NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Centre for Clinical Practice

Review consultation document

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

1. Background information

Guideline issue date: 2009
2 year review: 2011
National Collaborating Centre: Mental Health

2. Consideration of the evidence

Literature search

Through an assessment of abstracts from a high-level randomised control trial (RCT) search, new evidence was identified 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 aged 8 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

Through this stage of the process, a sufficient number of studies relevant to the above clinical areas were identified from the high level RCT search to allow an assessment for a proposed review decision and are summarised in Table 1 below.

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 literature search was also conducted for the following clinical area:

- Assessment of violence risk

The results of the focused search are summarised in Table 2 below. All references identified through the high-level RCT search, initial intelligence gathering and the focused searches can be viewed in Appendix 1.

Table 1: Summary of articles from the high level RCT search

Clinical area 1: Interventions in children and adolescents for the prevention of antisocial personality disorder		
Clinical question	**Summary of evidence**	**Relevance to guideline recommendations**
The following clinical questions relevant to this clinical area were included in the guideline: Q: Are there early interventions for young at-risk children that are effective at preventing antisocial personality disorder? Q: Are interventions with children and adolescents with conduct disorder effective at preventing antisocial personality disorder?	Through an assessment of the abstracts from the high-level RCT search, five studies relevant to the clinical questions covered in this clinical area of the guideline were identified. <u>Early interventions for preschool children at risk of developing conduct problems and potentially subsequent antisocial personality disorder (two studies)</u> • An RCT was identified which presented the long-term effects (up to 24 months) of a preventative intervention for young children (4 years old) at risk of antisocial behaviour.[1] A beneficial effect on child physical aggression was observed in the intervention group with some effects maintained at follow-up.	No new evidence was identified which would invalidate current guideline recommendation(s).

Relevant section of guideline Interventions in children and adolescents for the prevention of antisocial personality disorder **Recommendations** 8.2.3.1-8.2.3.2 8.2.4.1-8.2.4.5 8.2.8.1-8.2.8.4	• The long-term effectiveness of a parenting intervention for children (aged 36-59 months) at risk of developing conduct disorder was assessed in a study.[2] The results of the study indicated that an early parenting intervention reduced child antisocial behaviour and benefits were maintained. <u>Interventions for children with conduct problems younger than 12 years and their families (two studies)</u> • The impact of the Good Behaviour Game (GBG), a method of classroom behaviour management used by teachers for reducing aggressive and disruptive behaviours and antisocial personality disorder was evaluated in a study.[3] The article reports on the impact of the intervention at ages 19-21. Some benefit of the intervention was observed in young males compared with a curriculum-and-instruction programme or a standard programme, particularly those in first grade who were more aggressive and disruptive. • A protocol for a Cochrane systematic review was identified	

	which aims to examine the effectiveness of behavioural/cognitive-behavioural group-based parenting interventions for children with early onset conduct problems.[4] <u>Cognitive behavioural interventions for children aged 8 years and older with conduct problems (one study)</u> • A Cochrane systematic review was identified which aimed to investigate the effectiveness of cognitive behavioural therapy (CBT) in reducing recidivism of adolescents with antisocial behaviour placed in secure or non-secure residential settings.[5] The results for 12 months follow-up indicated a beneficial effect of CBT compared with standard treatment although there is no evidence of more long-term effects or that CBT is better than alternative therapies. **<u>Summary</u>** From an assessment of abstracts it was unclear whether the interventions described in the studies above were developed in UK	

	settings which may impact on the generalisability of the results. In terms of early interventions for pre-school children, the identified new evidence indicated a beneficial effect of the interventions tested in reducing child antisocial behaviour. Therefore, the new evidence supports the current guideline recommendation which states that early interventions aimed at reducing the risk of the development of conduct problems, and antisocial personality disorder at a later age, may be considered for children identified to be of high risk of developing conduct problems. Secondly, in terms of interventions for children with conduct problems younger than 12 years and their families, one study was identified which evaluated the impact of a classroom behaviour management strategy indicating a beneficial effect. Therefore, the identified new evidence is unlikely to change the direction of the current guideline recommendation which indicates that group-based parent-training/education programmes are recommended in the	

	management of children with conduct disorders. One study was identified which indicated a beneficial effect of a cognitive behavioural intervention in adolescents with antisocial personality disorder. As such, insufficient evidence was identified which would invalidate the current guideline recommendation which states that cognitive problem-solving skills training should be considered for children aged 8 years and older with conduct problems.	
Clinical area 2: Interventions for people with antisocial personality disorder and associated symptoms and behaviours		
Clinical question	**Summary of evidence**	**Relevance to guideline recommendations**
Q: What interventions for people with antisocial personality disorder improve outcomes? **Relevant section of guideline**	Through an assessment of the abstracts from the high-level RCT search, eight studies relevant to the clinical questions covered in this clinical area of the guideline were identified. <u>The role of psychological interventions (six studies)</u> *Systematic reviews*	No new evidence was identified which would invalidate current guideline recommendation(s).

