Socialstyrelsen The Swedish National Board of Health and Welfare

Nationella riktlinjer/National Guidelines 2017: Health- and hospital care in: affective- & anxiety disorders

BUGL conference Iceland January 2019

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Responsible for work related to children and adolescents in the
Project steering group

National Guidelines
- a priority for the Swedish Society

The Swedish government

has government agencies which execute the government's and parliament's decisions

These agencies are led by a "Director"

- **The Swedish National Board of Health and Welfare**
  - Wherever in Sweden you live
    - access to good health and social care on equal terms.
    - produce and develop statistics, regulations and knowledge for the Government and for those working in health and medical care and social services.
    - We approach representatives and officials in municipalities and county councils, as well as care providers and their personnel

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Values to promote and realize in practise

Knowledge based – yet recognizing the value of ”proven experience”

Efficient

Safe

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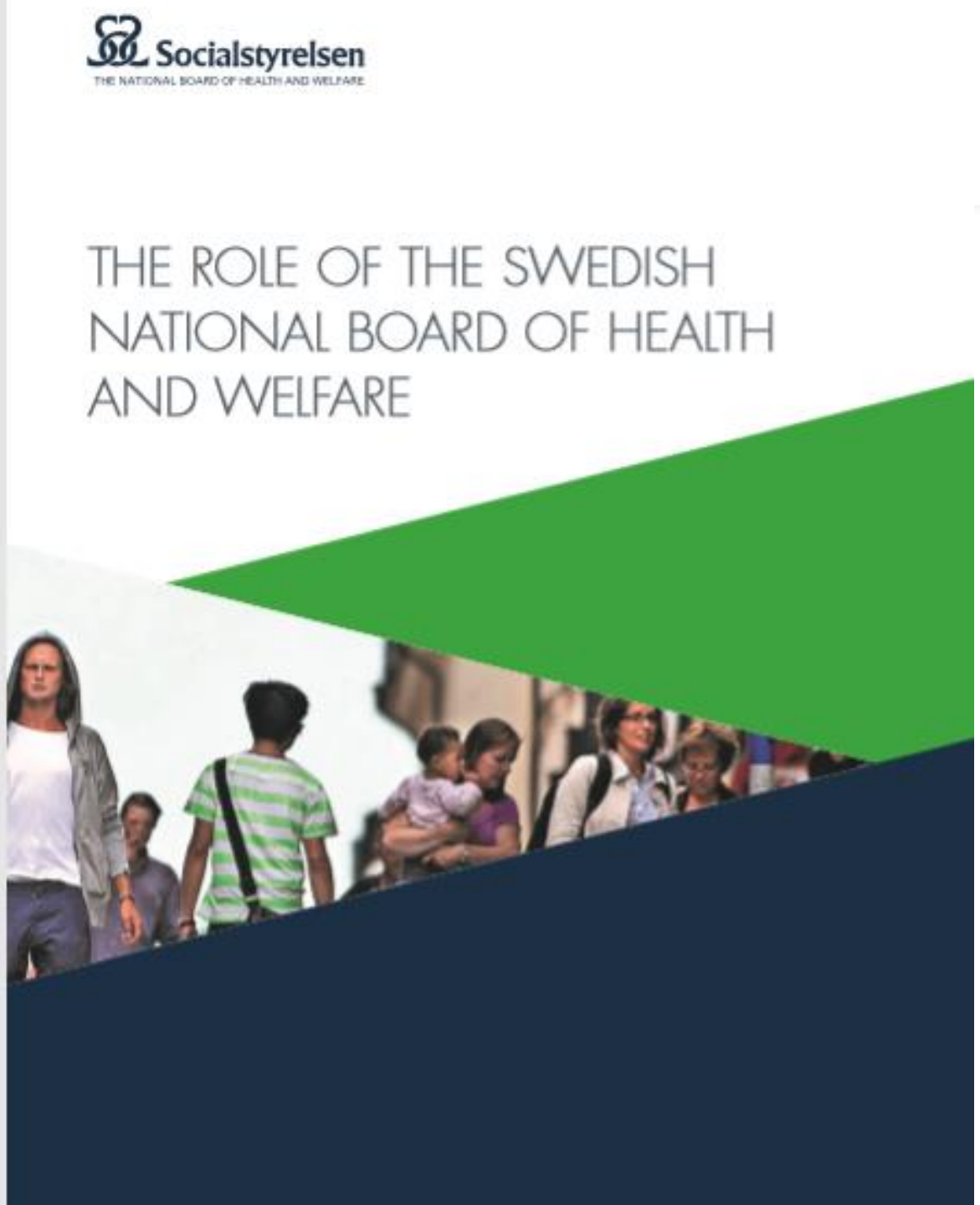
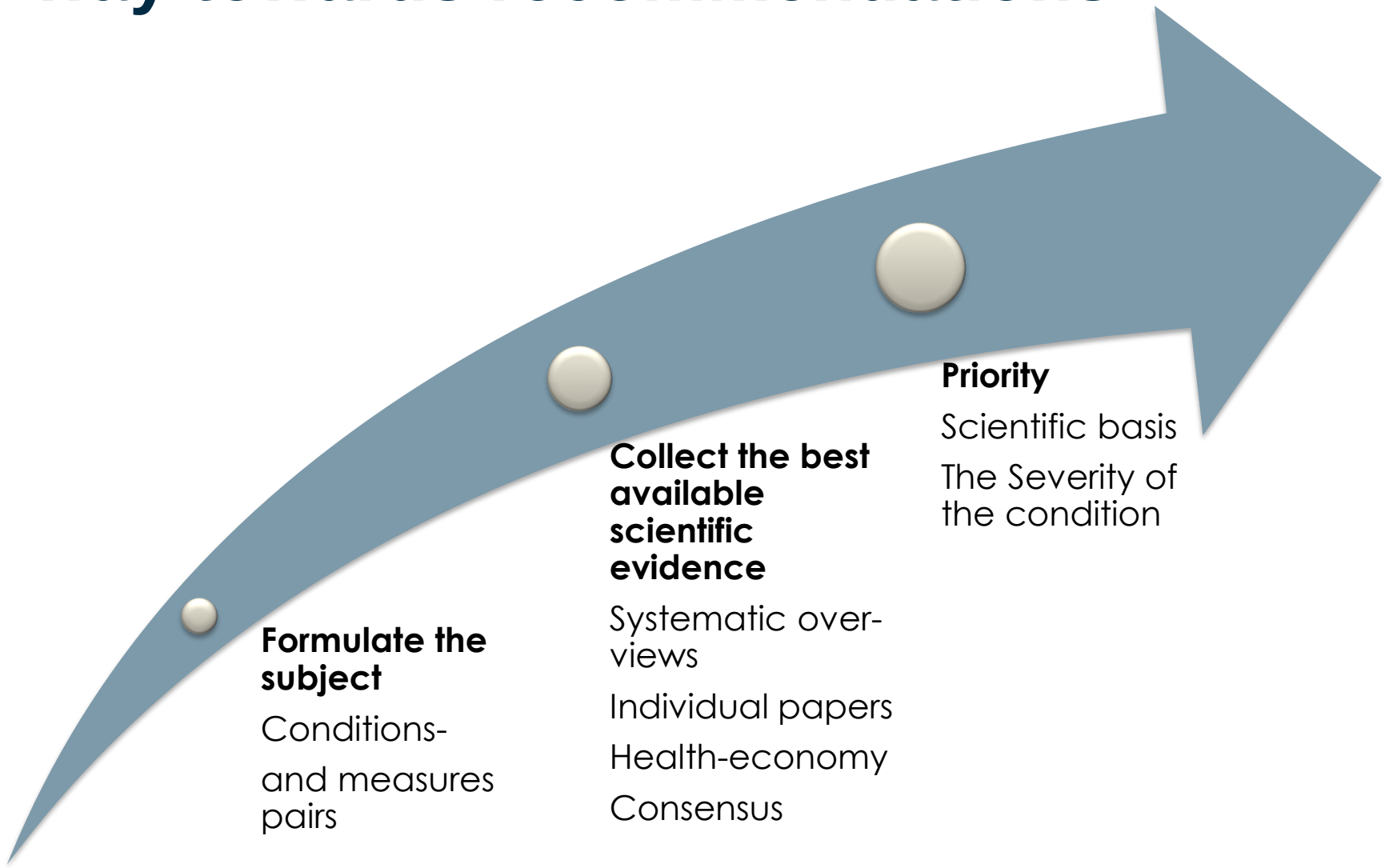


