

The effects of psychotherapies for PTSD on quality of life in the civilian population: a meta-analysis of randomized-controlled trials

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Introduction

- Post-traumatic stress disorder (PTSD) is a condition that affects individuals beyond its symptoms; it is associated with negative impacts on quality of life (QOL).
- QOL has been defined by the WHOQOL-Group in 1995 as « [...] the individuals' perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns ».
- Many psychotherapies exist for PTSD, but their impact on QOL improvement remains to be evaluated.

Objectives

- This meta-analysis studies the impact of the different psychotherapies for PTSD on QOL in the civilian population.

Methodology

Inclusion criteria

- At least one condition of psychotherapy for PTSD is present in the study.
- All participants of conditions of interest have a PTSD diagnosis at the baseline.
- All participants are 18+ years old.
- All participants are civilians.
- At least one QOL measure has been administered between pre- and post-treatment.
- The study is a randomized-controlled trial.

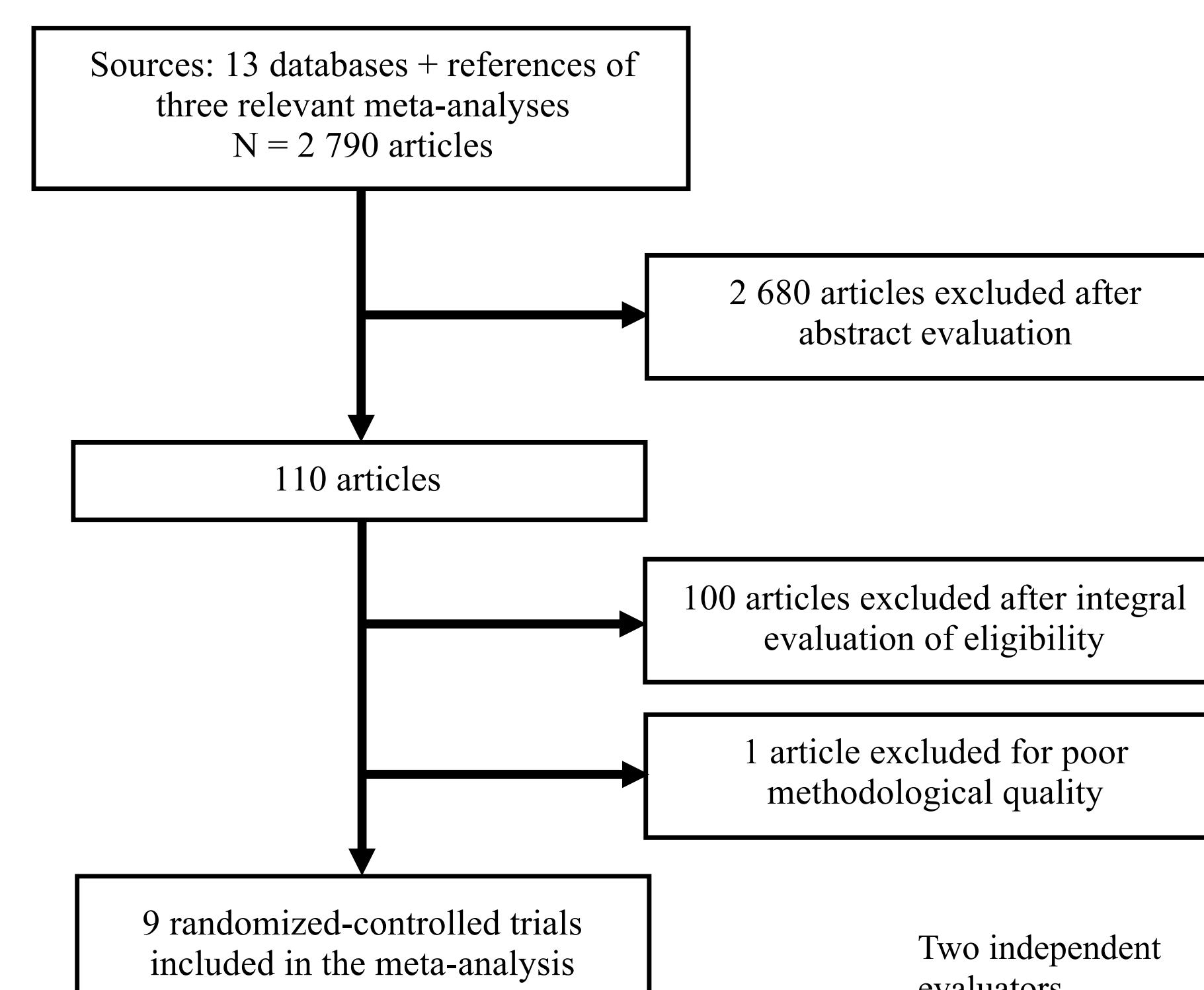
Exclusion criteria

- The sample was composed of police officers, paramedics, firefighters, refugees, military personnel or veterans.
- The study's quality was evaluated as weak using the Quality Assessment Tool for Quantitative Studies (Effective Public Health Practice Project, 1998)

