Selective reporting of results in guidelines

Taylor and Perera argued persuasively that the 2014 National Institute for Health and Care Excellence (NICE) schizophrenia guideline promotes cognitive–behavioural therapy (CBT) and other psychosocial interventions beyond the evidence. Its conclusions with respect to CBT also seem open to another charge: that of selective reporting: the highlighting of favourable results while unfavourable ones are suppressed.

In its clinical evidence summary (p. 232), NICE states that ‘when compared with standard care, CBT was effective in reducing hospitalisation rates up to 18 months following the end of treatment’. NICE actually examined rehospitalisation rates in three of the large series (more than 100) of meta-analyses they carried out (data available at www.nccmh.org.uk). One of these compared CBT with standard care at up to 18 months and found a significant effect (5 trials, 910 patients, relative risk (RR) 0.76, 95% CI 0.61–0.94). Another compared CBT with standard care at 2–4 years and failed to find a significant advantage (2 trials, 513 patients, RR 0.82, 95% CI 0.64–1.05). The third meta-analysis compared CBT with ‘other active treatments’ (which consisted in all but one case of putatively inactive control interventions such as befriending and supportive counselling) up to 2 years; this was again non-significant (5 trials, 506 patients, RR 1.07, 95% CI 0.86–1.33). The findings of the two negative meta-analyses are not mentioned in the NICE guideline. Neither does NICE mention that CBT was not found to be effective against relapse when compared with either standard care (3 trials, 460 patients, RR 0.85, 95% CI 0.50–1.41) or other active treatments (4 trials, 416 patients, RR 1.05, 95% CI 0.85–1.30). This omission is difficult to understand given the obvious relationship between relapse and rehospitalisation.

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