Interventions for people with antisocial personality disorder and associated symptoms and behaviours **Recommendations** 8.4.2.1-8.4.2.4 8.4.3.1-8.4.3.2	• The potential beneficial and adverse effects of psychological interventions for people with antisocial personality disorder were evaluated in a Cochrane systematic review.[6] The results of the review indicated that three interventions: contingency management with standard maintenance; CBT with standard maintenance and 'Driving whilst intoxicated program' with incarceration had the potential to be effective compared with the control condition. However, none of the included studies reported significant changes in any specific antisocial behaviour. *Cognitive behavioural therapy* • An RCT was identified which investigated the effectiveness of CBT in men with antisocial personality disorder who were aggressive.[7] The results of the study indicated that CBT did not improve outcomes more than the control group which involved treatment as usual. • Treatment of childhood memories in cognitive therapy for	

	personality disorders was evaluated in a controlled study.[8] The results of the study indicated that cognitive therapy focusing on childhood memories produced good outcomes compared with methods focusing on the present. *Other psychological interventions* • An RCT was identified which compared two 6-month manual-guided individual psychotherapies: Dual Focus Schema Therapy (DFST) versus a 12 Step Facilitation Therapy (12FT) in adults with personality disorders.[9] No significant difference between the two therapies was observed for retention, utilisation or reduction in psychiatric symptoms or psychosocial impairment. • One RCT evaluated a behavioural approach to managing opioid-dependent patients with antisocial personality disorder.[10] The results of the study indicated some reduction in psychosocial impairment compared with the control group. • An RCT of a treatment programme incorporating motivational	

	interviewing principles for first-time driving while intoxicated (DWI) offenders was identified.[11] The sample of study offenders included people who had been diagnosed with antisocial personality disorder. Participants with antisocial personality disorder demonstrated significantly greater reduction in drinking compared with controls from intake to post-treatment assessment. <u>The role of pharmacological interventions (two studies)</u> *Systematic reviews* • A Cochrane systematic review assessed the potential beneficial and adverse effects of pharmacological interventions for people with antisocial personality disorder.[12] Eight studies met the inclusion criteria although study quality was poor. The review concluded that the available evidence is insufficient to allow any conclusion to be drawn about the use of pharmacological interventions in the treatment of antisocial personality disorder.	

	• A protocol for a Cochrane systematic review was identified with the aim of evaluating the effect and safety of atypical antipsychotics compared to placebo in disruptive behavioural disorders in children and youths.[13] **Summary** In terms of psychological interventions, the identified new evidence evaluated a range of different psychological therapies making comparison across the different trials difficult. In addition, through an assessment of the abstracts, it was unclear whether the studies reported similar outcomes of effectiveness. As such, insufficient evidence was identified to update the current guideline recommendation which states that for people with antisocial personality disorder, including those with substance misuse problems, in community and mental health services, consider offering group-based cognitive and behavioural interventions, in order to address problems such as impulsivity, interpersonal difficulties and antisocial behaviour.	

	The identified new evidence relating to pharmacological interventions does not support the generation of recommendations for the routine use of pharmacological interventions for the treatment of people with antisocial personality disorder. As such, the identified evidence is unlikely to change the direction of the current guideline recommendations which state: • Pharmacological interventions should not be routinely used for the treatment of antisocial personality disorder or associated behaviours of aggression, anger and impulsivity. • Pharmacological interventions for comorbid mental disorders, in particular depression and anxiety, should be in line with recommendations in the relevant NICE clinical guideline. When starting and reviewing medication for comorbid mental disorders, pay particular attention to issues of adherence and the risks of misuse or overdose. 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. These areas will be factored into the future reviews of this guideline.	