Why national guidelines?

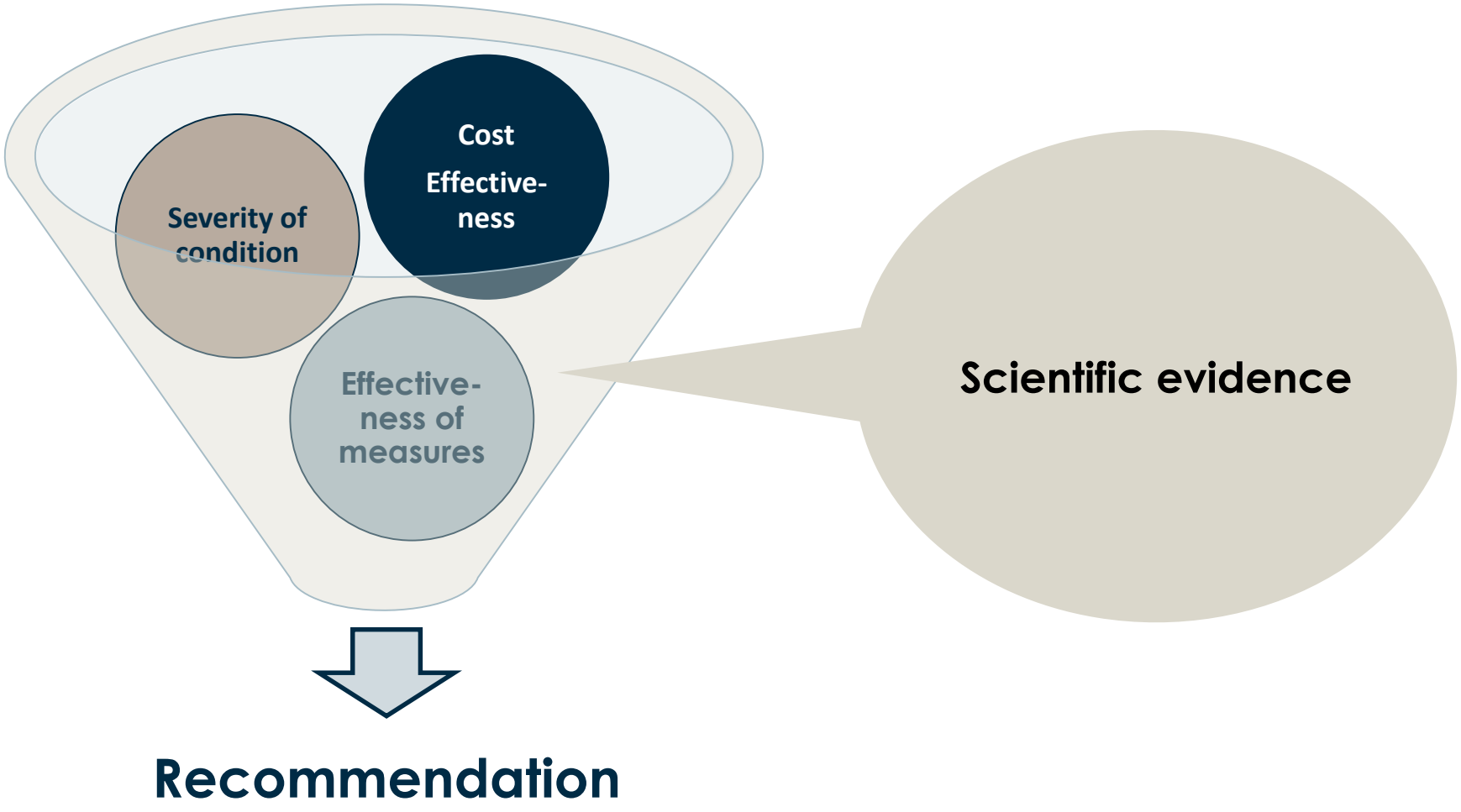
- Provide good care for all on equal terms
- Use resources effectively
- To promote development and monitoring of quality
- To aid hospital and care-funders (Landsting) as to what care should, can, and as an exception can be provided

