In adults with a diagnosis of Borderline Personality Disorder, how effective is BEST in Mental Health?

What We Do

LINKING DECISION-MAKING IN THE NHS WITH HIGH QUALITY EVIDENCE, PARTICULARLY FROM SYSTEMATIC REVIEWS, REQUIRES SYSTEMS THAT RESPOND TO USER NEEDS, AND GETTING THE BEST EVIDENCE TO THE RIGHT PEOPLE WHEN THEY NEED IT.

The BEST in Mental Health project has been developed as a tool for AWP clinicians, with the aim of overcoming some of the more practical barriers that are faced in the day to day uptake of evidence-based practice. Evidence-based practice is the process of combining the best research evidence with clinical expertise and experience, and each patient’s unique values, preference and goals.

BEST IN MENTAL HEALTH OFFERS A CLINICAL QUESTION ANSWERING SERVICE DESIGNED TO PROMOTE EVIDENCE BASED PRACTICE, MANAGEMENT AND COMMISSIONING IN AWP NHS Trust. Originally a one year pilot project funded by the National Institute for Health Research (NIHR), the service was developed in collaboration with the Cochrane Group at the University of Bristol following a successful demonstration project undertaken at the Institute of Psychiatry, King’s College London.

The project is led by Dr Julian Walker, Director of Research and Development for AWP, and Dr Rachel Churchill, Reader at the University of Bristol and Co-ordinating Editor for the Cochrane Group CCDAN (Cochrane Depression, Anxiety and Neurosis Group). The day to day running of BEST in Mental Health is carried out by the Project Coordinator, Ali Hodges and the Project Admin Coordinator, Jonathan Piotrowski. AWP library service play a crucial role in the project, conducting literature searches for clinical questions. Consultant Technical Authors critically appraise the evidence.

Techniques brought together in BEST have included the following:

- BEST in Mental Health links decision-making in the NHS with high quality evidence, particularly from systematic reviews, requires systems that respond to user needs, and getting the best evidence to the right people when they need it.
- BEST in Mental Health will help with the formulation of clinical questions. Questions submitted to the BEST in Mental Health include:
  - In patients with schizophrenia and OCD, how effective is clozapine compared with other antipsychotics in reducing symptoms of OCD?
  - In adults with generalised anxiety and/or panic disorder, how effective is Dialectical Behaviour Therapy (DBT) when compared to any other treatment in achieving improving patient outcomes?

Within the first 12 months of activity the BEST in Mental Health project received 86 clinical questions. The questions were received from a wide variety of professions demonstrating the accessibility of the project. The most frequent users were Psychiatrists (n=23), followed by Nurses (n=18), Psychologists (n=14), Clinical Manager & Doctors (n=9), OTs & Physiotherapists (n=5), Social Workers (n=2), Pharmacists (n=1)

Of the clinical questions received 44% referred to pharmacological interventions, followed by 20% were questions regarding service design, 17% Complimentary interventions, 13% Psychological interventions, 4% were Non Specific, 2% concerned Diagnostic Test Accuracy.

BEST IN MENTAL HEALTH WILL NOT:

- Answer background questions;
- Answer questions surrounding prognosis / risk;
- Give advice or make recommendations for clinical practice;
- Summarise evidence from less well-conducted studies.

ASKING A QUESTION

Questions are submitted to BEST using the ‘PICO’ format:

- P: patient group / population under study
- I = intervention planned
- C: comparison intervention
- O: outcome(s) sought

For Example

In adults of working age with moderate to severe depression (population) what is the efficacy of MBCT (intervention), compared with CBT and/or antidepressants (comparison) in reducing relapse rates and/or improving global functioning and quality of life (outcome)?

Answer

A review suggested that MBCT is more effective than treatment as usual and at least as effective as anti-depressant medication in preventing relapses in patients with major depressive disorder, especially in patients with three or more previous relapses. One study included in the review suggested that MBCT is cost-effective with the cost of MBCT similar to that of anti-depressants...