INPLASY

Feasibility, efficacy, and cost-effectiveness of interpersonal therapy for adolescents (IPT-A) and IPT-A modifications: a protocol for a systematic review and meta-analysis

Corresponding author:
Outi Linnaranta

outi.linnaranta@thl.fi

Author Affiliation:
Finnish Institute for Health and Welfare (THL).

Myllyniemi, A[1]; Seilo, N[2]; Marttunen, M[3]; Lahti, J[4]; Miikki, R[5]; Linnaranta, O[6].

ADMINISTRATIVE INFORMATION

Review Stage at time of this submission - Formal screening of search results against eligibility criteria.

INPLASY registration number: INPLASY202390046

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 14 September 2023 and was last updated on 14 September 2023.

INTRODUCTION

Review question / Objective To accumulate the knowledge about the evidence-based interventions with interpersonal framework targeted to young people, the systematic review and meta-analysis aims to answer the following questions: What are the 1. feasibility and acceptability, 2) efficacy and effectiveness and 3) cost-effectiveness of interpersonal therapy for adolescents (IPT-A), and IPT-A modifications such as IPC-A?

Rationale Interpersonal psychotherapy for adults (IPT) and for adolescents (IPT-A) are known to be evidence-based as treatment for depression. There is new promising data on versions of IPT that are shorter, such as adolescent version of interpersonal counseling (IPC-A), or have other indications than depression, such as trauma or obesity. Among young people, their acceptability, efficacy, and cost-effectiveness remain open, and remain to be summarized in a systematic review.

Condition being studied We will focus on the interpersonal interventions (all modifications of IPT-A) for young people, if studies are targeted to prevent or to treat depressive symptoms or major depressive disorder, and report depressive symptoms as an outcome measure, independent of the primary indication for inclusion to provided intervention.

METHODS

Search strategy Population/Patient/Problem, Intervention or exposure, Comparison, Outcome (PICO) -strategy

Population/problem: Young people aged 13 to 25 years with depression
Intervention: IPT-A, IPC-A, interpersonal
Comparison: Any control group
Outcome: Efficacy, effectiveness, acceptability, or cost-effectiveness
WORDS RELATED TO THE SEARCH ASPECTS:
Controlled words (MeSH)
1.1.Population -related words: Adolescent, Late Adolescence, Early Adolescence, Adolescence, Young Adults, Young Adult, Youth, Students, Teenagers.
1.2.Problem -related words: Depressive Disorder, Major; Prevention & Control, Therapy, Depressive Disorder; Prevention & Control, Therapy, Depression, Prevention & Control, Therapy, Major Depression, MENTAL depression, DEPRESSION in adolescence, DEPRESSION in college students.
2.Intervention -related words: Interpersonal Psychotherapy.
3.Outcome -related words: Treatment Outcome, Treatment Outcomes, Health Outcomes, Psychotherapeutic Outcomes, Psychosocial Outcomes, Feasibility Studies, Treatment Adherence, Patient Acceptance of Health Care, Patient Compliance, Treatment Compliance, Patient Dropouts, Treatment Dropouts, Cost-Benefit Analysis, Costs and Cost Analysis, Cost-Effectiveness Analysis.
Free keywords from title & abstract
1.1. words related to population: adolescent(s), adolescence, young, youth(s), youngster(s), juvenile(s), teen(s), teenager(s), boy(s), girl(s), school-age(d), student(s).
1.2. word related to problem: depression, depressed, depressive
2. word related to intervention: IPT, IPC, IPT-A, IPC-A, FB-IPT, F-IPC, IPT-G, IPC-G, IPT-C, IPC-C interpersonal intervention(s), interpersonal therapy/therapies, interpersonal treatment(s), interpersonal counsel(l)ing(s)
3. Words related to outcome: efficacy, effectiveness, benefit(s), health outcome(s), health-related outcome(s), clinical outcome(s), success, usefulness, utility, value, acceptability, acceptance, compliance, consent, feasibility, focus group(s), dropout(s), retention rate(s), qualitative, benefits and costs, cost(s), cost-effectiveness, cost-benefit, cost-consequense, cost-minimisation, cost-minimization, cost-utility
ELECTRONIC DATABASESES
1.Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions 1946 to to June 12, 2023. Search date June 13, 2023.
2. Cochrane Library/Cochrane Reviews & Trials. Search date July 4, 2023.
3. CINAHL via EbscoHost. Search date June 14,