The way towards recommendations



Priority

Priorities are formulated on a group level



National guidelines for care in depression and anxiety 2017 – work process

New features compared to the previous (2010) guidelines

- The focus is on guidelines to decision makers
- National evaluation in 2013
- Bipolar disorder is not included
- Old age has not been singled out
- From about 260 to about 100 recommendations (43 out of which are central)
- New methodology for examining the science (GRADE)

GRADE, a more reliable and scientifically rigorous way of evaluating evidence

The Swedish National Board of Health and Welfare arranges a web course in GRADE for all working with national guidelines

http://www.kunskapsguiden.se/aldre/Webb-utbildningar/Sidor/Systematiskt-oversiktsarbete-och-evidensgradering-med-GRADE.aspx

The course provides the tools to use GRADE in practice

Three types of recommendations

Should provide	Can provide	Can provide as an exception	Should not provide	Only provide in R&D
1 2 3	4 5 6 7	8 9 10	Icke-göra	FoU

Rank order 1–10

Measures that the health care *should* provide *(priority 1-3),*

can provide *(priority 4-7)* or

can provide *as an exception (priority 8-10)*

Do not do

Measures that the health care *Should not provide.*

FoU/Research and Development (R&D)

Measures that the health care may provide *only in research and development using systematic evaluation*

GRADE - disciplined reasoning*

PICOS – MEMORABLE

Population (that was studied)

Intervention (that was studied)

Comparison (contingency used)

Outcome (measure)

Study design

- **Is the population reasonably similar to the population in which the implementation is to be done**
  - Ethnicity (relevant in psychopharmacology studies)
  - Socioeconomic Staus (pathogenesis may be very different in different SES)
  - Experience (trauma, peer relations, family and ….)

*Abelson (1995) Statistics as Principled Argument, Lawrence Erlbaum Ass. Hillsdale NJ

GRADE - disciplined reasoning*

PICOS

Population (that was studied)

Intervention (that was studied)

Comparison (contingency used)

Outcome (measure)

Study design

- **Intervention that was studied**
  - Replicable in the population of interest
  - Acceptable/same face value in the population of interest
  - Relevant based on the symptom pathogenesis in population of interest

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*Abelson (1995) Statistics as Principled Argument, Lawrence Erlbaum Ass. Hillsdale NJ

GRADE - disciplined reasoning*

PICOS

Population (that was studied)

Intervention (that was studied)

Comparison (contingency used)

Outcome (measure)

Study design

- **Comparison used in studies**
  - An intervention should be effective beyond time, attention, as well as other un-specific therapeutic effects (human kindness etc.)
  - If there are existing effective treatments, the new intervention must be either: more effective; demand less resources; or have less side effects/negative effects
  - So controls need to match the scientific situation
  - If there are effective treatments it is un-ethical/un-informative to use placebo^
  - Psychological placebo with face validity

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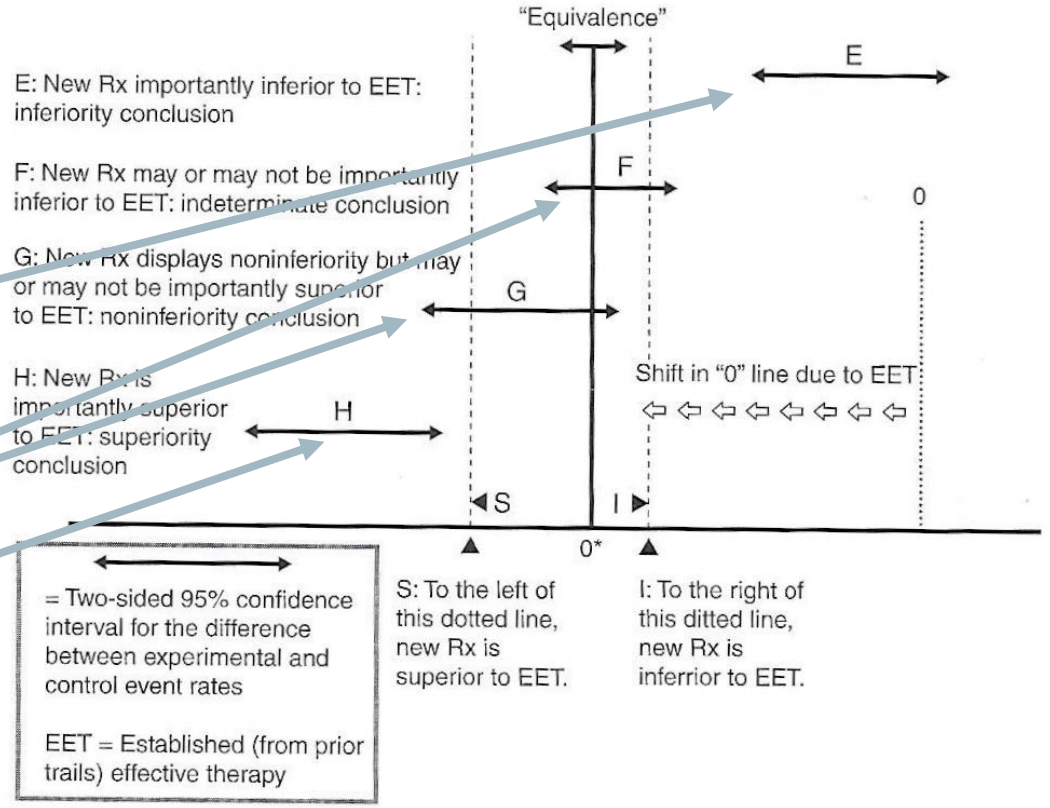
*Abelson (1995) Statistics as Principled Argument, Lawrence Erlbaum Ass. Hillsdale NJ; ^Haynes, R. B., et al. (2006). Clinical Epidemiology: How to do clinical practise research. Philadelphia, Lippincott Williams & Wilkins.

