention ● *Længste follow up*: 12 mdr efter endt behandling ● *Efter endt behandling*: 2 år Control ● *Længste follow up*: 12 mdr efter endt behandling ● *Efter endt behandling*: 2 år
Outcomes	*Livskvalitet ved længste follow up;* *Borderline sværhedsgrad ved længste FU;* *Interpersonelle problemer ved længste FU;* *Symptombelastning ved behandlingsafslutning;* *Drop-out ved behandlingsafslutning;* *Selvmordsrelateret adfærd ved behandlingsafslutning;* *Selvmordsforsøg ved behandlingsafslutning;*
Identification	**Sponsorship source:** Supported entirely by the Canadian Institutes for Health Research (grant 200204MCT-101123). **Country:** Canada **Setting:** Outpatient **Comments:** None **Authors name:** Shelley F. McMain **Institution:** Centre for Addiction and Mental Health, Toronto; the Department of Psychiatry, University of Toronto **Email:** shelley_mcmain@camh.net **Address:** From the Centre for Addiction and Mental Health, Toronto; the Department of Psychiatry, University of Toronto; McMaster University, Hamilton, Ontario, Canada; St. Michael's Hospital, Toronto; the Department of Psychiatry, Schulich School of Medicin
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	After baseline assessments, eligible participants were randomly assigned to treatment arms using a pregenerated block randomization scheme developed and held by the statistician, who prepared 45 sealed envelopes, each containing the group allocations in random order for four participants
Allocation concealment (selection bias)	Low risk	Eligible participants were randomly assigned to treatment arms using a pregenerated block randomization scheme developed and held by the statistician, who prepared 45 sealed envelopes, each containing the group allocations in random order for four participants
Blinding of participants and personnel (performance bias)	High risk	Therapists in both treatment arms were well experienced in the treatment of borderline personality disorder, were trained in their respective approaches, and attended weekly supervision meetings. Patients provided written informed consent prior to enrollment.
Blinding of outcome assessment (detection bias)	Low risk	Assessments were conducted by a board-certified psychiatrist and doctoral-level clinicians who were blinded to treatment group. Patients were assessed for DSM-IV diagnoses by assessors who were well trained on study instruments and blind to treatment assignment. Assessors were polled after the treatment phase to ascertain whether they could correctly guess participants' treatment assignment; they did not know treatment assignment for 86% of the cases, suggesting that blinding was largely maintained.
Incomplete outcome data (attrition bias)	High risk	Relatively large portion of dropouts.
Selective reporting (reporting bias)	Low risk	The follow-up study included the same measures as the original study. Protocol available - and all stated outcomes reported
Other bias	Unclear risk	No control group

