NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Centre for Clinical Practice

Review of Clinical Guideline (CG77) – Antisocial personality disorder: treatment, management and prevention

Background information

Guideline issue date: 2009

2 year review: 2011

National Collaborating Centre: Mental Health

Review recommendation

- The guideline should not be updated at this time.

Factors influencing the decision

Literature search

1. From initial intelligence gathering and a high-level randomised control trial (RCT) search clinical areas were identified to inform the development of clinical questions for focused searches. Through this stage of the process 13 studies were identified relevant to the guideline scope. The identified studies were related to the following clinical areas within the guideline:
    - Interventions in children and adolescents for the prevention of antisocial personality disorder
        - Early interventions for preschool children at risk of developing conduct problems and potentially subsequent antisocial personality disorder

    - Interventions for children with conduct problems younger than 12 years and their families
    - Cognitive behavioural interventions for children ages eight years and older with conduct problems
- Interventions for people with antisocial personality disorder and associated symptoms and behaviours
    - The role of psychological interventions
    - The role of pharmacological interventions

2. No new evidence was identified in these areas which would change the direction of current guideline recommendations.

3. From initial intelligence gathering, qualitative feedback from other NICE departments, the views expressed by the Guideline Development Group, as well as the high-level RCT search, an additional focused search was also conducted for the following clinical area:
    - Assessment of violence risk

4. No conclusive new evidence was identified through the focused search which would change the direction of current guideline recommendations relating to assessment of violence risk.

5. Several ongoing clinical trials related to the recommendations (publication dates unknown) were identified focusing on preventative interventions in children, pharmacological interventions and psychological interventions.

Guideline Development Group and National Collaborating Centre perspective

6. A questionnaire was distributed to GDG members and the National Collaborating Centre (NCC) to consult them on the need for an update of the guideline. Two responses were received with respondents highlighting relevant new literature relating to risk assessment tools and

evaluation of their predictive accuracy. This feedback contributed towards the development of the clinical question for the focused search.

7. In addition, proposed changes to the Dangerous and Severe Personality Disorder (DSPD) Programme were highlighted by GDG members. At this time, however, it is not clear whether the proposed changes to this programme will have any impact on the guideline recommendations relating to adapting interventions for people who meet criteria for psychopathy or DSPD.

8. Furthermore, the update of the Diagnostic and Statistical Manual of Mental Disorders (to version DSM-V) was highlighted. This is expected to be published in May 2013. However, at this time it is unclear whether the update of the DSM-IV will have any impact on the guideline recommendations.

Implementation and post publication feedback

9. In total 29 enquiries were received from post-publication feedback, most of which were routine. One theme emerging from post-publication feedback was a query about risk assessment tools. This feedback contributed towards the development of the clinical question for the focused search described above.

10. Feedback from the NICE implementation team did not have any impact on the review of this guideline.

Relationship to other NICE guidance

11. NICE guidance related to CG77 can be viewed in Appendix 1.

Summary of Stakeholder Feedback

Review proposal put to consultees:

The guideline should not be updated at this time. The guideline will be reviewed again according to current processes.

12. In total 10 stakeholders commented on the review proposal recommendation during the two week consultation period. The table of stakeholder comments can be viewed in Appendix 2.

13. Three stakeholders agreed with the review proposal and two disagreed with the review proposal. Five stakeholders did not state a definitive decision.

14. The stakeholders that disagreed with the review proposal commented that:
    - There is new evidence about the effectiveness of certain interventions for children and young people. Through the review of the guideline five studies were identified relating to interventions in children and adolescents for the prevention of antisocial personality disorder. However, as the identified new evidence was unlikely to contradict the current guideline recommendations we concluded that it would be pertinent to await further evidence before an update is commissioned. Furthermore, there is currently a NICE guideline in progress entitled: Conduct disorder in children and young people: Recognition, identification and management of conduct disorder in children and young people with an expected publication date of 2013. The development of this guideline has just begun however, the recommendations relating to psychosocial interventions for children and young people with a diagnosed or suspected conduct disorder developed for this guideline may have an impact on the recommendations on interventions for children with conduct problems in the Antisocial personality disorder guideline.
    - There should be further guidance on provision of interventions for antisocial personality disorder by clinicians working in non-clinical settings, psychodynamic approaches for people with antisocial

personality disorder and individual therapies for certain populations with antisocial personality disorder. However, no evidence was identified through the review of the guideline to support these statements.