Non-inferiority Trials

When there are established effective treatments (EET), placebo is not informative - The question is whether the new treatment (Rx)

- *Inferior to (E) EET*
- *Is euivalent to (F or G) EET*
- *is superior to (H) EET*



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Haynes, R. B., et al. (2006). Clinical Epidemiology: How to do clinical practise research. Philadelphia, Lippincott Williams & Wilkins.

GRADE - disciplined reasoning*

PICOS

Population (that was studied)

Intervention (that was studied)

Comparison (contingency used)

Outcome (measure)

Study design

- **Outcome assessments & measures**
  - Psychometrically sound
  - Reflect relevant domains:
    - both parental and child perspectives; preferrably interview based
    - both disorder and impairment;
    - both benefit and harm/side effects/negative effects

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*Abelson (1995) Statistics as Principled Argument, Lawrence Erlbaum Ass. Hillsdale NJ

GRADE - disciplined reasoning*

PICOS

Population (that was studied)

Intervention (that was studied)

Comparison (contingency used)

Outcome (measure)

Study design

- **Study design – the structure of scientific experiments**
  - Methods/procedures must be described – rigorous?
  - Hierarchy of methods
    - 2*blind RCT
    - 1*blind RCT (assessors do not know RND)
    - Independent assessors (not (fully) blinded)
    - assessments by therapist (self-interest)
    - Self- & parent rating (not interview)
  - RND method
  - …….

*Abelson (1995) Statistics as Principled Argument, Lawrence Erlbaum Ass. Hillsdale NJ

GRADE – ex- CBT in OCD – a form to promote systematic work

Study design – RCT ? Starts with ++++! else reduction …

Selection? Attrition? judgment/report bias?

Lacking in applicability: wrong population? Ex adults?

Heterogeneity between studies? C.f. Emslie -> Emslie

Broad confidence intervals, small differences?

”File Drawer” problem – bias: published papers are positive, have big ES and support one theory. Negative or inconclusive are hidden in drawers.

Positive indicators can counteract shortcomings

Final/summary judgment is transferred to a table

Effektmåttet:	CY-BOCS post KBT vs. Väntelista		
Design	**Alternativ**	**Utgångsvärde**	**Kommentar**
Studiedesign	RCT (⊕⊕⊕⊕)	⊕⊕⊕⊕	1 SÖ (ink 4 RCT), 2 RCT
	Observationsstudie med kontroll-grupp (⊕⊕◯◯)		
Kriterier	**Alternativ**	**Ange ev. avdrag**	**Kommentar**
Brister i studiernas tillförlitlighet (selektions-, behandlings-, bortfalls-, bedömnings- och rapporteringsbias)	Inga brister (inget avdrag)	X	
	Vissa brister (ev. avdrag)		
	Allvarliga brister (-1)		
	Mycket allvarliga brister (-2)		
Bristande överförbarhet	Inga brister (inget avdrag)	X	
	Vissa brister (ev. avdrag)		
	Allvarliga brister (-1)		
	Mycket allvarliga brister (-2)		
Bristande överensstämmelse mellan studier	Inga problem (inget avdrag)	X	
	Viss heterogenitet (ev. avdrag)		
	Stor heterogenitet (-1)		
	Mycket stor heterogenitet (-2)		
Oprecisa data	Inga problem (inget avdrag)	X	
	Vissa problem (ev. avdrag)		
	Oprecisa data (-1)		
	Mycket oprecisa data (-2)		
Hög sannolikhet för publikationsbias	Inga risker (inget avdrag)	X	
	Vissa risker (ev. avdrag)		
	Stor risk för bias (-1)		
	Mycket stor risk för bias (-2)		
Räcker summan av smärre brister till nedgradering?	Nej (inget avdrag)	X	
	Ja (-1)		
Övriga kommentarer			
Kriterier	**Alternativ**	**Ange ev. uppgradering**	**Kommentar**
Stor eller mycket stor effekt och inga sannolika förväxlingsfaktorer	Inte relevant	X	
	RR < 0,5 eller RR > 2,0 (+1)		
	RR < 0,2 eller RR > 5,0 (+2)		
Tydligt Dos-respons-samband	Inte relevant	X	
	Ja (+1)		
Sannolik underskattning av effekten på grund av att hänsyn inte tagits till relevanta förväxlingsfaktorer	Inte relevant	X	
	Ja (+1)		
Summering av vetenskapligt underlag	Starkt (⊕⊕⊕⊕)	Starkt (⊕⊕⊕⊕)	
	Måttligt starkt (⊕⊕⊕◯)		

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Some work done in clinics have little scientific support or are loosely based on ”proven experience”

- **Evaluating methods/procedures through experts’ Consensus discussionsjudgment and vote**
- Experts should have both scientific understanding and experience through work in the field to be judged
- Experts should be chosen based on different forms of expertise and from different organizations and geographical areas
- Consensus discussion and evaluation to vote on the web
- The group’s vote is weighed together with what scientific evidence is available through the project group’s expert(s)
- Examples: psychoeducation in depression before depression specific treatments are launched/can be in place

