

New study questions use of talking therapy as a treatment for schizophrenia

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Functional magnetic resonance imaging (fMRI) and other brain imaging technologies allow for the study of differences in brain activity in people diagnosed with schizophrenia. The image shows two levels of the brain, with areas that were more active in healthy controls than in schizophrenia patients shown in orange, during an fMRI study of working memory. Credit: Kim J, Matthews NL, Park S./PLoS One.

The findings of the first meta-analysis examining the effectiveness of Cognitive Behavioural Therapy for psychosis (CBTp) on improving the quality of life and functioning and reducing distress of people diagnosed with schizophrenia have, today, been published in the peer-reviewed

journal *BMC Psychology*.

The study, led by Keith Laws, Professor of Cognitive Neuropsychology at the University of Hertfordshire, found that CBTp showed no benefit for improving quality of life and reducing distress and only a small, temporary improvement in functioning for individuals diagnosed with schizophrenia.

CBT was first used as a therapy to help people with schizophrenia in 1952 and clinicians have traditionally claimed that it can be used to reduce the distress associated with the symptoms of schizophrenia, such as hearing voices and fixed delusions, and can help to improve a patient's functioning and quality of life.

The two principal clinical guidelines in use in the UK, the National Institute for Care and Health Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN), indicate that psychological and psychosocial interventions (such as CBT) ought to both improve symptoms but also reduce depression, social anxiety, relapse, impact on functioning and the [distress](#) associated with [psychosis symptoms](#). However, to date, there has been little evaluation of the effectiveness of CBTp on non-symptomatic outcomes in schizophrenia.

Study presents first meta-analysis assessment

The study presents the first meta-analysis assessment of whether CBTp helps people diagnosed with schizophrenia in multiple areas of their lives beyond their symptoms; previous assessments have focused on whether CBTp reduces the symptoms of psychosis, finding only a small impact.

Professor Laws said: "With an effect size that was close to zero, we found no suggestion that CBTp improves quality of life for people diagnosed with schizophrenia.

"Our findings have important implications for service users diagnosed with schizophrenia, the clinicians who work with them and also decision-making government agencies such as NICE, who might use such findings to update their guidelines and recommendations and thus improve the treatment advice for people diagnosed with [schizophrenia](#)."

Provided by University of Hertfordshire

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