# Article information:

Adjunctive Psychotherapy for Bipolar Disorder: A Systematic Review and Component Network Meta-analysis | Bipolar and Related Disorders | JAMA Psychiatry | JAMA Network
<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2771207>

# Article summary:

1. A systematic review and network meta-analysis of 39 randomized clinical trials found that family, cognitive behavioral, and psychoeducational therapies were associated with reduced episode recurrence in individuals with bipolar disorder.

2. Cognitive behavioral therapy was associated with greater stabilization of residual symptoms of depression compared to treatment as usual.

3. Outpatients with bipolar disorder receiving pharmacotherapy should also be offered psychosocial treatments that emphasize illness management strategies and enhance coping skills; delivering these components in family or group format may be especially advantageous.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article titled "Adjunctive Psychotherapy for Bipolar Disorder: A Systematic Review and Component Network Meta-analysis" provides a comprehensive analysis of the effectiveness of various psychotherapies in treating bipolar disorder. The study concludes that psychosocial interventions, such as family, cognitive-behavioral, and psychoeducational therapies, are associated with reduced episode recurrence and stabilizing symptoms in patients with bipolar disorder.

The article is well-written and provides a detailed description of the study methodology, including the search methods for identifying studies and the eligibility criteria for selecting RCTs. The authors also provide a clear explanation of the statistical analyses used to compare the effectiveness of different psychotherapies.

However, there are some potential biases in this study that should be considered. For example, the authors only included RCTs that compared an experimental psychotherapy plus pharmacotherapy with another form of psychotherapy plus pharmacotherapy or treatment as usual (TAU). This exclusion criterion may have limited the generalizability of the findings to real-world clinical settings where patients may receive different combinations of treatments.

Additionally, while the authors acknowledge that their conclusions are tempered by heterogeneity in populations, treatment duration, and follow-up, they do not explore these limitations in detail. It would have been helpful if they had discussed how these factors may have influenced their results and what implications this has for clinical practice.

Furthermore, while the study provides evidence supporting the use of psychosocial interventions in treating bipolar disorder, it does not explore potential risks or adverse effects associated with these treatments. It would have been useful if the authors had discussed any potential harms associated with these interventions and how clinicians can mitigate these risks.

Overall, while this study provides valuable insights into the effectiveness of psychosocial interventions for bipolar disorder, it is important to consider its limitations and potential biases when interpreting its findings. Clinicians should use this information to inform their treatment decisions but should also consider individual patient factors and preferences when selecting treatments.

# Topics for further research:

* Risks and adverse effects of psychosocial interventions for bipolar disorder
* Real-world effectiveness of psychotherapies for bipolar disorder
* Factors influencing the effectiveness of psychosocial interventions for bipolar disorder
* Patient preferences for psychotherapies in bipolar disorder treatment
* Long-term outcomes of psychosocial interventions for bipolar disorder
* Comparison of pharmacotherapy and psychotherapy for bipolar disorder treatment

# Report location:

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