Footnotes

Characteristics of excluded studies

Amianto 2011

Reason for exclusion	No manualised treatment group or control group

Andion 2012

Reason for exclusion	Wrong study design

Andreoli 2009

Reason for exclusion	Wrong intervention

Andreoli 2016

Reason for exclusion	Wrong intervention

Antonsen 2014

Reason for exclusion	Wrong patient population

Antonsen 2016

Reason for exclusion	Wrong patient population

Antonsen 2017

Reason for exclusion	No manualised treatment group or control group

Bateman 2008

Reason for exclusion	Wrong study design

Bateman 2009

Reason for exclusion	Wrong comparator

Bateman 2016

Reason for exclusion	Wrong comparator

Bedics 2012

Reason for exclusion	No manualised treatment group or control group

Bellino 2006

Reason for exclusion	Wrong intervention

Bellino 2007

Reason for exclusion	Wrong intervention

Berthoud 2017

Reason for exclusion	Wrong comparator

Blum 2008

Reason for exclusion	No manualised treatment group or control group

Blum 2008a

Reason for exclusion	Wrong study design

Blum 2008b

Reason for exclusion	a correction

Borschmann 2013

Reason for exclusion	Wrong intervention

Bos 2010

Reason for exclusion	No manualised treatment group or control group

Bos 2011

Reason for exclusion	No manualised treatment group or control group

Bozzatello 2016

Reason for exclusion	Wrong intervention

Buchheim 2017

Reason for exclusion	Wrong study design

Buchheim 2018

Reason for exclusion	Wrong study design

Chanen 2015

Reason for exclusion	protocol

Chanen 2018

Reason for exclusion	Wrong study design

Cottraux 2009

Reason for exclusion	Wrong intervention

Davidson 2006

Reason for exclusion	A commentary

Davidson 2006a

Reason for exclusion	No manualised treatment group or control group

Davidson 2008

Reason for exclusion	Wrong study design

Davidson 2009

Reason for exclusion	Wrong patient population

Davidson 2010

Reason for exclusion	Wrong intervention

Doering 2010

Reason for exclusion	Not multimodal treatent

Elices 2016

Reason for exclusion	Not multimodal treatent

Farrell 2009

Reason for exclusion	No manualised treatment group or control group

Feigenbaum 2012

Reason for exclusion	No manualised treatment group or control group

FeliuSoler 2017

Reason for exclusion	Not multimodal treatent

GiesenBloo 2006

Reason for exclusion	Not multimodal treatent

GiesenBloo 2006a

Reason for exclusion	Not multimodal treatent

GiesenBloo 2007

Reason for exclusion	Letter to editor

Gleeson 2012

Reason for exclusion	Wrong intervention

Gratz 2006

Reason for exclusion	No manualised treatment group or control group

Gratz 2014

Reason for exclusion	No manualised treatment group or control group

Gratz 2014a

Reason for exclusion	No manualised treatment group or control group

Gratz 2015

Reason for exclusion	No manualised treatment group or control group

Gregory 2008

Reason for exclusion	No manualised treatment group or control group

Gregory 2009

Reason for exclusion	No manualised treatment group or control group

Gregory 2010

Reason for exclusion	No manualised treatment group or control group

Harned 2014

Reason for exclusion	Wrong intervention

