Evidence Compass

Summary Report

What are effective interventions for adjustment disorder?

November 2016

Summary of the Rapid Evidence Assessment

Disclaimer

The material in this report, including selection of articles, summaries, and interpretations is the responsibility of Phoenix Australia - Centre for Posttraumatic Mental Health, and does not necessarily reflect the views of the Australian Government. Phoenix Australia does not endorse any particular approach presented here. Evidence predating the year 2000 was not considered in this review. Readers are advised to consider new evidence arising post publication of this review. It is recommended the reader source not only the papers described here, but other sources of information if they are interested in this area. Other sources of information, including non-peer reviewed literature or information on websites, were not included in this review.

This project utilised a rapid evidence assessment (REA) methodology. An REA streamlines traditional systematic review methods in order to synthesise evidence within a shortened timeframe. The advantage of an REA is that rigorous methods for locating, appraising and synthesising evidence from previous studies can be upheld. Also, the studies reported can be at the same level of detail that characterise systematic reviews, and results can be produced in substantially less time than required for a full systematic review. Limitations of an REA mostly arise from the restricted time period, resulting in the omission of literature such as unpublished pilot studies, difficult-to-obtain material and/or non-English language studies. A major strength, however, is that an REA can inform policy and decision makers more efficiently by synthesising the evidence in a particular area within a relatively short space of time and at less cost.

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Executive Summary

- Adjustment disorder is a psychiatric diagnosis that occurs in response to a stressful or traumatic event. It is diagnosed when an individual responds to a stressful/traumatic event with clinical distress or impairment, and anxiety/depression-like symptoms, but does not meet criteria for another psychiatric disorder (such as major depressive disorder, posttraumatic stress disorder or other psychiatric disorders).

- Adjustment disorder is one of the most common psychiatric disorders yet paradoxically, the least well-understood. The aim of this rapid evidence assessment (REA) was to examine the evidence and efficacy of psychological or pharmacological interventions targeting adjustment disorder in adults.

- Literature searches were conducted to collect studies published from 2000-2016 that investigated the efficacy of interventions for adjustment disorder. Studies were primarily excluded because they did not have a majority sample of individuals with adjustment disorder, or the study did not report on outcomes from a treatment trial relevant to adjustment disorder (e.g., change in adjustment disorder diagnostic status or symptom severity). Studies that met inclusion criteria were assessed for quality of methodology, risk of bias, and quantity of evidence, and the consistency, generalisability and applicability of the findings to the population of interest (eg., adults with adjustment disorder). These assessments were then collated for each adjustment disorder intervention to determine an overall ranking of level of support for each intervention.

- The ranking categories used in this review were ‘Supported’ –clear, consistent evidence of beneficial effect; ‘Promising’ – evidence suggestive of beneficial effect but further research required; ‘Unknown’ – insufficient evidence of beneficial effect; ‘Not supported’ – Clear, consistent evidence of no effect or negative/harmful effect.

- Twenty-one studies met the inclusion criteria for review. The majority of studies investigated the efficacy of psychological therapy in adjustment disorder (n = 15), with only 24% (n = 5) of the studies being pharmacotherapy-based, and a single study being a combination of psychological and pharmacotherapy. The range of psychological therapies tested were diverse, with seven studies that were primarily cognitive behavioural in nature, three studies that were primarily psychodynamic,

three studies that had a behavioural therapy focus, and two studies that involved relaxation techniques.

- Despite several randomised controlled trials, the overall quality of the studies was moderate to low, with no studies ranked as high quality. As a result, all interventions in the treatment of adjustment disorder were ranked as “Unknown”.
- While the current evidence base for treatment of adjustment disorder is lacking in sufficiently high quality research to support direct recommendations, in the interim, clinicians and providers can rely on indirect evidence from other relevant guidelines. For example, the current recommendations for the treatment of subsyndromal depression are the use of CBT-based treatments, and as such, should be considered a first line choice in the treatment of adjustment disorder.
- Despite adjustment disorder being a part of the Diagnostic and Statistical Manual (DSM) nomenclature since 1968, and being one of the most frequently diagnosed Axis 1 disorders in the aftermath of stress or trauma, there is a stark lack of research investing efficacious treatments for adjustment disorder. This represents an important opportunity for researchers and funders alike, to conduct high quality research testing treatments for adjustment disorder. Ultimately this will make a significant difference to community members who struggle to recover after a stressful event.