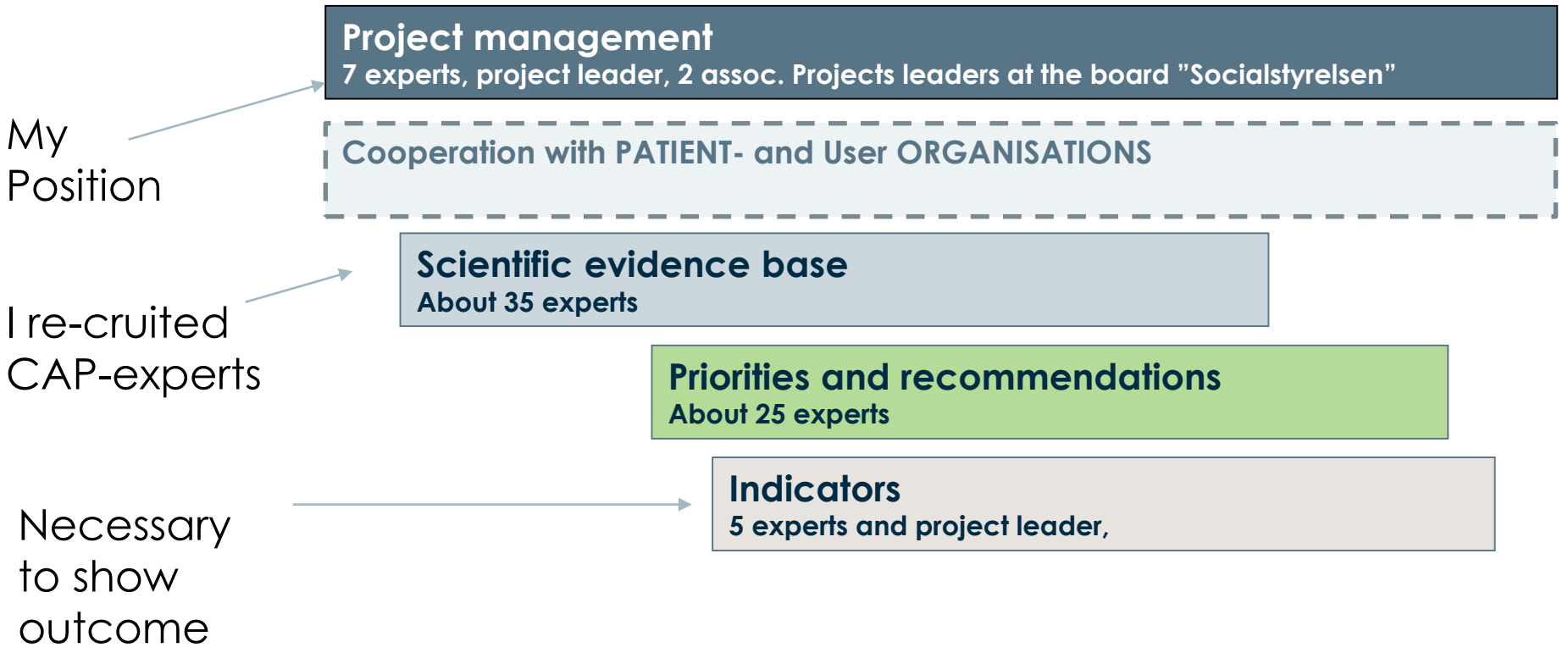
The national guidelines vs the patient law …

- **Patient law (2014:821**
- **…when several treatment alternatives are in consonance with scientific evidence and proven clinical experience, the patient must be allowed to choose the alternative s/he prefers. The patient is to receive the chosen treatment if it, with regard to the current illness or harm, and with regard to the cost of the treatment is reasonable.**
- **The right of choice is not due to a clinician's preferences or theoretical orientation**
- **The patient's right of choice is between evidence based measures**

Coordination with the Medical Products Agency treatment recommendations

- Simultaneous publication with the MPA treatment recommendations for depression, anxiety and OCD
- Different target groups that provide complementary perspectives
- SoS scientific evidence base was available for the MPA groups
- Coordinated messages

Project organisation



Priority group

Norra
Göran Nyberg, psykiater
Ulrika Ökvist Dahlberg, psykolog
Alexandra Grankvist, arbetsterapeut
Monica Engman, specialistsjuksköterska
Diana Segerstedt, socionom och psykoterapeut
Anna-Karin Fahlén, allmänläkare

Uppsala-Örebro
Adriana Ramirez, psykiater

Västra Götaland
Ulf Svensson, allmänläkare
Jan Svedlund, psykiater
Stefan Hugestrand, psykolog och psykoterapeut
Louise Danielsson, fysioterapeut
Karin Holmgren Melin, specialistsjuksköterska
Ingvar Karlsson, psykiater
Maria Carlsson, barnpsykolog
Irene Svenningsson, distriktssköterska

Intended to provide different perspectives:
- different geographical areas
- different interest groups
- different theoretical positions
- different types of professionals

Clincial experience and wisdom

Karta från http://commons.wikimedia.org/wiki/File:SWE-Map_Sjukv%C3%A5rdsregioner.svg

The National Board of Health and Welfare (Socialstyrelsen) administrative work process

Internally Socialstyrelsen

- **quality of language and layout**
- **Department director for knowledge support gives the OK**
- **The director of the board (Socialstyrelsen) accepts the ”REMISS” VERSION**
- **Views expressed during the ”remiss” period are considered and when applicable included in the final version för the director’s final acceptance**

”REMISS” work-up

- **Meetings with differnt interest groups enables the board to consider the views from the professions and discussions**
  - Professions in regions/”landstingen”
  - Professional groups eg. doctor’s and psychologist’s associations
  - Interest groups for specific methods eg. Family therapy, psychoanalysis/psychodynamic therapy etc.
  - Patient associations

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What kind of reports are produced?

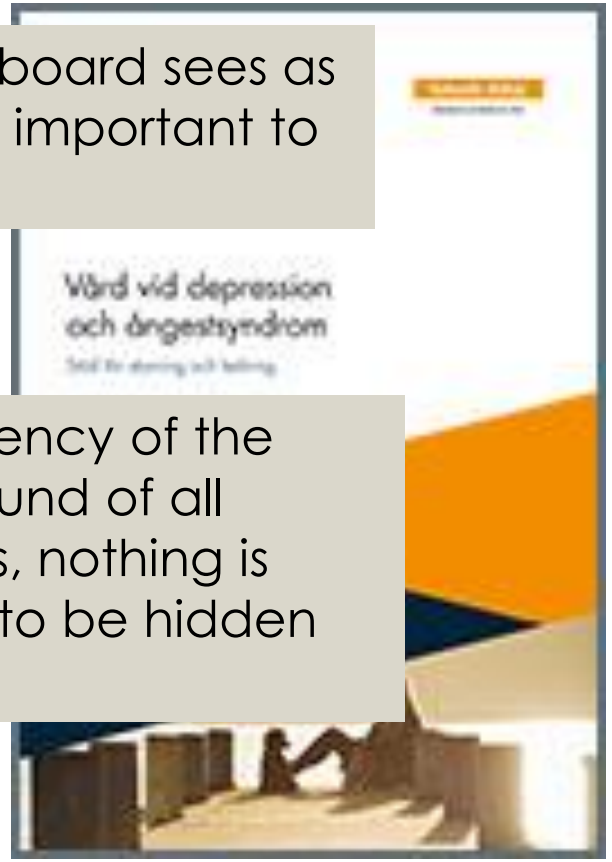
- **Support for management and guidance**
  - Central recommendations
  - Economical and consequences for the organizion of care
  - Indications of the care