Jochems 2015

Reason for exclusion	Wrong patient population

Kramer 2011

Reason for exclusion	No manualised treatment group or control group

Kramer 2014

Reason for exclusion	Not multimodal treatent

Kramer 2016

Reason for exclusion	No manualised treatment group or control group

Kredlow 2017

Reason for exclusion	No manualised treatment group or control group

Laurenssen 2014

Reason for exclusion	protocol

Laurenssen 2014a

Reason for exclusion	protocol

Laurenssen 2018

Reason for exclusion	Wrong intervention

Leichsenring 2016

Reason for exclusion	No manualised treatment group or control group

Leppanen 2015

Reason for exclusion	Wrong study design

Leppanen 2016

Reason for exclusion	No manualised treatment group or control group

Lin 2018

Reason for exclusion	Wrong comparator

Linehan 2006

Reason for exclusion	No manualised treatment group or control group

Lorentzen 2013

Reason for exclusion	Wrong patient population

Lorentzen 2015

Reason for exclusion	Wrong patient population

Lorentzen 2018

Reason for exclusion	Wrong study design

McMain 2007

Reason for exclusion	Wrong study design

McMain 2007a

Reason for exclusion	A commentary

McMain 2017

Reason for exclusion	Wrong study design

McMain 2018

Reason for exclusion	protocol

McMurran 2016

Reason for exclusion	No manualised treatment group or control group

McMurran 2017

Reason for exclusion	No manualised treatment group or control group

Mehlum 2014

Reason for exclusion	Wrong patient population

Mohamadizadeh 2017

Reason for exclusion	Wrong study design

Morey 2010

Reason for exclusion	Not multimodal treatent

Nadort 2009

Reason for exclusion	Not multimodal treatent

Nadort 2009a

Reason for exclusion	Not multimodal treatent

Nadort 2010

Reason for exclusion	abstract only

Pascual 2015

Reason for exclusion	Not multimodal treatent

Philips 2018

Reason for exclusion	No manualised treatment group or control group

Priebe 2012

Reason for exclusion	Wrong patient population

Reneses 2011

Reason for exclusion	abstract only

Reneses 2013

Reason for exclusion	Not multimodal treatent

Robinson 2014

Reason for exclusion	Wrong patient population

Robinson 2016

Reason for exclusion	Wrong patient population

Rossouw 2012

Reason for exclusion	Wrong patient population

Rossouw 2015

Reason for exclusion	Wrong patient population

Rossow 2012

Reason for exclusion	abstract only

Salzer 2014

Reason for exclusion	Wrong patient population

Schilling 2015

Reason for exclusion	Not multimodal treatent

Schilling 2018

Reason for exclusion	Not multimodal treatent

Sinnaeve 2018

Reason for exclusion	Wrong study design

Soler 2009

Reason for exclusion	Not multimodal treatent

Soler 2012

Reason for exclusion	No manualised treatment group or control group

vandenBosch 2005

Reason for exclusion	No manualised treatment group or control group

vandenBosch 2014

Reason for exclusion	protocol

Zanarini 2008

Reason for exclusion	Not multimodal treatent

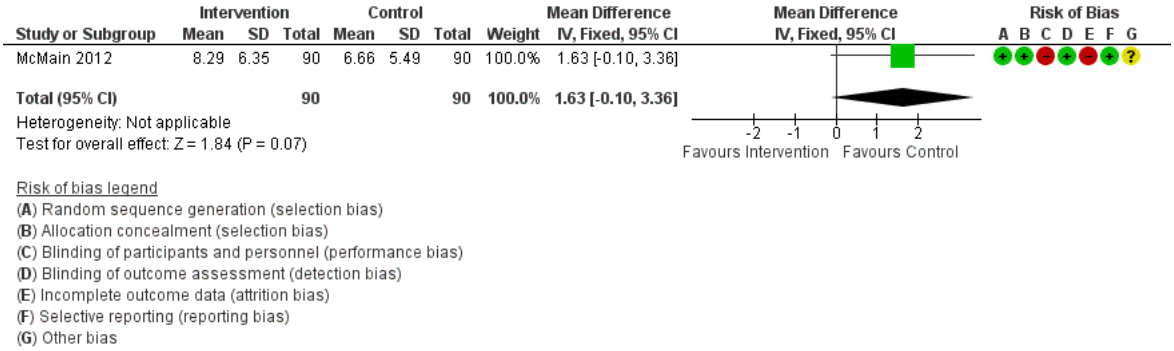
Zanarini 2018

Reason for exclusion	Not multimodal treatent

Footnotes

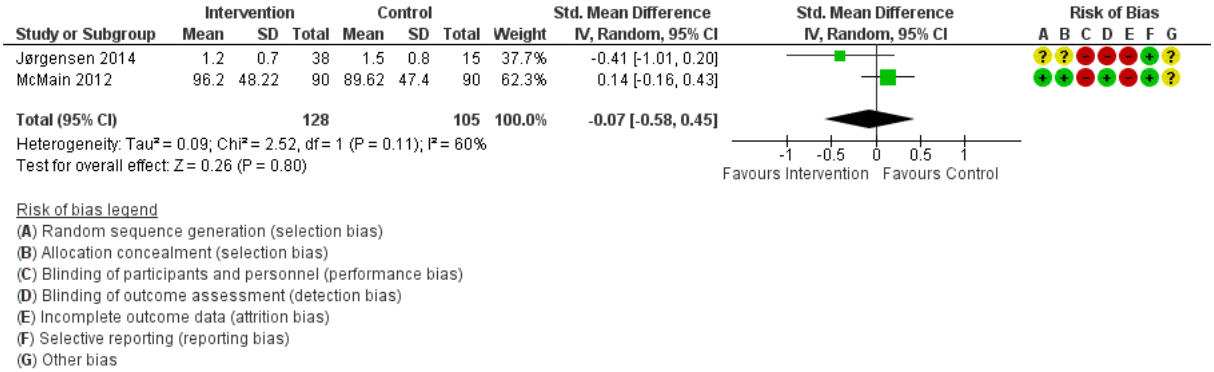
Figures

Figure 1 (Analysis 1.1)