Background

Adjustment disorder is a psychiatric disorder that captures those people who fail to adjust after experiencing a stressful event. Common triggering stressors for adjustment disorder include any major life change such as relationship breakdowns, illness or injury, employment or financial difficulties. In the military setting, this could also include exposure to combat or other potentially traumatic events, and separation from family while on deployment. Adjustment disorder is highly prevalent, and particularly high rates have been found in military and veteran populations.[1] However, despite adjustment disorder being one of the most widely diagnosed psychiatric disorders in clinical and primary care settings, it is paradoxically one of the least researched.[2] Converging evidence supports the view that adjustment disorder is of significant clinical concern, in that it is linked to self-harm and suicidal behaviour. In addition, adjustment disorder significantly increases disability and reduces quality of life, and it can be an early indicator of risk for developing more severe psychopathology in the future.[3]

The aim of the current review was to examine the scientific literature for evidence of effective psychological and pharmacological interventions for adults with adjustment disorder.

Evaluating the evidence

Assessment of the evidence was based on the following criteria:

- the **strength of the evidence base** which incorporated the quality and risk of bias, quantity of the evidence (number of studies), and level of the evidence (study design)
- the **direction** of the study results in terms of positive, negative or null findings
- the **consistency** of the study results
- the **generalisability** of the studies to the target population
- the **applicability** to an Australian context.

Ranking the evidence

Twenty-one studies met the inclusion criteria for the current review. After the evidence was evaluated, the studies were ranked as follows:

SUPPORTED	PROMISING	UNKNOWN	NOT SUPPORTED
		Cognitive behavioural-based Behavioural-based Relaxation-based Psychodynamic psychotherapy-related Pharmacotherapy Combined psychological and pharmacotherapy	

'**Supported**' means there was clear and consistent evidence of a beneficial effect of the intervention; '**Promising**' means the evidence was suggestive of beneficial effect, but requires confirmation with additional evidence/research; '**Unknown**' is defined as insufficient evidence at present on whether or not to support the use of this intervention, or additional evidence is required to determine efficacy of intervention; **'Not supported'** is defined as evidence suggesting that the intervention does not have an effect, or produces a harmful effect when implemented.

Implications for policy makers and service delivery

There is currently insufficient evidence to support the use of CBT-based, behavioural-based, relaxation-based, psychodynamic psychotherapy related, pharmacological or mixed interventions in the treatment of adjustment disorder. Despite a large number of RCTs, none were of sufficient quality to qualify for a quality rating of 'moderate.' The key limitations of the studies included lack of follow-up assessment, lack of baseline clinician-administered assessment (as opposed to self-report measures), small sample sizes and lack of controlling for antidepressants or other medications.

Beyond the methodological limitations of the studies, there are a number of other fundamental issues with the current adjustment disorder literature. Specifically, the approach to diagnosing and measuring adjustment disorder was inconsistent across studies. Very few studies investigated whether an individual lost their adjustment disorder diagnosis after the

intervention, and relied on depressive and anxiety symptomology instead. Some studies did not employ the correct diagnostic criteria for adjustment disorder, and classified individuals as having dual diagnoses of depression or other psychiatric disorders in addition to adjustment disorder. This error in diagnosing is indicative of the confusion around adjustment disorder diagnostic criteria more generally.

Although there were no interventions ranked as supported, other psychiatric disorders have established treatments that can inform adjustment disorder treatment. For example, people with mild or subsyndromal depression could meet criteria for adjustment disorder. Depression guidelines for mild/subsyndromal depression recommend low-intensity psychosocial internvetions such as individual guided self-help based on CBT principles, computerised CBT or a structured group physical activity program.[5] Adjustment disorder may be considered well-suited to a self-help intervention or other low-intensity intervention.[6] Other forms of low intensity interventions should also be considered such a brief face to face interventions with non-expert therapists such as in the UK Improving Access to Psychological Therapies model.

Given the depression guidelines for subthreshold depression do not recommend antidepressant medication as first line treatment, it is probably the case that until further pharmacological trials identify the usefulness of medication in the treatment of adjustment disorder, pharmacological medications should not be considered first line treatment for adjustment disorder.

Conclusion

While the current evidence base for treatment of adjustment disorder is lacking in sufficiently high quality research to support direct recommendations, in the interim, clinicians and providers can rely on indirect evidence from other relevant guidelines. For example, the current recommendations for the treatment of subsyndromal depression are the use of CBT-based treatments, and as such, should be considered a first line choice in the treatment of adjustment disorder. Adjustment disorder remains a poorly researched and poorly understood disorder. This represents an opportunity for funders and researchers alike to develop high quality research in the treatment of adjustment disorder. This research has the potential to make a significant difference to community members who struggle to recover after a stressful event.

References

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