15. During consultation, stakeholders suggested new areas to consider in a future update of the guideline including:
    - The use of risperidone, and antipsychotics for adult antisocial personality disorder
    - The responsibilities of prisons holding patients with antisocial personality disorder
    - The effect of violent images in entertainment and the media on children and adolescents
    - Provision of interventions for antisocial personality disorder by clinicians working in non-clinical settings
    - Individual psychological therapy and psychodynamic psychotherapies for people with personality disorders
    - The development of Psychologically Informed Planned Environments (PIPEs) in the prison service and Psychological Informed Environments (PIEs) in other sectors which offer alternative treatment options for people with personality disorders
    - Prevalence of antisocial personality disorder in minority populations

Anti-discrimination and equalities considerations

16. No evidence was identified to indicate that the guideline scope does not comply with anti-discrimination and equalities legislation. The original scope covers the treatment and management of adults with a diagnosis of antisocial personality disorder in the NHS and prison system (including dangerous and severe personality disorder) and preventative interventions with children and adolescents at significant risk of developing antisocial personality disorder. Furthermore, the guideline covers the treatment and management of common

comorbidities in people with antisocial personality disorder as far as these conditions affect the treatment of antisocial personality disorder.

Conclusion

17. Through the process no areas were identified which would indicate a significant change in clinical practice.

18. No new evidence was identified which would invalidate current guideline recommendations. Therefore, it may be pertinent to await further evidence, particularly on the benefits, harms and cost-effectiveness of psychological and pharmacological interventions for people with antisocial personality disorder, before an update is commissioned.

19. The Antisocial personality disorder guideline should not be considered for an update at this time

Relationship to quality standards

20. This topic is not currently being considered for inclusion in the scope of a quality standard.

21. This topic is currently being considered as a proposed core library topic.

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Centre for Clinical Practice
November 2011

Appendix 1

The following NICE guidance is related to CG77:

Guidance	Review date
CG123: Common mental health disorders: identification and pathways to care, 2011.	To be reviewed: 2014.
CG115: Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, 2011.	To be reviewed: 2014.
CG113: Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults, 2011.	To be reviewed: 2014.
PH24: Alcohol-use disorders - preventing the development of hazardous and harmful drinking, 2010.	To be reviewed: TBC.
CG90: Depression: the treatment and management of depression in adults (update), 2009.	To be reviewed: 2012.
PH20: Promoting young people's social and emotional wellbeing in secondary education, 2009.	To be reviewed: TBC.
CG78: Borderline personality disorder: treatment and management, January 2009.	Currently under review. Review decision date: 2012.
PH12: Promoting children's social and emotional wellbeing in primary education. 2008.	Guideline reviewed April 2011 – outcome was that the guideline should be updated.
CG52: Drug misuse: opioid	To be reviewed: 2013.

detoxification, 2007.	
CG51: Drug misuse: psychosocial interventions, 2007.	To be reviewed: 2013.
PH6: The most appropriate means of generic and specific interventions to support attitude and behaviour change at population and community levels, 2007.	To be reviewed: 2011.
PH4: Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people, 2007.	To be reviewed: 2014.
TA102: Parent-training/ education programmes in the management of children with conduct disorders, 2006.	The Institute proposed that the existing guidance should be updated within the clinical guideline "Conduct disorder in children and young people: Recognition, identification and management of conduct disorder in children and young people". When the Clinical Guideline is published, it will replace TA102.
Related NICE guidance in progress	
Clinical guideline: Conduct disorder in children and young people: Recognition, identification and management of conduct disorder in children and young people.	In progress – to be published 2013. The recommendations developed for this guideline may have an impact on the recommendations in the Antisocial personality disorder guideline relating to interventions for children with conduct problems.
Clinical guideline: Service user experience in adult mental health: improving the experience of care for	In progress – to be published 2011.

people using adult NHS mental health services.	