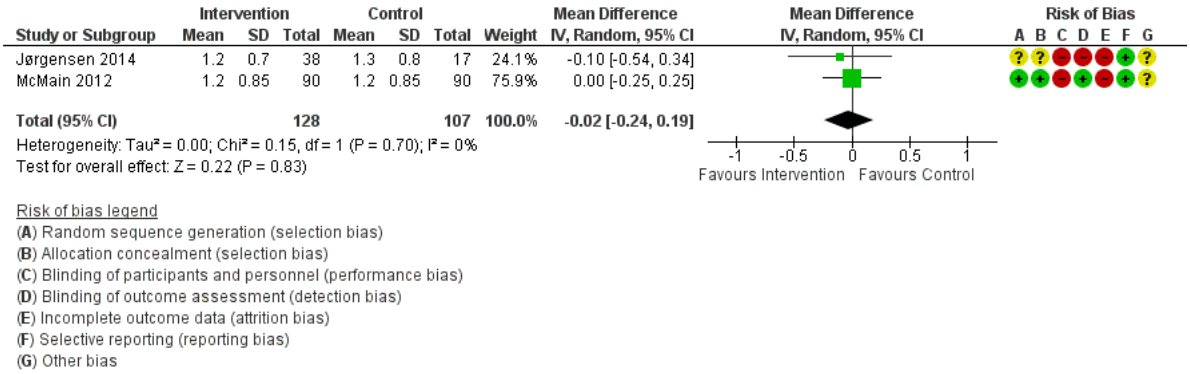
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.1 Borderline sværhedsgrad ved længste follow-up.

Figure 2 (Analysis 1.2)



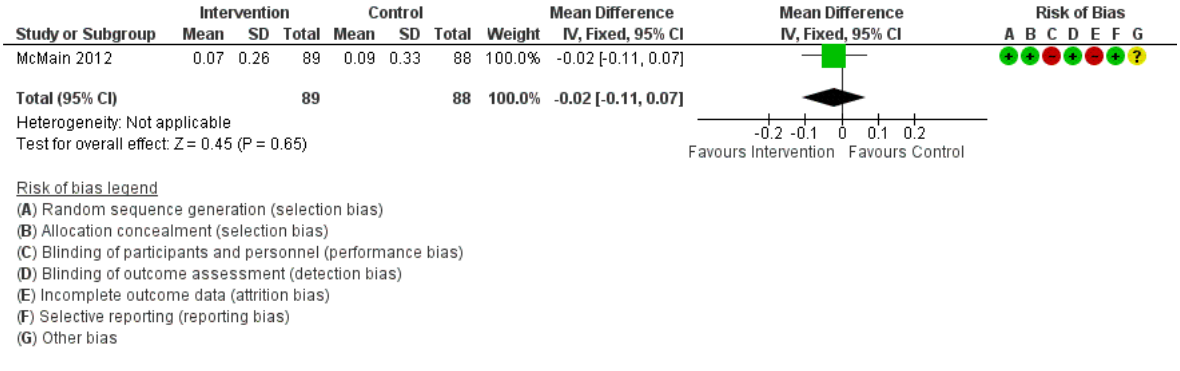
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.2 Interpersonelle problemer ved længste follow-up.

Figure 3 (Analysis 1.3)



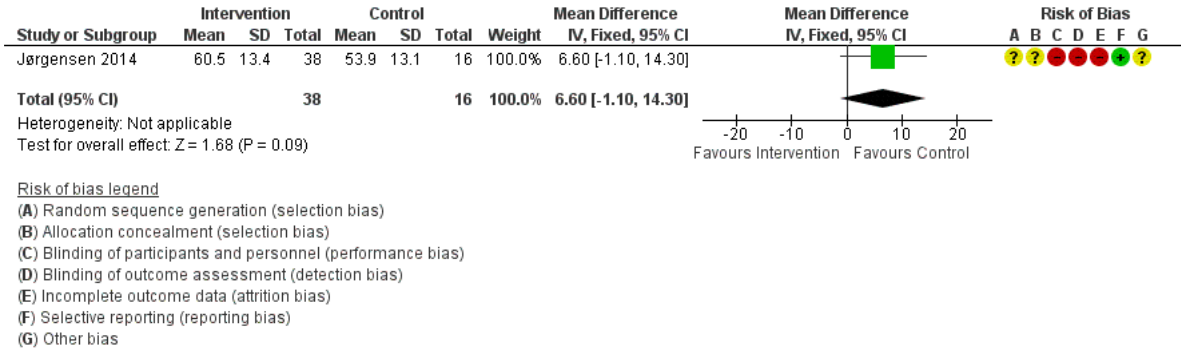
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.3 Symptombelastning ved behandlingsafslutning.

