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Dear Editor,

In their meta-analysis of psychosocial and psychological interventions for relapse prevention in schizophrenia, Bighelli et al¹ state they found 'robust benefits in reducing the risk of relapse for family interventions, family psychoeducation, and cognitive behavioral therapy' (CBT).

Although the meta-analytic methods are sound, in the case of CBT – one of the most psychotherapeutic of the interventions they examined – it is important to note they found significant risk reduction at only one of three pre-defined time points, 12 months, and not at 6 months or 2 years.

Also of concern is that none the 8 CBT studies over which Bighelli et al pooled data (9 studies are referred to in the paper but one did not have useable data²) were considered to be of low overall risk of bias. Using the Cochrane Risk of Bias tool, 3 were rated as being at high risk of bias³⁻⁵ and 5 were given ratings of 'some concerns'⁶⁻¹⁰. Two of these latter studies^{7,9} could also reasonably have been rated as being at high overall risk of bias, given that they were carried out under explicitly or implicitly non-blind conditions and (we assume) the measures of relapse used involved assessor judgements of symptoms. Two studies did not examine the effects of CBT per se, but rather of multimodal interventions additionally including motivational enhancement and psychoeducation⁴ or medication management, symptom management and social skills training in the other⁵. A third study⁷ also employed additional strategies and a CBT-type formulation was not explicitly made.

In circumstances where a significant effect was only found at one of three time points and all the studies were at risk of bias, describing the benefits of CBT against relapse as 'robust' could be considered overly strong – something that aligns with overoptimistic interpretations of CBT effects already identified in the psychosis literature¹¹. In fact, the largest study of CBT for relapse prevention to date (N=301)⁸ found numerically more relapses in patients treated with CBT compared to treatment as usual at two-year follow-up.

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Declaration of Interest

SJ has received honoraria for educational talks given for Sunovian, and his employer KCL has received honoraria he has given for Lundbeck.

PPF has received Consulting fees from Lundbeck, Angelini, Menarini and Sunovian.

PPF has received honoraria for lectures, given for Angelini and Menarini.

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