Appendix 2

National Institute for Health and Clinical Excellence

Antisocial Personality Disorder
Guideline Review Consultation Comments Table
10-24 October 2011

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
The British Psychological Society		This stakeholder was approached but had no substantive comments to make.			Thank you for your comment.
MHRA		We will not have any input into this review on updating the NICE guideline on antisocial personality disorder. The review recognises that pharmacological treatment does not have a role in the management of this disorder (unless the disorder is accompanied by other mental conditions, which should be treated in their own right).			Thank you for your comment.
RCPCH	Disagree	There is new evidence about the effectiveness of certain interventions for children and young people. It is well-known that conduct disorder and anti-social PD cost the country huge sums of money (not to mention the human cost) and a great deal more than delivering the effective interventions (see		The evidence is principally about children and young people. We wonder if the decision would have been different	Thank you for your comment. Through the review of the guideline five studies were identified relating to interventions in children and

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
		financial document published with Mental Health Strategy). Yet the guideline is not reliably implemented and so the interventions are not delivered. This evidence is judged solely on whether it conflicts with current guidance not whether the guidance could be strengthened so that it is more likely to be implemented. This seems like a lost opportunity to intervene in something that has life-long and costly adverse outcomes.		had it concerned adults.	adolescents for the prevention of antisocial personality disorder. However, as the identified new evidence was unlikely to contradict the current guideline recommendations we concluded that it would be pertinent to await further evidence before an update is commissioned. Furthermore, there is currently a NICE guideline in progress entitled: Conduct disorder in children and young people: Recognition, identification and management of conduct disorder in children and young people with an expected publication date of 2013. The recommendations developed for this guideline may have an impact on the recommendations in the Antisocial personality disorder guideline relating to interventions for children with conduct problems. Lastly, failure to follow the

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
					guideline recommendations is a local implementation issue. Implementation support is provided by NICE to facilitate implementation of the guideline.
Community Health Sciences, University of Nottingham	Agree but significant omission	Effects of media violent images in entertainment on children & adolescents NOT considered. See Browne, K.D. and Hamilton-Giachritsis, C.E. (2005). The influence of violent media on children and adolescents: A public health approach. The Lancet. 365, 702-710.	Effects of media violent images in entertainment on children & adolescents NOT considered. See Browne, K.D. and Hamilton-Giachritsis, C.E. (2005). The influence of violent media on children and adolescents: A public health approach. The Lancet. 365, 702-710.	Topic needs to be included in terms of prevention	Thank you for your comment. Thank you for supplying the reference by Browne et al., 2005. However, we feel that this is not sufficient evidence to draw a conclusion at this time. This area will be examined again in the future review of the guideline.
Department of Health		I wish to confirm that the Department of Health has no substantive comments to make regarding this consultation.			Thank you for your comment.
Eli Lilly and Company Ltd		Eli Lilly would like to thank NICE for this opportunity. We have no comments for the review consultation of CG77.			Thank you for your comment.
NHS Sheffield		Of interest is that Sheffield is one of 10 MST pilots in CAMHS. This is an American intervention, hence			Thank you for your comment.

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
		the UK pilots. The main point is the need to ensure that the benefit of early interventions, particularly parenting, is flagged up in all over-lapping areas of work, to ensure all commissioners take this into account when planning services.			
St Mungo's	Agree	St Mungo's houses rough sleepers, homeless people and people at high risk of homelessness; our clients include offenders, people with mental health problems, sex workers and people with drug and alcohol problems – and around 60% meet the criteria for personality disorders. Most receive no support from mental health services as they are undiagnosed/substance dependent/'non-compliant'. We provide a limited amount of psychological therapy ourselves from charitable funding, with considerable success in wellbeing scores, social functionality, and employment/training outcomes (Cockersell, 2011a, Journal of Public Mental Health, 10:2). Using psychotherapists for reflective practice and clinical supervision enhances team effectiveness and reduces staff burnout. This field of work, clinicians working in non-clinical settings, should be included in NICE guidance on personality disorder.	Much (probably most) work with people with personality disorders is done by voluntary non-health specialist organisations; the effectiveness of this is greatly increased with a small amount of clinical input (Cockersell, 2011a, op cit) – this whole field is excluded from the original guidance.	Minorities with over-representation of personality disorders, such as homeless people (prevalence= around 60%; Maguire et al, 2010, University of Southampton; Cockersell, 2011a, op cit) are not well-served by current guidance, and were excluded from original scope.	Thank you for your comment. Through the review of this guideline no literature relating to provision of interventions by clinicians working in non-clinical settings or prevalence of antisocial personality disorder in minority populations was identified. These areas will be examined in the future review of the guideline
St Mungo's	Agree	Our experience of therapeutic groups for rough sleepers is that they find the situation too	Individual psychological	Most people with personality disorders	Thank you for your comment.