2023.
4. PsycINFO via OVID. Search date June 13, 2023.
5. SocIndexFullText via EbscoHost. Search date June 14, 2023.
6. Scopus. Search date June 21, 2023.
7. Web of Science (Core Collection: Science Citation Index Expanded (SCI-EXPANDED)–1975-present
Social Sciences Citation Index (SSCI)–1975-present
Arts & Humanities Citation Index (AHCI)–1975-present, Emerging Sources Citation Index (ESCI)–2015-present). Search date July 4, 2023.

Participant or population Young people with a risk for depression, with depressive symptoms or with major depressive disorder/episodes. We will include also other indications than depression, if the depression outcome has been measured. We will include the original trials in which the majority (>50%) of the target group is aged 13 to 25 and exclude trials in which the majority of the target group is under 13 or over 25 years old.

Intervention We will include all individual, group-based, and family-based modifications and all indications of interpersonal interventions, given that the target group is young people and the outcome includes depressive symptoms. We will include interpersonal interventions independent of the setting (e.g., reception-based, remote, telephone-based, internet-based), format (e.g., brief and short formats) and provider of the intervention (e.g., trained professional, trained lay provider). In addition, we will include both guided and non-guided self-management interventions, which utilize interpersonal framework. We will exclude universal and non-targeted preventive interventions, pharmacological intervention as only active treatment and targeted interventions with no content from the interpersonal framework.

Comparator The comparative interventions will be 1) any other psychosocial or pharmacological intervention or therapy 2) other modification of intervention with interpersonal framework, 3) treatment as usual, 4) no treatment or 5) waiting list.

Study designs to be included We will include interventional study designs and studies including cases and controls, prospective case-control study designs, case series, both blinded and non-blinded randomized controlled trials, cohort studies, prospective observational studies and qualitative studies. We will exclude case studies, retrospective case-control studies, retrospective

case series, retrospective study designs and cross-sectional study designs.

Eligibility criteria Studies examining the acceptability of interventions with interpersonal framework in a setting where the target group hasn't had an intervention themselves but are asked to choose the most acceptable intervention among different interventions are included.

Information sources We will include original scientific, peer-reviewed publications. We will screen reference lists of reviews for original studies fulfilling inclusion criteria. We will exclude conference abstracts, posters, research protocols without original pilot data, non-peer-reviewed reports and publications, discussion articles (reviews, systematic reviews, meta-analyses, focus reviews, narrative reviews), books, book chapters and doctoral theses etc. Electronic databases Ovid MEDLINE(R), Cochrane Library, CINAHL via EbscoHost, PsycINFO, SocIndexFullText via EbscoHost, Scopus and Web of Science will be used for search.

Main outcome(s) We will describe and summarize the acceptability, feasibility, efficacy, effectiveness, and cost-effectiveness of IPT-A, IPC-A and their modifications and adaptations. Where applicable, a meta-analysis will be done of the randomized controlled trials concerning the efficacy and cost-effectiveness of interpersonal interventions. Where a meta-analysis is not applicable, outcome description will be complemented by narrative description.

Data management The search was conducted on 4th, 13th, 14th and 21th of June 2023. The search strategy was developed in collaboration with an informatics expert from the THL. Potential keywords were identified based on example papers focusing interpersonal interventions for depressed young people. The search was done by using the PICO -strategy.

Screening: After removing the duplicates, the Covidence software was used to evaluate the titles and abstracts blindly in duplicate, eliminating articles not of interest. Five authors evaluated in duplicate the full texts of the studies included in the first phase of the screening to make the final decision which studies are included in the review. In addition, the reference lists from relevant articles may been screened to find potentially relevant articles (i.e., snowball search), to be screened similar to the original articles. In case of conflicts in the abstract screening and full-text phases two authors will discuss conflicting decisions to reach

a consensus of the final inclusion or exclusion of the study.