Figure 4 (Analysis 1.4)



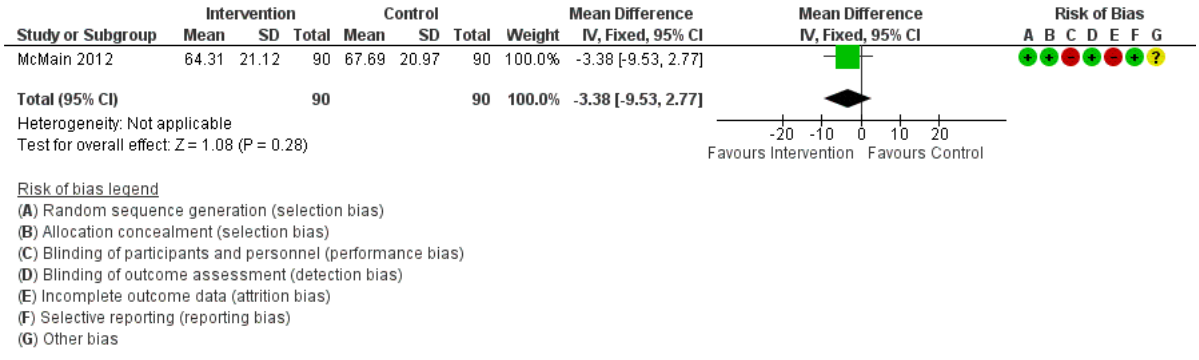
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.4 Selvmordsforsøg ved behandlingsafslutning.

Figure 5 (Analysis 1.5)



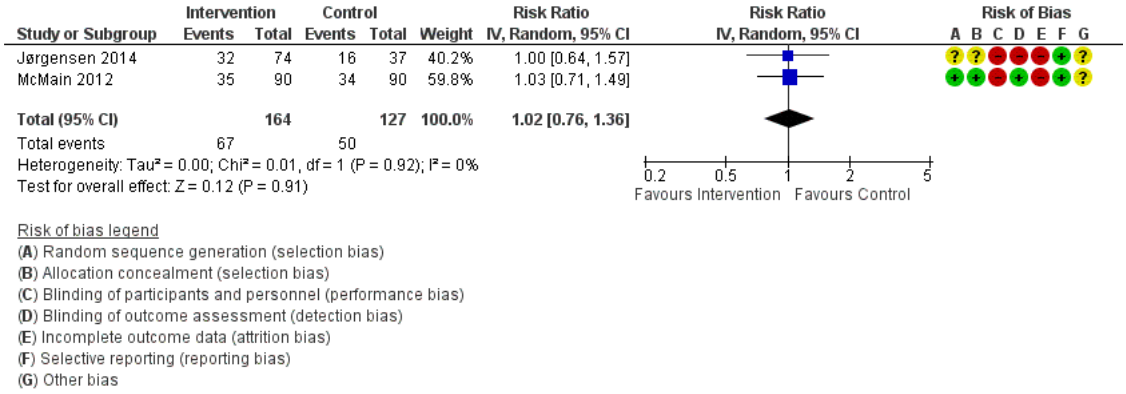
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.5 Socialt funktionsniveau ved længste follow-up.

Figure 6 (Analysis 1.6)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.6 Livskvalitet ved længste follow-up.

Figure 8 (Analysis 1.8)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.8 Drop-out ved behandlingsafslutning.