Search strings

The search was conducted using 13 databases. Search strings were designed specifically for each database. Each string included terms relevant to quality of life, psychotherapies and PTSD (in title/abstract/keywords), and excluded terms related to non-civilian populations such as military or police (in the title only). MeSH or thesaurus terms were included when available.

Articles selection flow chart



Results

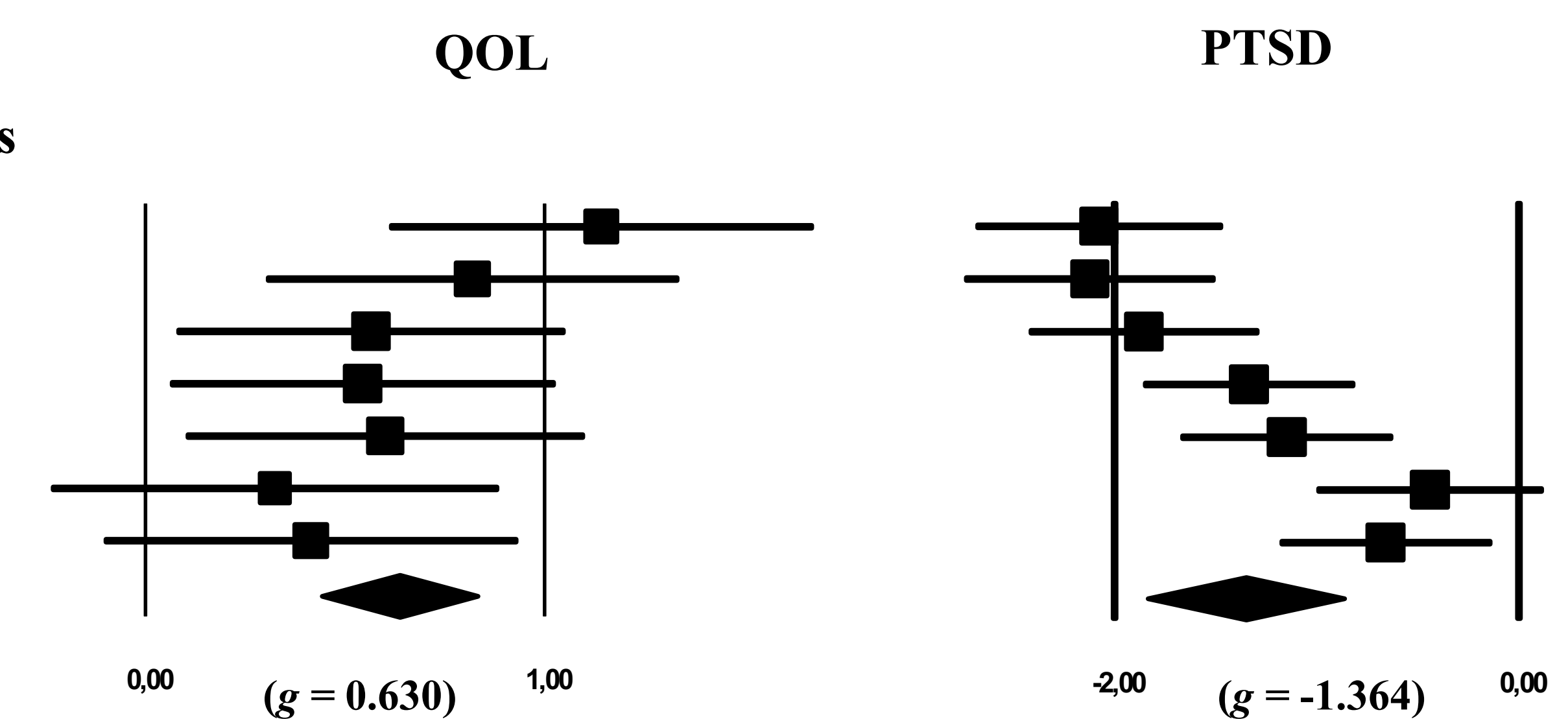
Risk of bias

- Risk of bias was evaluated for effects on QOL and PTSD using funnel plots, the fail-safe N (Rosenthal, 1991) and the trim and fill method (Duval & Tweedie, 2000).

