

APPENDIX 20: CLINICAL REVIEW PROTOCOLS

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1.1 INTEGRATED SERVICE MODELS

Component	Description
Review question	1.2.1 In people with psychosis and coexisting substance misuse, does an integrated service model (usually involving the model of assertive community treatment) when compared with an alternative management strategy lead to improved outcomes?
Objectives	To review the evidence for integrated service models (including individual psychological/psychosocial interventions delivered within an integrated model) for people with coexisting psychosis and substance misuse
Search strategy	
Electronic databases	CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
Date searched	01.01.2008 to 26.05.2010 ¹
Criteria for considering studies for the review	
Study design	RCTs and observational studies
Population	People with psychosis and coexisting substance misuse
Intervention(s)	Integrated service model (usually involving the model of assertive community treatment)
Comparison	Alternative management strategies
Critical outcomes	<ul style="list-style-type: none"> • Reduced mortality (all causes) • Reduced relapse rates (measured by exacerbation of symptoms requiring change in healthcare management) • Reduced substance misuse (however measured) • Improved global and social functioning (for example, employment, accommodation) • Improved subjective quality of life • Improved satisfaction with care • Reduced physical morbidity
Existing reviews	
Updated	<p>Cleary, M., Hunt, G. E., Matheson, S. L., <i>et al.</i> (2008) Psychosocial interventions for people with both severe mental illness and substance misuse. <i>Cochrane Database of Systematic Reviews</i>, Issue 1, Art. No. CD001088. DOI: 10.1002/14651858.CD001088.pub2.</p> <p>Cleary, M., Hunt, G. E., Matheson, S., <i>et al.</i> (2009) Psychosocial treatments for people with co-occurring severe mental illness and substance misuse: systematic review. <i>Journal of Advanced Nursing</i>, 65, 238–258.</p>
¹ The search is an update to Cleary and colleagues (2008) and Cleary and colleagues (2009).	

1.2 STAFFED ACCOMMODATION

Component	Description
Review question	1.2.3 In people with psychosis and coexisting substance misuse, does staffed accommodation when compared with an alternative management strategy lead to improved outcomes?
Objectives	To review the evidence for staffed accommodation for people with coexisting psychosis and substance misuse
Search strategy	
Electronic databases	CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
Date searched	01.01.2008 to 26.05.2010 ¹
Criteria for considering studies for the review	
Study design	RCTs and observational studies
Population	People with psychosis and coexisting substance misuse
Intervention(s)	Staffed accommodation
Comparison	Alternative management strategies
Critical outcomes	<ul style="list-style-type: none"> • Reduced mortality (all causes) • Reduced relapse rates (measured by exacerbation of symptoms requiring change in healthcare management) • Reduced substance misuse (however measured) • Improved global and social functioning (for example, employment, accommodation) • Improved subjective quality of life • Improved satisfaction with care • Reduced physical morbidity
Existing reviews	
Updated	Cleary, M., Hunt, G. E., Matheson, S., <i>et al.</i> (2009) Psychosocial treatments for people with co-occurring severe mental illness and substance misuse: systematic review. <i>Journal of Advanced Nursing</i> , 65, 238–258.
¹ The search is an update to Cleary and colleagues (2009).	

1.3 INPATIENT CARE

Component	Description
Review question	1.3.1 When a person with psychosis and coexisting substance misuse is admitted to an inpatient mental health setting (including forensic settings), should treatment follow the same principles as interventions delivered in a community setting?
Objectives	To review the evidence for inpatient treatment for people with coexisting psychosis and substance misuse to determine if treatment should follow the same principles as interventions delivered in a community setting
Search strategy	
Electronic databases	CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
Date searched	01.01.2008 to 26.05.2010 ¹
Criteria for considering studies for the review	
Study design	RCTs and observational studies
Population	People with psychosis and coexisting substance misuse
Intervention(s)	Inpatient care
Comparison	Community care
Critical outcomes	<ul style="list-style-type: none"> • Reduced mortality (all causes) • Reduced relapse rates (measured by exacerbation of symptoms requiring change in healthcare management) • Reduced substance misuse (however measured) • Improved global and social functioning (for example, employment, accommodation) • Improved subjective quality of life • Improved satisfaction with care • Reduced physical morbidity
Existing reviews	
Updated	<p>Cleary, M., Hunt, G. E., Matheson, S. L., <i>et al.</i> (2008) Psychosocial interventions for people with both severe mental illness and substance misuse. <i>Cochrane Database of Systematic Reviews</i>, Issue 1, Art. No. CD001088. DOI: 10.1002/14651858.CD001088.pub2.</p> <p>Cleary, M., Hunt, G. E., Matheson, S., <i>et al.</i> (2009) Psychosocial treatments for people with co-occurring severe mental illness and substance misuse: systematic review. <i>Journal of Advanced Nursing</i>, 65, 238–258.</p>
¹ The search is an update to Cleary and colleague (2008) and Cleary and colleagues (2009).	