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
		dangerous and therefore unsustainable, and that the model of coterminous individual and group therapy devised by some NHS services is inappropriate with this population. There is a need for individual approaches and then individual therapy because of the client's histories (Whittington, 2011, Attachment Journal, 5:1)	therapy was largely excluded from the original guidance: for many people with personality disorders, a group therapy approach means a no therapy approach as they are not able to work in groups.	have difficulties with social functioning and affect regulation, and particularly in group situations and especially in group situations in which they feel vulnerable. This is particularly true for rough sleepers, as many other rough sleepers will use any exposed vulnerability as an opportunity to exploit.	Through the review of this guideline no literature relating to provision of individual psychological therapies for people with antisocial personality disorder was identified. However, this information will be passed on to the technical team when the guideline is updated in the future.
St Mungo's	Agree	Experience shows that psychodynamic approaches are effective at both engagement and the production of positive and sustained positive outcomes with rough sleepers and homeless people (e.g. Providence Row's Just Ask, NHS Westminster's Homeless Health Team award-winning counselling service, St Mungo's Lifeworks). This is because they work with a patient-centred agenda that more easily encompasses the multiple strands of distress and mental disorder typical of people with personality disorders, especially those with comorbidities of other psychological/psychiatric conditions and/or substance dependency (the majority in the homeless population, and probably in offenders too).	Evidence from more recent studies and meta-analyses have shown that psychodynamic psychotherapies have a greater effect size than CBT or DBT (Shedler, 2010, American Psychologist, 65:2)	Most (probably all) people with personality disorders have long histories of trauma originating in early childhood and compounded through life: this is certainly true for the vast majority of rough sleepers. (Maguire and Johnson, in preparation). Working with and through compound complex trauma is	Thank you for your comment. Through the review of this guideline no literature relating to psychodynamic approaches for people with antisocial personality disorder was identified. However, this information will be passed on to the technical team when the guideline is updated in the future. Thank you for providing the reference by Shedler, 2010. However, we feel that this is

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
				more easily and more effectively approached through psychodynamic processes largely ignored by NICE guidelines.	not sufficient evidence to draw a conclusion at this time. This area will be examined again in the future review of the guideline.
St Mungo's	Agree	As noted elsewhere in these comments, most people with personality disorders are not treated by specialist NHS services, or indeed by NHS services at all for their mental health (Client peer research data showed 80% of homeless clients had sought help from mental health services, but only 11% had received treatment for their mental health: Happiness Matters, St Mungo's, 2009). There are exciting developments in non-health settings, and one of these is the development of Psychologically Informed Environments, something in which St Mungo's is playing a leading role, along with colleagues from Government, academia and psychiatry. It is time to update the guidance to be less exclusive and to include non-NHS strands of treatment.	It is early days yet in evidence terms for PIPEs and PIEs, but St Mungo's is piloting PIEs at seven sites and constructing an evidence base (Cockersell 2011b, Journal of Housing, Care & Support, accepted, awaiting publication). PIPEs are more fully developed in some prisons. These developments indicate it is time for NICE to review the guidance so that it takes into account recent developments and is at the forefront of effective service	The Royal College of Psychiatrists developed the concept of 'enabling environments' since the NICE guidelines were published, and this has since been developed further in the concepts of 'Psychologically Informed Planned Environments' (PIPEs) in the Prison Service and 'Psychologically Informed Environments' (PIEs elsewhere, especially the homelessness sector. The development of PIPEs and PIEs	Thank you for your comment. Through the review of this guideline no literature relating to Psychologically Informed Planned Environments (PIPEs) in the Prison Service and Psychologically Informed Environments (PIEs) in other environments was identified. However, this information will be passed on to the technical team when the guideline is updated in the future.

Stakeholder	Agree with proposal not to update?	Comments	Comments on areas excluded from original scope	Comments on equality issues	Responses
			delivery.	offers a set of new alternative treatment options for people with personality disorders, most of whom are excluded from current NHS treatment systems.	
RCPsych in Wales		In general, we agree that the current guidelines do not need to be updated as there is no effective treatment available, pharmacological or psychological.	The use of drugs for conduct disorder, in particular risperidone, and antipsychotics for adult APD, as these are used in practise. The appropriateness of using hospital orders for people with APD. The responsibilities of prisons holding patients with APD.		Thank you for your comment.
Royal College of Nursing	Agree	The Royal College of Nursing agrees with the proposal that the guideline should not be considered for update at this time.			Thank you for your comment.