

Characteristics Table for The Clinical Question: What are the best interventions for antisocial personality disorder?

Comparisons Included in this Clinical Question

Anticonvulsant versus placebo	CBT versus treatment as usual
BARRATT1997	DAVIDSON2008

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
<p>BARRATT1997</p> <p>Study Type: Randomised cross-over trial</p> <p>Study Description: 6-weeks in duration with a 1-week washout period between weeks.</p> <p>Type of Analysis: Completers</p> <p>Blindness: Double blind</p> <p>Duration (days): Mean 42</p> <p>Setting: US, Texas Prison</p> <p>Notes: Details on randomisation not reported</p> <p>Info on Screening Process: Screened 613 potential inmates for aggression, 348 excluded, 172 interviewed, 150 consented, 126 completed study</p>	<p>n= 126</p> <p>Age:</p> <p>Sex: all males</p> <p>Diagnosis:</p> <p>100% ASPD by DSM-III-R</p> <p>100% Offenders</p> <p>Exclusions: Did not commit aggressive acts in prison: a) less than 80 on Wechsler Adult Intelligence Scale, b) DSM-III-R axis I disorder c) taking medication, d) neurological or other serious medical disorder</p> <p>Notes: 55% had a lifetime but not a current substance misuse problem</p> <p>Baseline: Paper does not report baseline data for treatment versus placebo; reports only change scores</p>	<p>Data Used</p> <p>OAS-Modified (observer rated)</p> <p>Notes: DROP OUTS: 24/150</p>	<p>Group 1 N= 63</p> <p>Phenytoin. Mean dose 300 - anticonvulsant. 200 mg a.m. and 100 mg p.m.</p> <p>Group 2 N= 63</p> <p>Placebo</p>	
<p>Results from this paper:</p> <p>1.1 Well covered</p> <p>1.2 Not reported</p> <p>1.3 Not addressed</p> <p>1.4 Well covered</p> <p>1.5 Not reported</p> <p>1.6 Adequately addressed</p> <p>1.7 Adequately addressed</p> <p>1.8 16%</p> <p>1.9 Not addressed</p> <p>1.10 Not applicable</p> <p>2.1+</p>				
<p>DAVIDSON2008</p> <p>Study Type: RCT</p> <p>Type of Analysis: Intention to treat</p> <p>Blindness: Single blind</p> <p>Duration (days): Range 182-365</p> <p>Setting: UK, Glasgow & London</p> <p>Notes: Randomisation conducted using a web-based system. Allocation concealment not addressed.</p> <p>Info on Screening Process: 77 assessed, 25 excluded, 52 randomised.</p>	<p>n= 52</p> <p>Age: Mean 38</p> <p>Sex: all males</p> <p>Diagnosis:</p> <p>100% ASPD by ICD-10</p> <p>Exclusions: - female - not between 18 and 65 - did not meet criteria for ASPD - not living in the community - negative endorsement of all items on the MacArthur Community Violence Screening Instrument - receiving inpatient psychiatric treatment - receiving a systematic psychological therapy</p> <p>Baseline: No significant differences at baseline</p>	<p>Data Used</p> <p>MacArthur Community violence Screening Instrument</p> <p>NAS-PI</p>	<p>Group 1 N= 25</p> <p>CBT - Cognitive formulation of their problems. Focuses on beliefs about self/others and behaviours that impair social functioning. Compared 15 sessions over 6 months with 30 sessions over 12 months. 1 hour sessions. Experienced CBT therapists.</p>	

Results from this paper:

- 1.1 Well covered
- 1.2 Adequately addressed
- 1.3 Not addressed
- 1.4 Adequately addressed
- 1.5 Well covered
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 14.8% TAU; 20% treatment
- 1.9 Poorly addressed
- 1.10 Not addressed

- 2.1 +

References of Included Studies

BARRATT1997 (Published Data Only)

Barratt, E.S., Stanford, M.S., Felthous, A.R., et al. (1997) The effects of phenytoin on impulsive and premeditated aggression: a controlled study. *Journal of Clinical Psychopharmacology*, 17, 341-349.

DAVIDSON2008 (Published Data Only)

Davidson, K.M., Tyrer, P., Tata, P. et al. (2008) Cognitive behaviour therapy for violent men with antisocial personality disorder in the community: an exploratory randomized controlled trial. *Psychological Medicine*, 38, 1-9.