Effects of psychotherapies

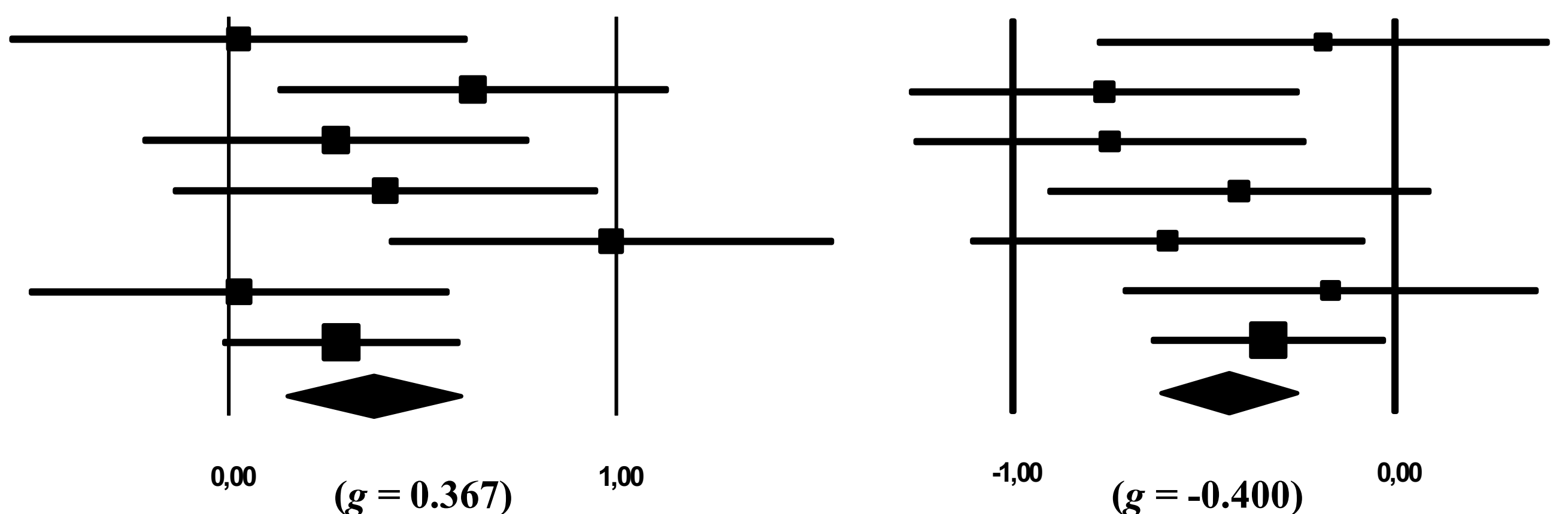
Waitlist-controlled effects

Ehlers (2014) - CT
Ehlers (2014) - ICT
Fonzo (2017) - PE
Galovski (2012) - MCPT
Ivarsson (2014) - ICBT
McDonagh (2005) - CBT
Nieminen (2016) - ICBT
Global effect



Active-controlled effects

Carletto (2016) - EMDR
Ehlers (2014) - CT
Ehlers (2014) - ICT
Markowitz (2015) - IPT
Markowitz (2015) - PE
McDonagh (2005) - CBT
Mueser (2015) - CBT
Global effect



Hedge's g and 95% CI

Notes: When multiple questionnaires or interviews were used to assess QOL or PTSD in a study, they were merged to form a total score. Meta-analytic calculations have been made with a random effects model. CBT = Cognitive Behavioural Therapy; CT = Cognitive Therapy; EMDR = Eye Movement Desensitization and Reprocessing; ICBT = Internet-delivered Cognitive Behavioral Therapy; ICT = Intensive Cognitive Therapy; IPT = Interpersonal Psychotherapy; MCPT = Modified Cognitive Processing Therapy; PE = Prolonged Exposure. Norms for Hedge's g interpretation: > .2 = small effect, > .5 = medium effect, > .8 = large effect.

Discussion

- The effect sizes of psychotherapies for PTSD on QOL are smaller than the previously reported impact of PTSD on QOL, which ranged from Cohen's $d = .83$ to 1.57 (large to very large) depending on the dimension of QOL evaluated (Olatunji et al., 2007).
- The psychotherapies show twice the effect on PTSD than on QOL for waitlist comparisons. However, active-controlled effects are similar. This suggests that the active control interventions might have had some effect on PTSD but less on QOL.
- These results suggest that there is room for better focus on QOL improvement in psychotherapy. More studies are however necessary to determine the exact format and relevance of additional QOL interventions in psychotherapy.

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