



**PROPOSED REVIEW OF SIGN GUIDELINE 2005  
CONSULTATION FORM**

Title of guideline	SIGN 30: Psychosocial interventions in the management of schizophrenia
Date of publication	1998
SIGN scoping search – sources	MeSH headings for the condition specified, plus any common variations as free text  Sources: <b>Guidelines:</b> NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. <b>Technology appraisals:</b> NICE; UK HTA database (Southampton); INAHTA database. <b>Cochrane reviews:</b> Cochrane library. <b>Other good quality systematic reviews:</b> UK HTA database (Southampton); DARE. <b>Individual studies:</b> Embase and Medline. Date of publication - 2005.
SIGN scoping search - summary	<b>Guidelines</b> – 4 <b>HTAs</b> – 1 <b>Cochrane reviews</b> – 3 <b>Other good quality systematic reviews</b> – 6 <b>Individual RCTs</b> – 0 major studies in last 2 years
Other guidelines/HTAs	<ul style="list-style-type: none"> <li>▪ <b>American Psychiatric Association.</b> <i>Practice guideline for the treatment of patients with schizophrenia. 2nd ed. Arlington (VA): American Psychiatric Association; 2004</i></li> <li>▪ This guideline addresses issues associated with schizophrenia (substance abuse, depression, suicide) as well as the disease itself.</li> <li>▪ <b>Joanna Briggs Institute.</b> The Effectiveness of Individual Therapy and Group Therapy in the Treatment of Schizophrenia. 1999. (Best Practice 3(4))</li> <li>▪ <b>National Institute for Clinical Excellence.</b> <i>Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care. Algorithms and pathways to care. London:NICE;2002.</i></li> <li>▪ This guideline covers both psychological and drug treatments for schizophrenia in adults. PRODIGY guidance on schizophrenia is based on this guideline.</li> <li>▪ <b>Singapore Ministry of Health.</b> <i>Schizophrenia. Singapore: Singapore Ministry of Health; 2003.</i> Significant focus on drugs and electroconvulsive therapy.</li> <li>▪ <b>National Institute for Clinical Excellence.</b> Schizophrenia - atypical antipsychotics. 2002. (Technology Appraisal No.43)</li> </ul>
Main conclusions from new evidence  <i>current guideline content given in italics</i>	<ul style="list-style-type: none"> <li>▪ Psychosocial treatments are associated with benefits in symptoms and social and vocational functioning.</li> <li>▪ Social skills training and cognitive remediation do not have reliable benefit (Pilling 2002). <i>Guideline doesn't mention either specifically.</i></li> <li>▪ Cognitive rehabilitation can improve task performance. <i>Not discussed in guideline.</i></li> <li>▪ Family intervention and cognitive behaviour therapy are beneficial. <i>Guideline recommends family intervention in the stabilisation phase (A). CBT recommended for symptoms of psychosis that are resistant to treatment (A). Guideline is clear that more research is required before recommendations about CBT can be made.</i></li> </ul>
New areas that could be added to the guideline	<ul style="list-style-type: none"> <li>▪ More detail on types of intervention</li> <li>▪ Role of CBT</li> </ul>
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> <li>▪ Recommendations on CBT should be expanded.</li> </ul>

Results of consultation	
Contributions from:	<ul style="list-style-type: none"> <li>▪ Consultant psychiatrist x 2</li> </ul>
1(a) Is there still a requirement for an evidence-based guideline on this topic?	
<ul style="list-style-type: none"> <li>▪ Availability of psychosocial interventions for people with major mental illness, including schizophrenia, remains patchy across Scotland. SIGN 30 has stimulated some development of services, but more is required. There are overlapping guidelines, especially NICE Schizophrenia, which cover this topic within a guideline encompassing other modalities of treatment. I do not consider that SIGN 30 adds anything to the more recent NICE guideline.</li> <li>▪ Yes</li> </ul>	
1(b) If no, should the guideline be withdrawn?	
Given that the guideline is 7 years old, and the review process is likely to take a minimum of 1 year to publication, I would recommend its withdrawal	
2(a) Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>	
Yes – substantial new work on psychological approaches	
2(b) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?	
Yes -1	
3 Please list any additions to the remit of the guideline that you think would be beneficial	
4 Please tick your preferred option for reviewing this guideline	
a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time	
b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed	1
c. the entire guideline should be reviewed	