- **supplements**
  - Condition and actions/methods list
  - Scientific base
  - Description of actions/methods

All reports can be down loaded on
www.socialstyrelsen.se/riktlinjer/nationellariktlinjer

What the board sees as especially important to promote

Transparency of the background of all decisions, nothing is allowed to be hidden away



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National guidielines for depression and anxiety: Central recommendations and some measures of general or special importance

The scientific material is available at:

http://www.socialstyrelsen.se/publikationer2017/2017-12-4

Diagnostic work-up and care

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Diagnostic work-up and care in depression or anxiety

- *Effective care/routines*

Central Recommendation

Recommendations

Health care and hospital care should:

- Provide high availablility for a primary assessment for people with symptoms of depression or anxiety (*priority 1*)
- Provide active follow-up with planned new contact for persons with depressive- or anxiety syndromes, or with suspected depressive- or anxiety syndromes (*priority 1*)

Example: diagnostic work-up & care*

Iinformation/data used for judgments	Answers
How serious is the condition	**Mild to very serious**
What effectiveness	A prerequisite for correct continued care and has very good effectiveness on health and reduced need of care consumption (evidence strength 2)
Side-effects/adverse effects	**None**
What studies are included	**Refers to 2 studies and a board report**
Do the studies lack important information	**No**
Health-economic judgement	**Not performed**

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*http://www.socialstyrelsen.se/publikationer2017/2017-12-4 : file - 2017-12-4-kunskapsunderlag

A working diagnostic process

Central Recommendation

Un-structured clinical interviews have both insufficient reliability and weak agreement with structured diagnostic methods

Resources are saved through the use of methods with known psychometrics

C/M row 2C
Condition: C&A with suspected depressive or anxiety disorder
Measure: KSADS-PL or MINI-KID as an addition to clinical judgement at diagnostic work-up in Specialized Care

Recommendation:

Bör erbjudas	Kan erbjudas	Kan erbjudas i undantagsfall	Bör inte erbjudas	Endast i forskning och utveckling
1 2 3	4 **5** 6 7	8 9 10	Icke-göra	FoU

Health- & hospital care *can* provide KSADS-PL or MINI-KID as an addition …
Motivation: the scientific basis is inadequate but the method is judged to increase structured work in the diagnostic process. It is of great value if the clinical assessment and KSADS/MINI-KID are made by the same clinician

Rettew(2009) Int J Methods Psychiatr Res **18**(3): 169-184.

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Assessment and care in depressive or anxiety disorders

- *Assessment of somatic co-morbidities*

Central Recommendation

Recommendations

Health care and hospital care should:

- Offer somatic history and assessment together with relevant other assessments and care to peopel with depressive- and anxiety disorders (*priority 1*)

Depression

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Treatment of major depression and anxiety disorders in children and adolescents
-Psychopedagogic treatment

Central Recommendation

Recommendations

Health care and hospital care should:

- Offer psychopedagogic treatment focussed on depression in children and adolescents (*priority 2*)
- Offer psychopedagogic treatment focussed on anxiety in children and adolescents (*priority 2*)

Treatment of major depression in children and adolescents
mild-moderate moderate-severe

Central Recommendation

Health-, & hospital care should

- Offer CBT to C&A with mild-moderate depression (priority 2)
- Offer treatment with fluoxetine to C&A with moderate-severe major depression (priority 2)

Bör erbjudas	Kan erbjudas	Kan erbjudas i undantagsfall	Bör inte erbjudas	Endast i forskning och utveckling
1 **2** 3	4 5 6 7	8 9 10	Icke-göra	FoU

- Offer Interpersonal Psychotherapy to C&A with mild-moderate depression (priority 5)

Bör erbjudas	**Kan erbjudas**	Kan erbjudas i undantagsfall	Bör inte erbjudas	Endast i forskning och utveckling
1 2 3	4 **5** 6 7	8 9 10	Icke-göra	FoU

Psychodynamic short-term psychotherapy (sPDT)

NOT a Central Recommendation

No studies on classical long-term PDT (Trowell (2007) methodol. weak

Fonagy sPDT manual over 29 ssns (!!)

sPDT ≈ KBT ≈ BPI in the IMPACT study

Goodyer (2017) Lancet Psychiatry 4(2): 109-119

Condition: mild-moderate depression

Recommendation

Health-, hospital care can as an exception offer sPDT
The disorder has moderate severity and other more robust treatments exist

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Attachment Based Family Therapy

NOT a Central Recommendation

- **Prio FoU**
  - 1 study in MDD
  - Population: inner city – soc.prbl/poor/ traumatized
  - Design: wait list
  - Study fr Norway is concluded – no results are publ.
  - Revised -> 2019 ?

Condition: mild-moderate depression

Recommendation

Health-, hospital care can only within R&D
Offer ABFT
The scientific basis is insufficient and studies are on the way

*Diamond (2002). Journal of the American Academy of Child and Adolescent Psychiatry **41**(10): 1190-1196.*

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Treatment with *ECT in severe [psychotic] or, treatment resistent MDD and catatonia in adolescents*