Data extraction: The Covidence software will be used to data extraction. The following descriptive information from the included studies will be charted: (a) authors, (b) year of publication, (c) journal, (d) country of origin, (e) aim of the study, (f) study design, (g) method of data collection, (h) setting, (i) name of the intervention, (j) description of the intervention, (k) target age groups for the intervention, (l) mental health challenge of the intervention target group (m) collaboration partners/professionals involved in conducting the intervention.

Quality assessment / Risk of bias analysis We will conduct a double blinded quality assessment for all studies. With RCTs, the risk of bias across studies will be assessed according to the basic criteria suggested by the Cochrane Handbook for Systematic Reviews of Interventions. With other study designs than RCTs we will assess quality with the Risk Of Bias In Non-randomized Studies – of Interventions (ROBINS-I) assessment tool.

Strategy of data synthesis 1) Feasibility and acceptability. We will summarize the methods used for evaluation of feasibility and acceptability. In addition, we will summarize quantitative findings for feasibility and acceptance, e.g. attrition rate, survey responses numerically. The qualitative findings will be summarized in a narrative format.
2) Efficacy, effectiveness, and cost-effectiveness. The quantitative data for cases and controls will be summarized for each original study (e.g., mean depression symptom scores, standard deviation, quality of life, or functionality scores, effect size, mean difference between samples) and for comparative results, as mean values for the combined dataset. Where applicable, we will conduct a meta-analysis. In addition, subgroups and sensitivity analyses will be conducted as described.

Subgroup analysis
1) The number of treatment sessions
2) age of participants
3) mainly comprised of individual sessions or group sessions (the latter also includes family versions)
4) setting (studies administered in specialized care, studies administered in e.g., primary health care or school health and welfare systems or research settings)
5) expertise of the professional (e.g., professionals who have psychotherapy training and IPT-A / IPC-A training besides that or professionals who have

only IPT-A / IPC-A skills training but no earlier psychotherapy training).

Sensitivity analysis Quality of study, age, gender, number of participants, number of treatment sessions.

Language restriction All languages, no limits.

Country(ies) involved Finland.

Keywords Young; adolescent; interpersonal therapy; depression; prevention; treatment; therapy; acceptability; feasibility; efficacy; effectiveness; cost-effectiveness, economic evaluation.

Dissemination plans We will publish two systematic reviews in internationally refereed journals.

Contributions of each author
Author 1 - Aija Myllyniemi - Drafted the protocol, organized the evaluations of abstracts and full texts, will participate in the evaluations and resolving the conflicts, will analyse the data and write the first draft of the article on efficacy, effectiveness, and cost-effectiveness.
Email: aija.myllyniemi@thl.fi
Author 2 - Noora Seilo - Participates in the evaluation of abstracts and full texts, will analyse the data and write the first draft of the feasibility and acceptability article.
Email: noora.seilo@tuni.fi
Author 3 - Mauri Marttunen - Is a senior researcher in response for design of research questions, evaluation of abstracts and full texts, and approval of the final manuscript.
Email: mauri.marttunen@helsinki.fi
Author 4 - Jari Lahti - Is a senior researcher in response for design of research questions, evaluation of abstracts and full texts, and approval of the final manuscript.
Email: jari.lahti@helsinki.fi
Author 5 - Ritva Miikki - Is in response for designing the search strategy and key words, conducting the final search and approval of the final manuscript.
Email: ritva.miikki@thl.fi
Author 6 - Outi Linnaranta - Is a senior researcher in response of the funding, design of research questions and search strategy; evaluation of abstracts and full texts, evaluation and resolving the conflicts, supervision of data extraction, analysis and conclusions; writing of the first draft of the articles and approval of the final manuscripts.
Email: outi.linnaranta@thl.fi