Table 2: Summary of articles from the focused search

Clinical area 1: Risk assessment and management		
Clinical question	**Summary of evidence**	**Relevance to guideline recommendations**
Q: For people with antisocial personality, does formal risk assessment improve outcomes and reduce harm to others? **Relevant section of guideline** Risk assessment and management **Recommendations** 8.3.1.1-8.3.1.3	Through an assessment of the abstracts from the focused search, five studies relevant to the clinical question were identified. A prospective study was identified which examined the predictive validity of the Historical, Clinical and Risk Management Scales (HCR-20) and the Psychopathy Checklist: Screening Version (PCL:SV) for predicting inpatient violence in psychiatric wards.[14] A strong association between the HCR-20 and violence was observed whilst the PCL:SV AUCs were lower and more unstable. One study assessed the efficacy of the HCR-20 in predicting violent reconvictions in a sample of male forensic psychiatric patients discharged from medium secure units in the UK.[15]	No new evidence was identified which would invalidate current guideline recommendation(s).

8.3.2.1-8.3.2.7	A study was identified which evaluated the predictive validity of the Violence Risk Appraisal Guide (VRAG), the HCR-20 and other risk assessment tools in predicting violence among male offenders.[16] The results of the study indicated that the VRAG and the HCR-20 showed significant AUCs for the prediction of violence. One study compared the prediction of violent recidivism between the VRAG and the Offender Group Reconviction Scale (OGRS) in mentally disordered patients.[17] Both instruments were considered to be good predictors of both violent and general offending over longer follow-up periods. One study tested the predictive validity of the V-RISK-10 as a screen for violence risk after discharge from two acute psychiatric wards.[18] The results of the study indicated that the most accurate risk estimates were obtained for severe violence. **Summary**	

	In summary, through an assessment of the abstracts it was unclear whether the studies were conducted in primary care services, secondary care services or specialist personality disorder services. However, the risk assessment tools evaluated in the studies described above appeared to predict risk moderately well and there did not appear to be clear evidence to distinguish these measures in their level of prediction. As such, the identified new evidence is unlikely to change the direction of the current guideline recommendations which state that the following risk assessment tools could be considered for use as part of a structured clinical assessment: • A standardised measure of the severity of antisocial personality disorder (for example, PCL-R or PCL-SV) • A formal assessment tool such as HCR-20 to develop a risk management strategy	

Fifteen clinical trials (publication dates unknown) were identified focusing on preventative interventions in children, pharmacological interventions and psychological interventions (including CBT).

Specifically, a trial of multisystemic therapy (MST) for young people with antisocial behaviour was identified with the aim of evaluating whether MST could be successfully carried out in the UK and could be as effective in preventing and reducing re-offending by young people aged 13 to 17 and save costs compared with usual services. The trial was run from 2004 to 2010 whereby 108 families participated in the study. Although data collection is ongoing, preliminary findings two years post treatment show a significant decline in the probability of re-offending and in the number of offending behaviours in favour of MST. In addition, a cost offset analysis shows MST making a net saving of £2,223.00 per participant over three years. As such, the results of this trial support the following current guideline recommendations:

- For young people aged between 12 and 17 years with severe conduct problems and a history of offending and who are at risk of being placed in care or excluded from the family, consider multisystemic therapy.
- Multisystemic therapy should be provided over a period of 3-6 months by a dedicated professional with a low caseload.

Guideline Development Group and National Collaborating Centre perspective

A questionnaire was distributed to GDG members and the National Collaborating Centre 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.

In addition, proposed changes to the Dangerous and Severe Personality Disorder (DSPD) Programme were highlighted by GDG members. The proposed changes include a phased reduction in the size of the DSPD units in high secure hospitals and an increase in the number of treatment places in prisons as well as improved case management services. Consultation on the Offender Personality Disorder Pathway implementation plan ended in May 2011 with a response to the consultation expected to be published late 2011. At this time, however, it is not clear what impact the proposed changes to this programme will have on the guideline recommendations relating to adapting interventions for people who meet criteria for psychopathy or DSPD.

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 what impact the update of the DSM-IV will have on the guideline recommendations.

Implementation and post publication feedback

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 questions described above.

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

Relationship to other NICE guidance

The following NICE guidance is related to CG77:

Guidance	Review date
CG123: Common mental health disorders: identification and pathways	To be reviewed: 2014.

to care, 2011.	
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 detoxification, 2007.	To be reviewed: 2013.
CG51: Drug misuse: psychosocial interventions, 2007.	To be reviewed: 2013.
PH6: The most appropriate means of	To be reviewed: 2011.

generic and specific interventions to support attitude and behaviour change at population and community levels, 2007.	
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 people using adult NHS mental health	In progress – to be published 2011.

services.	