1.4 PSYCHOLOGICAL AND PSYCHOSOCIAL INTERVENTIONS

Component	Description
Review question	<p>1.2.2 In people with psychosis and coexisting substance misuse, do psychological/ psychosocial interventions when compared with an alternative management strategy lead to improved outcomes?</p> <p>2.2.1 For people with psychosis and coexisting substance misuse, should the psychological and psychosocial treatment (family intervention, CBT, arts therapies) of their psychosis be modified as a result of the substance misuse and the treatment provided (for example, methadone, buprenorphine, psychological treatment)?</p> <p>(a) During the acute phase (b) During the non-acute phase If so, how should treatment be modified?</p> <p>2.4.1 For people with psychosis and coexisting substance misuse, should psychological and psychosocial treatment for substance misuse be modified as a result of the presence of psychosis and the treatment provided?</p> <p>(a) During the acute phase (b) During non-acute phase If so, how should treatment be modified?</p>
Objectives	To review the evidence for psychological and psychosocial treatment for people with coexisting psychosis and substance misuse
Search strategy	
Electronic databases	CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
Date searched	01.01.2008 to 26.05.2010 ¹
Criteria for considering studies for the review	
Study design	RCTs and observational studies
Population	People with psychosis and coexisting substance misuse
Intervention(s)	Individual psychological and psychosocial interventions for people with psychosis and coexisting substance misuse
Comparison	An alternative management strategy
Critical outcomes	<p>Reduced mortality (all causes)</p> <p>Reduced relapse rates (measured by exacerbation of symptoms requiring change in healthcare management)</p> <p>Reduced substance misuse (however measured)</p> <p>Improved global and social functioning (for example, employment, accommodation)</p> <p>Improved subjective quality of life</p> <p>Improved satisfaction with care</p> <p>Reduced physical morbidity</p>
Existing reviews	
Updated	Cleary, M., Hunt, G. E., Matheson, S. L., <i>et al.</i> (2008) Psychosocial interventions for people with both severe mental illness and substance misuse. <i>Cochrane Database of Systematic Reviews</i> , Issue

	<p>1, Art. No. CD001088. DOI: 10.1002/14651858.CD001088.pub2.</p> <p>Cleary, M., Hunt, G. E., Matheson, S., <i>et al.</i> (2009) Psychosocial treatments for people with co-occurring severe mental illness and substance misuse: systematic review. <i>Journal of Advanced Nursing</i>, 65, 238-258.</p>
<p>¹The search is an update to Cleary and colleagues (2008) and Cleary and colleagues (2009).</p>	

1.5 PHARMACOLOGICAL AND PHYSICAL INTERVENTIONS

Component	Description
Review questions	<p>2.1.1 For people with psychosis and coexisting substance misuse, should the medical treatment of their psychosis be modified as a result of substance misuse and the treatment provided (for example, methadone, buprenorphine, and so on)?</p> <p>(a) During the acute phase (b) During the non-acute phase If so, how should treatment be modified?</p> <p>2.3.1 For people with psychosis and coexisting substance misuse, should the medical/physical treatment of substance misuse be modified as a result of the presence of psychosis and the treatment provided (for example, antipsychotics, lithium)?</p> <p>(a) During the acute phase? (b) During non-acute phase? If so, how should treatment be modified?</p> <p>2.5.1 In people with psychosis and coexisting substance misuse, is there any evidence that the management of drug interactions or adverse effects from pharmacological treatments should be different from those people without coexisting disorders? If so, how should management of drug interactions be modified?</p>
Objectives	To review the evidence for medical treatment for people with coexisting psychosis and substance misuse
Search strategy	
Electronic databases	CENTRAL, CINAHL, EMBASE, MEDLINE, PsycINFO
Date searched	Inception to 26.05.2010
Criteria for considering studies for the review	
Study design	Reviews, clinical guidelines, primary-level studies
Population	People with psychosis and coexisting substance misuse
Intervention(s)	Pharmacological and physical interventions
Comparison	Any relevant treatment
Critical outcomes	<p>Reduced mortality (all causes)</p> <p>Reduced relapse rates (measured by exacerbation of symptoms requiring change in healthcare management)</p> <p>Reduced substance misuse (however measured)</p> <p>Improved global and social functioning (for example, employment, accommodation)</p> <p>Improved subjective quality of life</p> <p>Improved satisfaction with care</p> <p>Reduced physical morbidity</p>