Central Recommendation

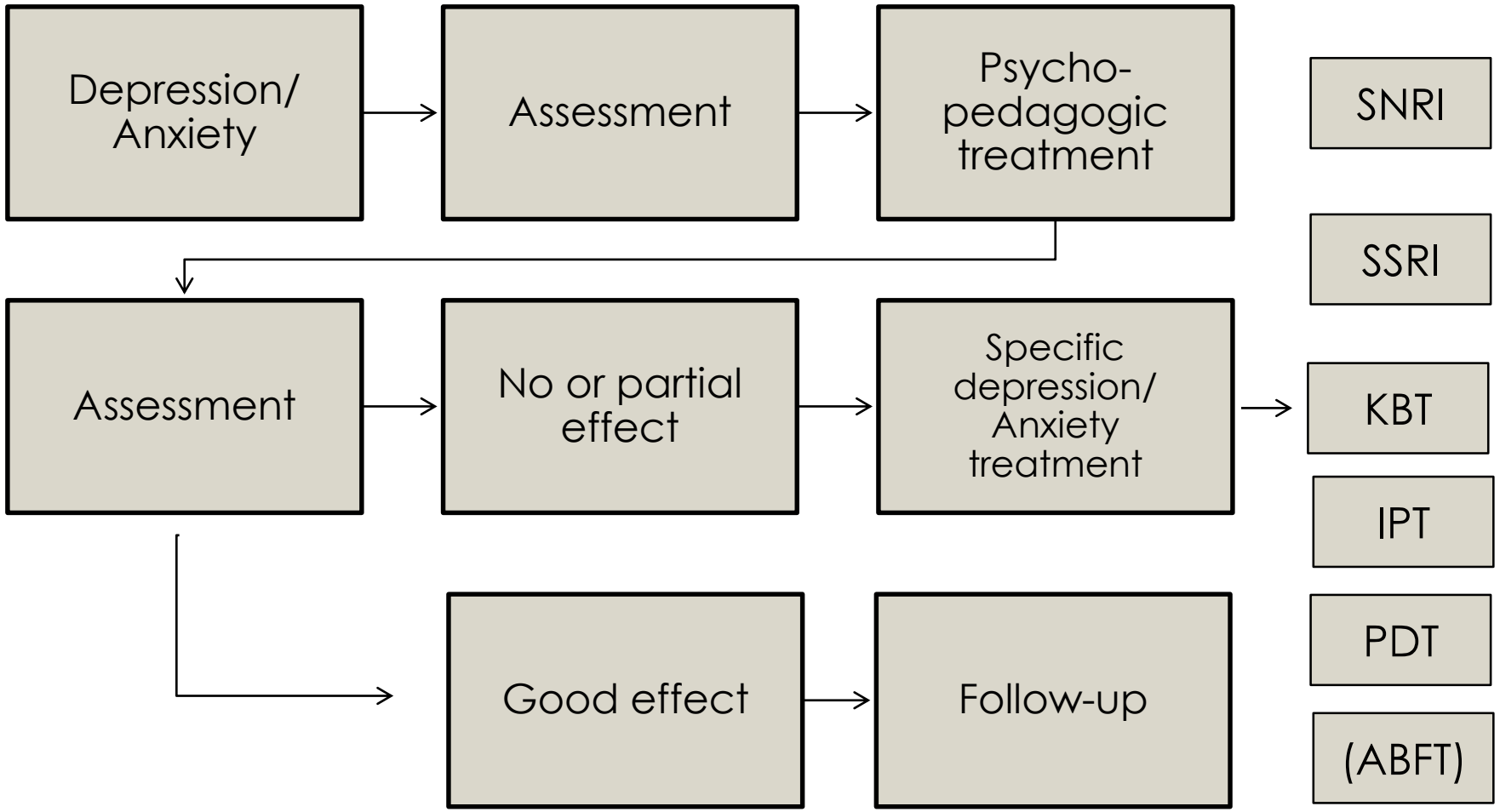
Recommendation

Bör erbjudas	Kan erbjudas	Kan erbjudas i undantagsfall	Bör inte erbjudas	Endast i forskning och utveckling
1 2 3	4 5 6 7	8 9 10	Icke-göra	FoU

Health-, hospital care should offer ECT (priority 1)

The scientific basis is insufficient but the disorder is severe with risk of lethal outcome and clinical experience indicates ECT efficacy in this population

Psykopedagogisk behandling vid depression



Obsessive-compulsive disorder, PAN(DA)S and PTSD in children and adolescents

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Treatment for obsessive compulsive disorder in children and adolescents

Recommendation

Bör erbjudas	Kan erbjudas	Kan erbjudas i undantagsfall	Bör inte erbjudas	Endast i forskning och utveckling
1 2 3	4 5 6 7	8 9 10	Icke-göra	FoU

Health care and hospital care should:

- Offer cognitive behaviour treatment with exposure and response prevention to children and adolescents with OCD (*priority 1*)

Treatment for obsessive compulsive disorder in children and adolescents

Recommendation

Health care and hospital care should not:

- Should not offer psychodynamic short-term therapy to children and adolescents with OCD (*priority: Not to use*)
- Motivation: No studies showing efficacy and alternative treatments are effective

Treatment for obsessive compulsive disorder in children and adolescents

Recommendation

Health care and hospital care can:

- Offer SSRI treatment to children and adolescents with moderate-severe OCD (*priority 4*)

Treatment for obsessive compulsive disorder in children and adolescents

Recommendation

Health care and hospital care can:

Bör erbjudas	**Kan erbjudas**	Kan erbjudas i undantagsfall	Bör inte erbjudas	Endast i forskning och utveckling
1 2 3	4 **5** 6 7	8 9 10	Icke-göra	FoU

- Offer SSRI in combination with CBT/ERP treatment to children and adolescents with moderate-severe OCD (*priority 5*)

Treatment for obsessive compulsive disorder in children and adolescents

Recommendation

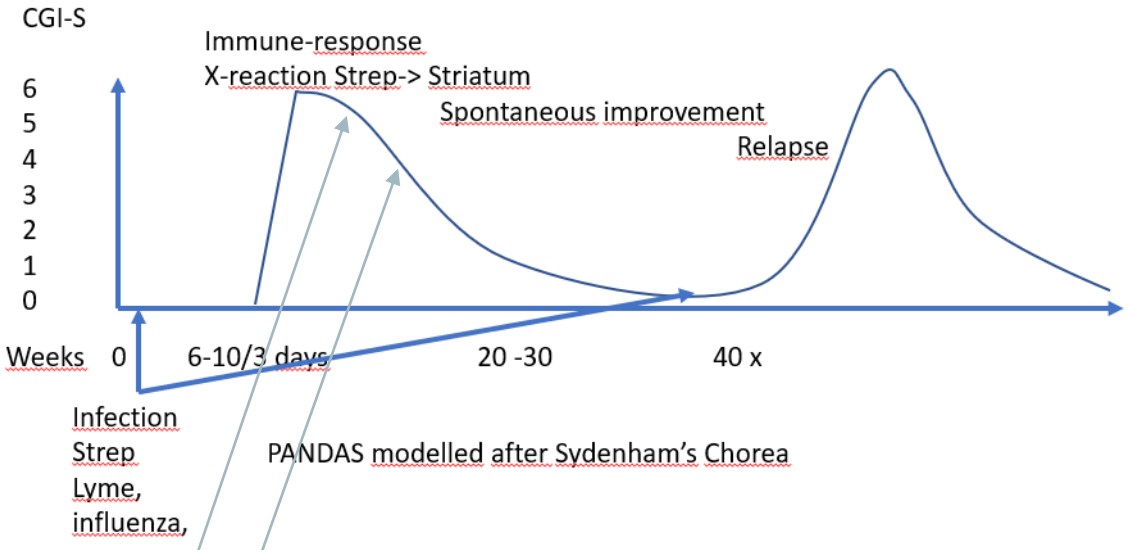
Health care and hospital care can as an exception:

Bör erbjudas	Kan erbjudas	**Kan erbjudas i undantagsfall**	Bör inte erbjudas	Endast i forskning och utveckling
1 2 3	4 5 6 7	8 9 10	Icke-göra	FoU

- Offer risperidone or aripiprazole to augment SSRI treatment to children and adolescents with severe OCD (*priority 10*)
- Motivation: the disorder is **very** severe. The scientific basis is insufficient.

Comment: the treatment should ONLY be provided when other [evidence based] treatments are not effective

Pediatric Acute Neuropsychiatric Syndrome (PANS) – PANS following Strep/PANDAS



Challenge 1: Find Infection that up-holds immune-response and treat it?

Challenge 2: window for immunotherapy?

- **A few patients with OCD have acute onset (<72 hrs)^**
- **Go from well to very serious (CGI-S=6) weeks/months following infection^**
- **Clinical diagnosis, exclude everything else**
- **No immunological tests work***
- **Course: remission & relapse**

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*Hesselmark (2017) Journal of Neuroimmunology **312**: 31-37; ^Swedo (1998) American Journal of Psychiatry **155**(2): 264-271.

Treatment for acute PAN(DA)S in children and adolescents

Recommendations

Health care and hospital care should only within R&D:

Bör erbjudas	Kan erbjudas	Kan erbjudas i undantagsfall	Bör inte erbjudas	Endast i forskning och utveckling
1 2 3	4 5 6 7	8 9 10	Icke-göra	FoU

- Offer antibiotical treatment to children and adolescents with acute PAN(DA)S (*R&D*)
- Offer intravenous immunoglobulins or plasmapheresis to children and adolescents with severe PAN(DA)S
- Motivation: The scientific basis is insufficient and studies are ongoing.

Treatment for acute PAN(DA)S in children and adolescents

Recommendations

Health care and hospital care should only within R&D:

Bör erbjudas	Kan erbjudas	Kan erbjudas i undantagsfall	Bör inte erbjudas	Endast i forskning och utveckling
1 2 3	4 5 6 7	8 9 10	Icke-göra	FoU

- Offer antibiotical treatment to children and adolescents as prophylaxis for PAN(DA)*S* (*R&D*)
- Motivation: The scientific basis is insufficient and studies are expected.

Post-Traumatic Stress disorder in children and adolescents

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Behandling vid posttraumatiskt stressyndrom hos barn och ungdomar

Recommendation: *Health care and hospital care should:*

Offer trauma-focussed CBT for children and adolescents with PTSD (priority 2)

Recommendation: *Health care and hospital care should only within R&D:*
Offer treatment with SSRI to C&A with PTSD

Recommendation: *Health care and hospital care should NOT:*
Offer treatment with alpha-adrenergic agonists (e.g. clonidine and guanfacine) to C&A with PTSD

The Scientific basis of EMDR is weak

Measures that are effective in adults are not necessarily effective in childhood and adolescence

EMDR includes other potentially effective interventions (than EMDR)

Prio 10 tells us its implementation (e.g. in VG-region was premature

Sub-groups where EMDR may have a role? Unknown!

Condition: C&A with post-traumatic stress disorder (PTSD)
Measure: Eye Movement Desensitization and Reprocessing (EMDR)
Recommendation: *Health care and hospital care can as an exception:*

Bör erbjudas	Kan erbjudas	**Kan erbjudas i undantagsfall**	Bör inte erbjudas	Endast i forskning och utveckling
1 2 3	4 5 6 7	8 9 **10**	Icke-göra	FoU

Offer EMDR
Motivation: the disorder has a moderate severity. The scientific basis is insufficient, but there is clinical experience of EMDR effectiveness. Other effective treatments exist.

fekt på symtom på PTSD. Det finns andra effektiva åtgärder.

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”Classical” Anxiety disorders and Phobias in children and adolescents

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”Classical Anxiety disorders (CAD) (Separation Anxiety, Social anxiety and GAD

Health care and hospital care should offer Combination treatment (sertralin+CBT) to C&A with CAD

Health care and hospital care should offer treatment with CBT to C&A with CAD

Health care and hospital care should offer serotonine/noradrenaline re-uptake inhibiting drugs to C&A with CAD

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”Classical Anxiety disorders (CAD) (Separation Anxiety, Social anxiety and GAD

Health care and hospital care should offer Psychodynamic short-term treatment to C&A with CAD only within R&D

Health care and hospital care should offer treatment with Mindfulness based stress reduction as an addition to other treatments to C&A with CAD only within R&D

Rows: 35

Bör erbjudas	Kan erbjudas	Kan erbjudas i undantagsfall	Bör inte erbjudas	Endast i forskning och utveckling
1 2 3	4 5 6 7	8 9 10	Icke-göra	FoU

Row: 33

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1 2 3	4 5 6 7	8 9 10	Icke-göra	FoU

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Children and adolescents with specific phobia

Health care and hospital care should offer CBT with exposures treatment to C&A with CAD

????

Rows: 38

Bör erbjudas	Kan erbjudas	Kan erbjudas i undantagsfall	Bör inte erbjudas	Endast i forskning och utveckling
1 2 3	4 5 6 7	8 9 10	Icke-göra	FoU

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More information at:
www.socialstyrelsen.se

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Thank you for your attention

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