Anti-discrimination and equalities considerations

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

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

An update of the Diagnostic and Statistical Manual of Mental Disorders (to version DSM-V) was identified. This is currently undergoing field testing and is not expected to be published until May 2013. However, at this time it is unclear what impact the update of the DSM-IV will have on the guideline.

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.

These areas will be factored into the future reviews of this guideline.

3. Review recommendation

The guideline should not be considered for an update at this time.

The guideline will be reviewed again according to current processes.

Centre for Clinical Practice
10 Oct 2011

Appendix 1

1. Brotman LM, Gouley KK, Huang KY et al. (2008) Preventive intervention for preschoolers at high risk for antisocial behavior: long-term effects on child physical aggression and parenting practices. Journal of Clinical Child & Adolescent Psychology 37:386-396.

2. Bywater T, Hutchings J, Daley D et al. (2009) Long-term effectiveness of a parenting intervention for children at risk of developing conduct disorder. British Journal of Psychiatry 195:318-324.

3. Kellam SG, Brown CH, Poduska JM et al. (2008) Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. Drug & Alcohol Dependence 95:Suppl-S28.

4. Furlong M, McGilloway S, Bywater T et al. (2010) Behavioural/cognitive-behavioural group-based parenting interventions for children age 3-12 with early onset conduct problems. Cochrane Database of Systematic Reviews, Issue 1.

5. Armelius B-A and Andreassen TH. (2007) Cognitive-behavioral treatment for antisocial behavior in youth in residential treatment. Cochrane Database of Systematic Reviews, Issue 4.

6. Gibbon S, Duggan C, Stoffers J et al. (2010) Psychological interventions for antisocial personality disorder. Cochrane database of systematic reviews (Online) 6.

7. Davidson KM, Tyrer P, Tata P et al. (2009) Cognitive behaviour therapy for violent men with antisocial personality disorder in the community: An exploratory randomized controlled trial. Psychological medicine 39:569-577.

8. Weertman A and Arntz A. (2007) Effectiveness of treatment of childhood memories in cognitive therapy for personality disorders: a controlled study contrasting methods focusing on the present and methods focusing on childhood memories. Behaviour Research and Therapy 45:2133-2143.

9. Ball SA. (2007) Comparing individual therapies for personality disordered opioid dependent patients. Journal of Personality Disorders 21:305-321.

10. Neufeld KJ, Kidorf MS, Kolodner K et al. (2008) A behavioral treatment for opioid-dependent patients with antisocial personality. Journal of Substance Abuse Treatment 34:101-111.

11. Woodall WG, Delaney HD, Kunitz SJ et al. (2007) A randomized trial of a DWI intervention program for first offenders: Intervention outcomes and interactions with antisocial personality disorder among a primarily American-Indian sample. Alcoholism: Clinical and Experimental Research 31:974-987.

12. Khalifa N, Duggan C, Stoffers J et al. (2010) Pharmacological interventions for antisocial personality disorder. Cochrane database of systematic reviews (Online) 8.

13. Loy JH, Merry SN, Park C et al. (2010) Atypical antipsychotics for disruptive behavioural disorders in inpatient or outpatient children and youths. Cochrane Database of Systematic Reviews: Protocols.2010.Issue.6

14. Arbach-Lucioni K, Andres-Pueyo A, Pomarol-Clotet E et al. (2011) Predicting violence in psychiatric inpatients: A prospective study with the HCR-20 violence risk assessment scheme. Journal of Forensic Psychiatry and Psychology 22:203-222.

15. Gray NS, Taylor J, and Snowden RJ. (2008) Predicting violent reconvictions using the HCR-20. British Journal of Psychiatry 192:384-387.

16. Lindsay WR, Hogue TE, Taylor JL et al. (2008) Risk assessment in offenders with intellectual disability: a comparison across three levels of security. International Journal of Offender Therapy & Comparative Criminology 52:90-111.

17. Snowden RJ, Gray NS, Taylor J et al. (2007) Actuarial prediction of violent recidivism in mentally disordered offenders. Psychological medicine 37:1539-1549.

18. Roaldset JO, Hartvig P, and Bjorkly S. (2011) V-RISK-10: Validation of a screen for risk of violence after discharge from acute psychiatry. European Psychiatry 26:85-91.